

Take *inter alia* opportunities to capture:

- *What are the interactions between PW and the context?*
- *Explore tensions between sustaining past lessons and gains and continuing evolution & development*

1. Questions and consent	2. Background
○ Have you read the PIS?	○ Job title (and role?)
○ Any questions?	○ Time at Trust (and in ward)
○ Take written consent	○ Job title (role?) @ time PW was implemented

Trust level	Ward managers & involved ward staff /PPI	Other ward staff/PPI
3. Understanding of and involvement in PW		
How would you describe PW to a colleague who knew nothing about it? <ul style="list-style-type: none"> • What bits of PW would you say were central to it? And what (if anything) would you think of as an optional extra? 	What do you know about the Productive Ward?	What (if anything) do you know / remember about the Productive Ward?
	How would you describe PW to a colleague who knew nothing about it? What bits of PW would you say were central to it? And what (if anything) would you think of as an optional extra?	How would you describe PW to a colleague who knew nothing about it? What bits of PW would you say were central to it? And what (if anything) would you think of as an optional extra?
Can you sketch out what your involvement in PW has been over time?	What's your involvement in Productive Ward been? (Prompt with specific modules if necessary)	How (if at all) were you involved in it? (Prompt with specific modules if necessary)

Now I want to go chronologically through the story of PW here, from adoption, through implementation, early impacts, longer-term legacies, and some questions that might help us understand sustainability.

4. Adoption

Summarise what we understand from the past study (if prev CS site) and 2017 survey, i.e. year of adoption.		
How did the decision to adopt come about? (Who was pushing for it? What was the rationale? How was it presented to staff)		
Did you use a Trust Readiness tool from NHSIII?		

5. How was it implemented?

Summarise what we understand from the survey re phased approach to roll out, ward selection		
<p>Can you tell me a bit more about the process of implementation?</p> <ul style="list-style-type: none"> • Resourcing • Ward selection • How many wards? • Over what time-scale? • Extent of use (modules / tools) per ward? Did all wards do all 3 Foundation modules? If not why not? • Which modules and toolkits did you find most useful? • Any sticking points? 	<p>How did this ward become involved in PW? (Imposed / volunteered)</p> <ul style="list-style-type: none"> • What did you feel about it? • What did other staff feel about it? 	<p>How did you feel about it at the time? How did other staff feel?</p>
What efforts were made to engage staff (including those who didn't engage)	What efforts were made to engage staff (including those who didn't engage)	
Was there buy in from staff?		
	Which foundation modules did you implement?	

	Over what timescale?	
	Which modules and toolkits did you find most useful?	
Were patients or carers involved in PW?	Were patients or carers involved in PW?	
Do you think the right people were involved in implementing PW? <ul style="list-style-type: none"> ▪ Who should've been involved that wasn't? 	Do you think the right people were involved in implementing PW? <ul style="list-style-type: none"> ▪ Who should've been involved that wasn't? 	
3. Was the implementation of PW evaluated at a Trust level?		
How did implementation of PW change along the way? <ul style="list-style-type: none"> ○ Did this shape how the PW was used (for better / worse)? 	How did implementation of PW change along the way? <ul style="list-style-type: none"> ○ Did this shape how the PW was used (for better / worse)? 	
6. Impacts (during implementation period)		
What ward-level data was collected to evaluate PW? Who by? What happened to it?	What ward-level data was collected to evaluate PW? Who by? What happened to it?	
Were the outcomes of PW evaluated at a Trust level?	Were the outcomes of PW evaluated at a Trust level?	
What hard impacts did it have (if any) on: <ul style="list-style-type: none"> - Direct patient time - Patient experience - Patient safety - Staff morale - Physical environment Probe: What was it about this Trust / wards that facilitated that impact?	On your ward What hard impacts did it have (if any) on: <ul style="list-style-type: none"> - Direct patient time - Patient experience - Patient safety - Staff morale - Physical environment Probe: What was it about this ward that facilitated that impact?	Have you been involved in improving any (other) aspect of the way the ward works?

What changes to <i>processes</i> (the way things were done) did it bring about?	What changes to <i>processes</i> (the way things were done) did it bring about?	What changes to <i>processes</i> (the way things were done) did it bring about? Do you think it made any lasting changes?
Any (other) negative impacts?	Any (other) negative impacts?	
Any unexpected impacts (positive or negative)	Any unexpected impacts (positive or negative)	If you want to make suggestions about how things work on the ward do you feel you can? <ul style="list-style-type: none"> • Have you? • What happened?
What about a wider impact on the ward? (QI knowledge and skills; greater staff voice/engagement in improvement 'work')	What about a wider impact on the ward? (QI knowledge and skills; greater staff voice/engagement in improvement 'work')	
What about wider impact beyond the ward? (shared governance; Trust-level KPIs; QI strategy, patient / carer involvement)	What about wider impact beyond the ward? (shared governance; Trust-level KPIs; QI strategy, patient / carer involvement)	
*What (if any) were the impacts on <i>you</i> ? (skills, satisfaction, career)	*What (if any) were the impacts on <i>you</i> ? (skills, satisfaction, career)	
7. Assimilation		
Did PW become part of business as usual?	Did PW become part of business as usual?	
What helped / hindered PW becoming embedded? <ul style="list-style-type: none"> • (Resources // Board support // networks / ward managers // fit with Trust ethos // external factors?) 	What helped / hindered PW becoming embedded? <ul style="list-style-type: none"> • (Resources // Board support // networks / ward managers // fit with Trust ethos // external factors?) 	
How did it fit with other QI / service improvement initiatives at the Trust?		
Apart from the intended outcomes we talked about, what did the Trust get out of it (benign or otherwise?)		
Did the Trust adopt any other Productives? What effect did that have on implementing PW?		

8. Sustained impacts		
Are Productive Ward modules / tools ever used now? (Regularity; which modules; which toolkits; proactively / reactively)	Are Productive Ward modules / tools ever used on your ward now? (Regularity; which modules; which toolkits; proactively / reactively)	
If we were walking around the Trust now what would you show me today as having come from PW? (Ward routines, PSAG, store rooms, ward-level data collected / displayed)	If we were walking on the ward now what would you show me today as having come from PW? (Ward routines, PSAG, store rooms, ward-level data collected / displayed)	
Were any of the hard outcomes we talked about sustained?	Were any of the hard outcomes we talked about sustained?	
What about the wider impacts we talked about?	What about the wider impacts we talked about?	
Do you think it's all been worth it? (A good thing or inconsequential?)	Was it worth it? (A good thing or inconsequential?)	Was it worth it? (A good thing or inconsequential?)
9. Sustainability		
<ul style="list-style-type: none"> ○ Some DoNs in the survey indicated that PW was 'of its time'. What do you think? Was there anything in PW that made it inherently time-limited? 	<p>I just want to ask you a few questions about things on the ward and how you use them</p> <ol style="list-style-type: none"> 1) Do you ever look at the figures on the KHWD board? 2) Is ward-level metrics data ever discussed with the staff team? 3) How (if at all) do you use the PSAG board? 4) Did you ever have a Ward Vision? Do you still? What is it? 	<p>I just want to ask you a few questions about things on the ward and how you use them</p> <ol style="list-style-type: none"> 1) Do you ever look at the figures on the KHWD board? 2) Is ward-level metrics data ever discussed with the staff team? 3) How (if at all) do you use the PSAG board? 4) Did you ever have a Ward Vision? Do you still? What is it?
<p>Did you observe any variation between wards?</p> <ul style="list-style-type: none"> • Was that because of differences in implementation, assimilation, other factors? 		

Who would know (if anyone) what PW activities are going on in the Trust?		
Are you in touch with people involved in PW in other Trusts? With any central PW agents?		
Is there anything in particular about this Trust / ward which shaped the way PW as implemented, and its overall impact		
Has or will the Trust be able to maintain the impact of PW after those directly involved have left? - How's that been made possible?		
What would your top tips for sustaining an initiative such as PW?		