Support to implement the three foundation modules and up to two process modules takes place in 13 weeks of half-day facilitation. The facilitator’s main objective is to equip staff with the necessary skills and knowledge to continue the programme without support.

Pre-implementation work for the ward sisters
Before the programme starts, the sister needs to:
- Start safety crosses. These measure falls, pressure ulcers and MRSA and *Clostridium difficile* rates. Specialist areas develop their own safety checks;
- Collect baseline data – staff sickness, staff and patient satisfaction and an audit of observation charts. This data can then be used to inform staff about their progress;
- Do an ‘activity follow’ – follow one nurse for a 12-hour shift and document what they do every minute. This is part of the baseline data to provide a snapshot of a typical 12-hour shift highlighting interruptions and time spent with patients;
- Order equipment, for example display boards. These are essential for the ‘knowing how we are doing’ module as well as for communication;
- Teach staff the 5S approach (Box 2);
- Introduce the project to staff.

FACILITATION PHASE
During the period of facilitation, it is important that the ward sister has ownership of the process so that momentum is maintained when facilitation is withdrawn. The ward sister responsible for implementing Productive Ward needs to:
- Make time for implementation and stick to it;
- Follow the project plan;
- Get all staff involved;
- Engage the support of the matron to help sustain the project after the facilitation phase;
- Meet with other ward sisters to solve problems together;
- Incorporate other policies that work alongside and complement Productive Ward, including Essence of Care and Saving Lives.

Advice for the project facilitator
This includes the following points:
- Facilitators are there to facilitate, not to do;
- They need to have a plan for each visit to a ward and stick to it;
- It is important to leave a task list at the end of each visit to be completed by the next visit;
- The ward leader and the team need support as change can be a challenging experience;
- Get a balance between allowing staff to innovate but ensuring safety. For example, staff may design symbols for patient information boards, but these need to be standardised across the trust;
- Be patient, as ward teams have to work matters out for themselves.

Keep staff informed
Nottingham University Hospital has a chief executive and director of nursing who fully support Productive Ward.
- Monthly steering group meetings involving senior management team members allow ward managers to discuss successes and difficulties that may need executive team support.

As the project gains momentum, we tell hospital staff about Productive Ward in a number of ways, including:
- Poster presentations at every ward manager time-out day;
- Briefing sessions to all staff: nurses and allied health professions, estates and facilities, materials management team and student nurses at the university;
- ‘How to lead on a module’ study day;
- Weekly presentation at registered nurse time-out days and non-registered staff time-out days;
- Sessions at directorate induction days;
- Lean study days for matrons/practice development matrons and clinical leads;
- Sessions on practical problem-solving;
- Involvement in strategic health authority and national events.

POST-FACILITATION PROJECT PLAN
Initially, little thought was given to the pace of implementation of modules when the facilitated phase ended. However, it became apparent that wards were unlikely to continue to implement change at the same pace of the first 13 weeks. Wards often stopped releasing staff to work on the project. To try to address this, the following questions were identified:
- Who is accountable for the pace of implementation?
- What should the pace be?
- What barriers are there for ward teams?
- Are knowledge and skills of ward staff and those supporting the project, such as matrons, sufficient to sustain it?