Releasing Time to Care

The Productive Ward

Well Organised Ward

Version 2
This document is for Ward Leader, Lead Nurse, Matron, Nursing Director,and Directors with responsibility for improvement

Well Organised Ward

WOW

Releasing Time to Care
The Productive Ward

Contents

What is the Well Organised Ward?

The Well Organised Ward is an approach to simplify your workplace and reduce waste by having everything in the right place, at the right time, ready to go.

What it covers

This module describes how to use the 5S approach to organise areas in the ward.

What it does not cover

This module does not comment on what to change, it concentrates on how areas should be improved.

Productive Ward

Patient Hygiene	Nursing Procedures	Ward Round	Toolkit
Patient Observations / Admissions and Planned Discharge	Shift Handovers / Meals / Medicines		
Knowing How we are Doing / Well Organised Ward / Patient Status at a Glance			

Ward Leader's Guide
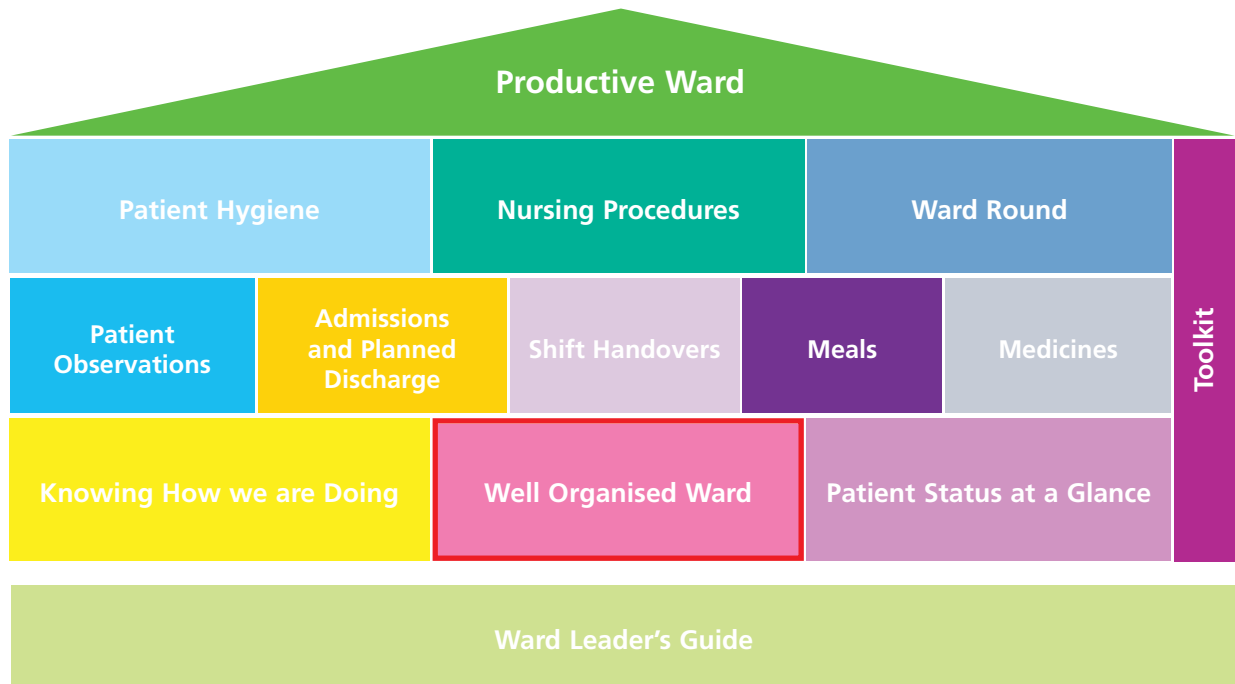
You will need a copy of the Productive Ward Toolkit in order to implement this module.
The Well Organised Ward is one of the three foundation modules.

What is 5S?

5S is a series of steps that help create an ideal workplace by organising, cleaning, and reducing waste.

The 5S steps are:

• Sort (remove what's not needed)

• Set (right thing in the right place)

• Shine (keep things ready to go)

• Standardise (an agreed, consistent process)

• Sustain (continually improve)

It is often useful to link the 5S of a room to a process – i.e. 5S of the treatment room while completing the medicine round process
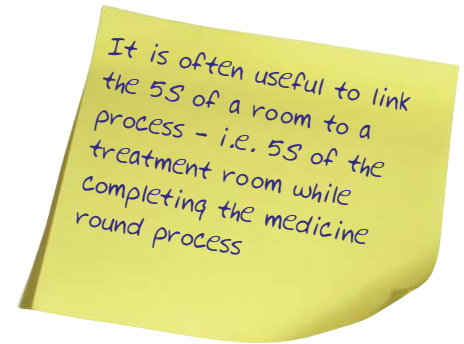
5S is not about sorting and cleaning!

5S is NOT about just a good tidy up

It IS about having a ward where:

• things are immediately made ready for the next person

• the process for doing this is agreed and understood by everyone on the ward

• changes are maintained once they've been implemented until they are second nature

• there is the option to go back and make changes when things still aren't quite right

• you understand why things are done the way they are done

By starting with 5S you will be able to see visible changes on your ward and staff will see that they are empowered to make changes to their workplace!

People keep thinking back to when the matron told them to keep the ward clean – and think 5S is the same. But the big difference is, in 5S the whole team decides what to do, and owns it!

Why use it?

Time will be saved

Increase proportion of direct care time

The ward will 'look and feel' better – space will be created

Increases patient and staff satisfaction

Things will be easier for staff

Reduces unplanned absence

Mistakes and errors will decrease – some clinical risks will be eliminated

Reduces adverse incidents, MRSA and C Diff infections

Case study examples can be found throughout this publication.

Learning Objectives:

The team will:

• understand the importance and application of 5S

• define what standardised work is and how it saves time and makes things easier

• define what visual management is and how it saves time and makes changes easier to sustain

• make better use of ward space and systematically reduce the amount of stock stored

• develop audits as a positive activity that help sustain the team's improvements

Creating your module baseline and keeping track of progress

To help you know what your position is before you begin the Productive Ward and then actually see the progress you are making and maintaining, this module has its own 10 point check list. These are based on the characteristics of a Productive Ward in the area of the module. You will have carried out a complete assessment during your start up; as part of the Web based Productive Ward Healthcheck – see NHS Institute website for details.

Remember… it is important to have your baseline measurement and the regular measurements over a period of time.

To find the template for this module, go to the back pages of the booklet. Here you will find an example template and a blank one for your use.

Assess your ward now.

How will we do this on our ward? - the 6 phase process

This improvement cycle is the same as the care cycle on the ward!

- talk to people
- pick an area
- talk to estates
- shoot pictures and video

- review the pictures and video

- a description of a 'good' 5S process

1.
Prepare

2.
Assess

3.
Diagnose

6.
Evaluate

4.
Plan

5.
Treat

- **S**ort
- **S**et
- **S**hine

- **S**tandardise
- **S**ustain

- determine the test period
- run regular audits
- get daily feedback

This corresponds to the PDSA cycle!
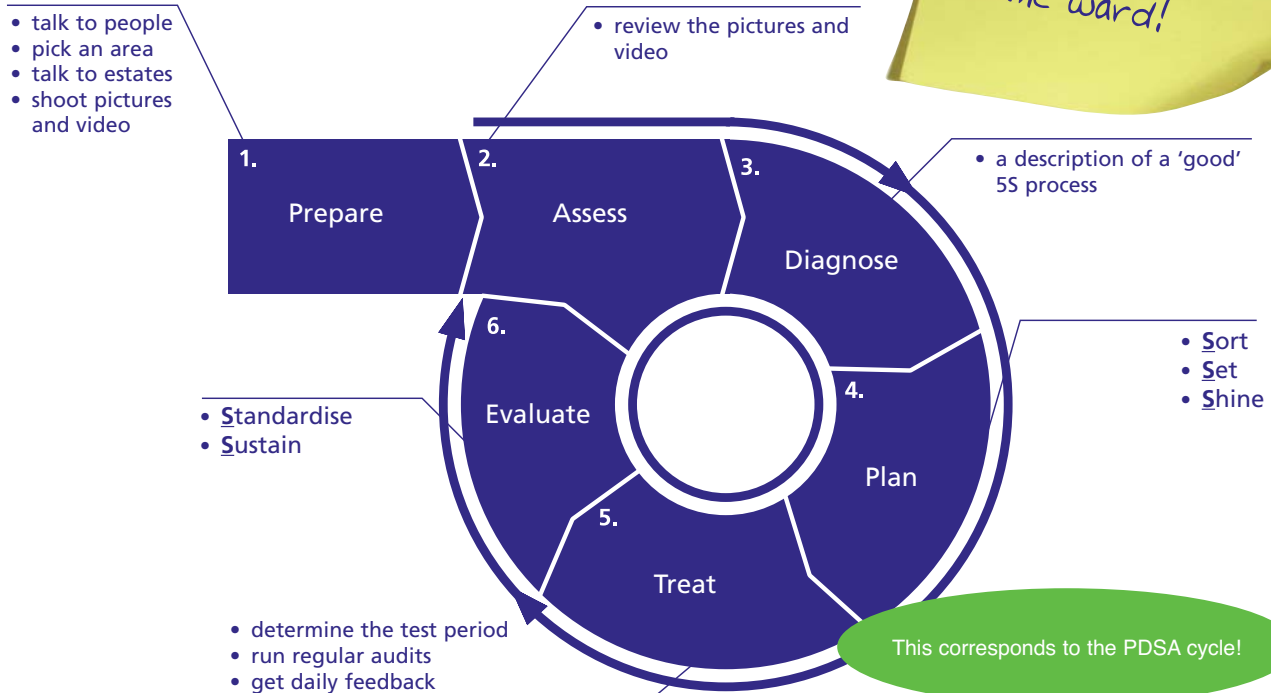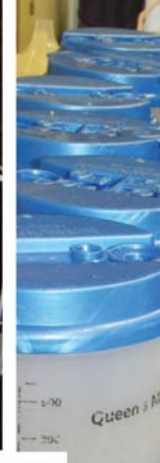
Prepare

Prepare

There are five steps in preparing to do a 5S exercise:

1. Pick an area of the ward:

The decision about what area to start first can be split into two areas:

Impact:

• is there an area that has to be addressed immediately because of safety issues?
  ○ look through your last 20 incident reports to see if there are any trends in location or accident type

• is there an area that causes the most frustration for staff?
  ○ use tool 5 (Interviewing), from the Toolkit

• where can you have the most impact?
  ○ use tool 3 (Activity Follow) and tool 4 (Waste Walk) from the Toolkit, to find out what areas staff are spending time in and where you can find waste

Resources / Experience:

• do we have enough experienced staff to start with something big? (e.g. nursing station, a place used by many people)

• is it better to start with a small area to build confidence on the ward?

2. Decide a team:

• 1 ward leader

• 1 ward sister

• 1 improvement leader (if there is one)

• any other available ward staff depending on area:
  ○ clerical staff
  ○ supply staff
  ○ pharmacy staff

3. Talk to Senior Management:

• discuss budget in case work needs to be done by estates

• confirm regular involvement in 'Shine'

• talk to estates before you are ready to begin so they are aware you may need their services

• agree a small budget so sign off is not required

4. Record how the chosen target area currently looks:

• use tools 6&7 (Photographs and Video) from the Toolkit

5. Decide on the main process that uses the area:

• refer to the tool 8 (Timing Processes) section in the Toolkit

• time the process (the section where it uses the area only)

  ○ i.e. for the toileting process, time how long it takes to collect and / or replace a commode

6. Introduce 5S to the team:

• use the 5S game (guidelines can be found on the NHS Institute for Innovation and Improvement's Productive Ward web pages at www.institute.nhs.uk/productiveward)

  ○ playing the 5S game with all staff on the ward will give them a better understanding of what 5S means. This should be done at each stage if there are any new staff joining the team

7. Communicate to patients:

• make sure patients are fully briefed if you think that your 5S activities could cause disruption to them

Prepare Milestone Checklist

Move on to 'Assess' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Decided on the team.	☐
2. Talked to senior management and estates.	☐
3. Used Toolkit to pick ward target area.	☐
4. Recorded how the area currently looks using video and photographs (using guidance from the Toolkit).	☐
5. Played the 5S game with the team.	☐
Effective Teamwork Checklist	**Tick if YES**
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

Assess

Assess

Once the area has been selected you need to understand what the area is currently being used for. You need to answer the following questions:

• what is the 'official' use of the area?

• is this right - should it be redefined?

• is it being used for something different?

With your team, watch the video or review the photographs of the area, and consider the following questions:

• are things easy to find?

• do you see risks to patient and staff safety?

• are staff struggling to do a particular task?

• what would a visitor/relative think?

• what does our environment say about us?

Write your answers on a flipchart so everyone's thoughts can be seen. The page can be posted in the 5S area to remind the team where they started.

'Assess' Milestone Checklist

Move on to 'Diagnose' only if you have completed ALL of the items on these checklists

	Completed ✓
1. 5S Game played (if there are new team members).	☐
2. Current use of the area noted and questions asked.	☐
3. Interviews and notes reviewed.	☐
4. Photos reviewed.	☐
5. Videos reviewed.	☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

The 5S process will look like this

1. Sort.
- eliminate anything from the area that is not essential

2. Set.
- organise all the necessary tools and materials
- assign each object an ideal area in the room

3. Shine.
- regularly clean and maintain the workplace and equipment

4. Standardise.
- procedures to maintain an orderly, clean and functional work area

5. Sustain.
- implement audits to ensure the workplace is improved and 5S becomes part of the everyday routine

Diagnose
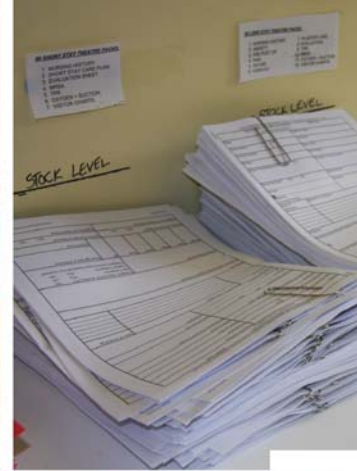
Diagnose

The following pages detail examples of Well Organised Ward implementations carried out by hospitals doing the Productive Ward programme. You should use them to stimulate discussion with your team.

Not all of them will be applicable to your specific ward environment.

Diagnose: Ideas that have worked. Example 1

These are ideas that have worked. They are not necessarily right for your environment.

BEFORE (Linen cupboard):

SORT: (in this case, due to the nature of the area, much of the 'shining' was done at this early stage)

Don't be tempted to 'cherry pick' these ideas, work through the module fully

SET: (Pictures and coloured tape ensuring visual management)　　　　　　　**SHINE:**

STANDARDISE

This diagram shows a sluice room floor plan indicating where everything should be placed.
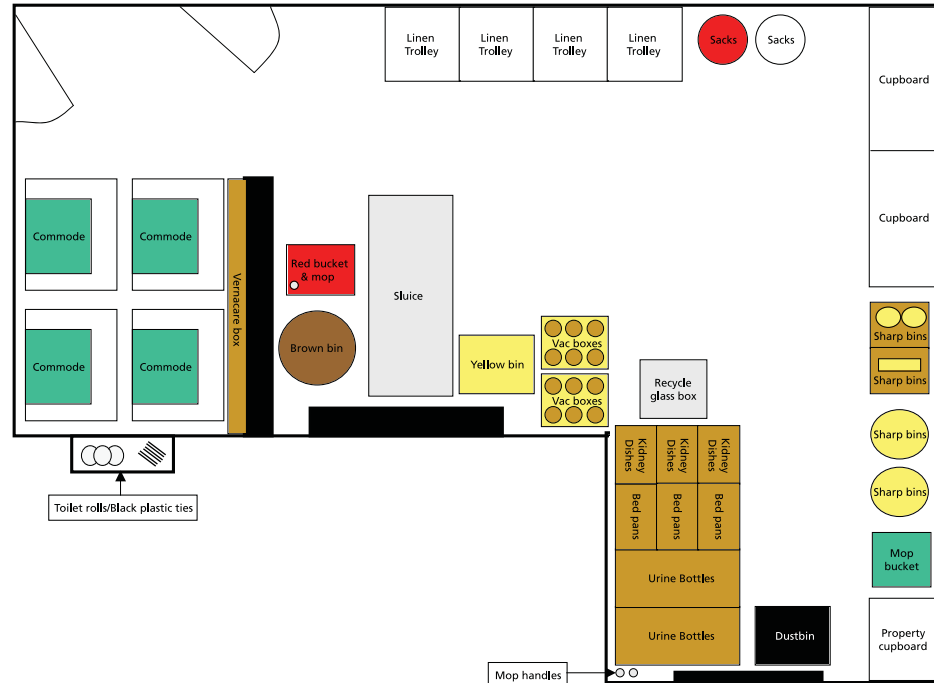
SUSTAIN

This is an example of a sluice 5S checklist which was used to ensure that items remain in the right place and in the right quantity.

Sluice 5S Check List

Check that all items are in their designated area as per the floor map and visual guides on each cupboard.

No.	Activity	Yes	No	Comments	Action	Signed off by
1.	Is the floor area clean and clear from litter / clutter?					
2.	Are the surface areas clean and clear from litter / clutter?					
3.	Are all the items in these areas used and required?					
4.	Are any items in these areas missing / no stock available?					
5.	Are all items in their correct place?					
6.	Etc…..					

Diagnose: Ideas that have worked. Example 2

BEFORE: (Documentation around the nursing station)

SORT:

Made an inventory of all documentation:

• 198 different documents were found,

• including an accident book from 1992

• patient information over 10 years old!

• removed 104 documents as they were out of date / not used any more / available on intranet

SET:

3. The remaining documents split into those for Doctors and Nurses.

Nursing documentation sorted into:
• admission packs
• other nursing forms
• referral forms
• information

Admission packs now made up one week in advance.

STANDARDISE:

Making up these packs has now been added to the weekend job list.

SUSTAIN:

All audit / performance information on notice board behind station.

SAVING TWO HOURS OF NURSE TIME PER WEEK!

Diagnose: Ideas that have worked. Example 3

BEFORE: (Patient shower room)

Various almost full bottles of shampoos, talc, spray etc distributed around the ward. Some, which were soiled, found their way back to the store cupboard. Most were eventually thrown out.

SORT:

The specific items requested were identified, in the quantities required.

SET:

These were organised into packs which were prepared in advance.

SHINE N/A:

Variety of bottles / containers removed from wash access areas and patient tables. Suppliers agreed to supply smaller packs of shampoo, toothpaste, razors etc. as they saw the waste and infection risks when the bigger 'cheaper' products were supplied.

STANDARDISE:

Prepared packs of standardised items sorted by male and female, in advance, always in the same place. Put in patient bedside cupboard before arrival on ward.

SUSTAIN:

Regular audits of packs in patient bedside cupboards, before admission and in store room.

Diagnose: Ideas that have worked. Example 4

BEFORE (Store Cupboard):

(Note: how many boxes of large gloves does a ward need when 95% of the staff are female?...)

SORT:

(In this case, due to the nature of the area, much of the 'shining' was done at this early stage)

SET:

(Pictures and coloured tape ensuring visual management - shelves removed to avoid over stocking)

SHINE:

(Shelves painted, working towards perfection and increasing pride)

STANDARDISE:

(Pictures and coloured tape ensuring visual management - shelves removed to avoid over stocking)

SUSTAIN:

(Shelves painted, working towards perfection and increasing pride)

Store room 5's Check List

Visually review each item on a daily basis to ensure sustainment

No	Activity	Sign	when	M	T	W	Th	F	SA	SU	M	T	W	Th	F	SA	SU
1	Linen Trolleys stocked and clean		Daily														
2	No unwanted items in room		Daily														
3	No open packs of pads on shelves		Daily														
4	Check floor Sweep / Mop		Daily														
5	Check stock levels and action if any item down to minimum		Daily														
6	Everything in its designated place		Daily														

Week: - _ _/_ _/_ _ - _ _/_ _/_ _

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NO.		TASK	VISIT PYRAMID AUDIT SUITABILITY COLOUR CODE				1	2	3	4	5	6	7	8
1		SLUICE TEAM AUDIT					✔		✔		✔		✔	
2		LINEN CUPBOARD TEAM AUDIT						✔				✔		
3		NURSING STATION TEAM AUDIT					✔			✔		✔		

Diagnose – Milestone Checklist

Move on to 'Plan' only if you have completed ALL of the items on these checklists

	Completed ✓
1. Carefully work through the examples with the team.	☐
2. Openly discuss each example.	☐
3. Consider the examples against your own environment.	☐
4. Ask staff for new ideas, possibly building on the examples shown.	☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed and answers agreed by all?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area/process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.
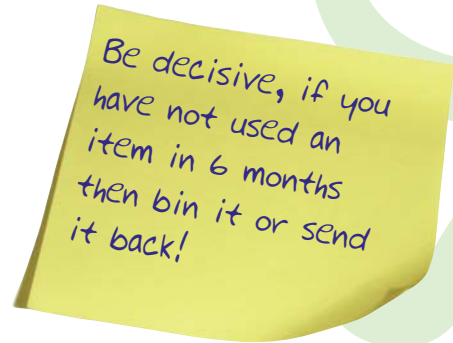
Plan

SORT   *SET*   *SHINE*

SORT

Work and storage areas on wards tend to evolve over time. More often than not items kept in work areas have just accumulated, are not used very often, or are being kept there just in case.

Cluttered and messy work areas are not just an eyesore, they create waste: wasted time searching for things, and ineffective use of space. In some cases areas have such a build up of clutter they become a health and safety risk!

1. Use an inventory sheet (see next two pages, and a copy of the inventory sheet can be found on the NHS Institute for Innovation and Improvement's Productive Ward web pages at www.institute.nhs.uk/productive ward) to record the location and quantities of every item in the area. As you assess each item put a red tag (or post-it note) on it.

2. Designate two areas in the room:
   • items that will be removed
   • items that you are unsure about

3. FOR EVERY ITEM on the inventory sheet ask the following questions:
   • do we really need it?
   • what is it used for?
   • how often do we use it?
   • when did we last use it?
   • is it still valid (in date, relevant, latest issue)?

Be decisive, if you have not used an item in 6 months then bin it or send it back!

Don't forget to communicate to all staff and patients – things can get untidy as you start to sort!

AS YOU GO THROUGH EACH ITEM, based on your answers separate all items into 1 of the following groups:

MUST STAY

REMOVE / DEFINITELY GO

CAN'T DECIDE

• put the 'Remove' and 'Can't Decide' items in the designated areas
• highlight the item in a corresponding colour on the inventory sheet

This process can take a very long time as in some areas a lot of 'stuff' has accumulated over time!

SORT: Using an inventory sheet is an important part of the 5S process

As you tag each item, record it on an inventory sheet:

Don't skip this! The inventory sheet provides evidence of your change and becomes your bargaining chip!

5S INVENTORY SHEET

NHS
Institute for Innovation and Improvement

The item

The location

The quantity of the item in the area

			CURRENT			PROPOSED		
REF #	ITEM DESCRIPTION	LOCATION	QTY	COST		NEW LOCATION	QTY REQ'D	COST
1	LATEX GLOVES-L	SHELF	20	£100		SHELF	5	£25
2	YELLOW APRONS	CABINET	12	£60		SHELF	5	£25

DEPARTMENT

AREA

The approximate cost of the item in the area

Proposed locations and new quantities can also be added on this sheet

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Using the Inventory Sheet – Case Study
The ward's story:

During a sort exercise on a cardiology ward, treatment room staff were sorting and emptying drawers in which centralised sterile services department (CSSD) items were kept. Whilst logging items onto an inventory sheet it became clear that the ward was stocked with 6 speculums.

After initial discussions with the team it was clear that staff were not aware the ward held this stock. One nurse even stated that to use a speculum you need a suitably trained person and that was not a cardiologist. It was a unanimous decision that the speculums needed returning to the CSSD department. This was logged and the exercise continued.

Later, a quick phone call to the CSSD department revealed that the stock was supplied and had been supplied for years. It was agreed during this phone call that someone would come, and with the staff, sort the supply out for the ward.

The CSSD department have a system where a member of their team is responsible to stock items that are running low and take away items that need cleaning. For years the speculums were checked and re supplied when out of date. Members of the team could not recall ever using a speculum and were puzzled why the ward had a supply.
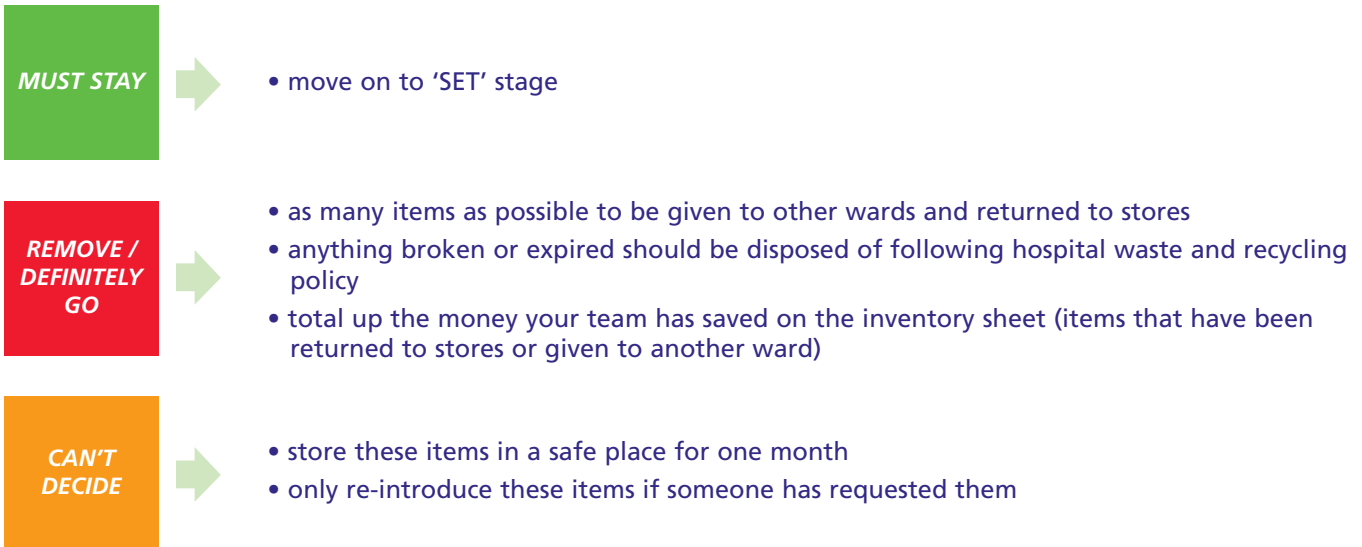
The outcome of the exercise ended with a collaborative approach. The supplies from CSSD were altered and more space for ward staff to stock items that were required was created. Speculums are both very expensive and costly to clean. Removing the items from the ward, and ensuring other wards do not hold similar items unnecessarily, provided a valuable cost saving for the trust and, for the ward staff, freed up valuable space.

It is important to record your journey and log any savings. This can easily be done using the inventory sheet and with some visual aids like photos.

The effort of capturing this information and recording your story is just one of the differences between a good tidy up and 5S.

What to do next with the items

MUST STAY

- move on to 'SET' stage

REMOVE / DEFINITELY GO

- as many items as possible to be given to other wards and returned to stores
- anything broken or expired should be disposed of following hospital waste and recycling policy
- total up the money your team has saved on the inventory sheet (items that have been returned to stores or given to another ward)

CAN'T DECIDE

- store these items in a safe place for one month
- only re-introduce these items if someone has requested them

'Sort' Milestone Checklist

Move onto 'Set' only if you have completed ALL of the items on these checklists

	Completed ✓
1. 5S game played (if there are new team members).	☐
2. All items in the target area recorded on an inventory sheet.	☐
3. All items discussed with team and each item tagged as either 'must stay, 'unsure' or 'definitely go'.	☐
4. All items marked 'definitely go' have been removed or returned.	☐
Effective Teamwork Checklist	**Tick if YES**
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

SET

Time is wasted searching for things:

• setting means you won't spend time looking for something that isn't there

Having a place for everything means that you can easily:

• see what you need when you need it
• see if something is missing
• maintain those standards (once you 'Standardise')

The Process

1. Group items by use/frequency of use/size - this reduces time in collecting items used for the same or similar purposes.

2. Identify the best locations for each item – so you do not standardise in the wrong place!

• use the Spaghetti diagram section in the (Toolkit Tool No.14, example on next page)

Example of a Linen cupboard that has been through the SORT and SET stages.

Don't be tempted to do this alone – it must be a team effort

3. Communicate the changes to all staff who use the area – to prevent it from taking even longer to find something because it now has a different (though fixed) location!

4. At this stage you may want to invite other departments linked to the area you are working on. For example if you are working on the treatment room then invite pharmacy and stores representatives.

Using Spaghetti diagrams to help SET

Making a spaghetti diagram is ideal to help decide how to SET an area.

• to start either draw out or obtain a plan drawing of the area your team is working on

• plot a member of staff using the area on the plan by marking where the person moved

• this can be done by following the staff member or by watching a video that you may have collected when working on a process i.e.

  ○ toileting process for the sluice

  ○ medicine round for the treatment room

• measure the distance travelled and write it on the plan
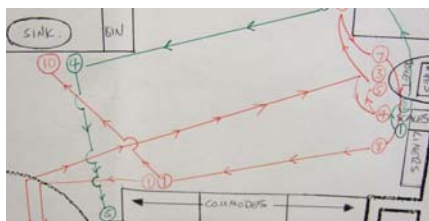

Example of staff member's movements when using a sluice

• work with the team to create a better way of 'setting' the room so that movement is cut down.

• plot the team's new SET layout and the impact that has on the users of the room in a different colour on the plan – as below.

In this case less movement does not just mean saved time; it means better infection control practice as bed pans are moved around less in the sluice.

Remember, you don't work in a 2D world
It is easy when working with Spaghetti diagrams to forget the world is not flat. It is important to SET your area by considering how the area works vertically, not just horizontally.

The picture below features an instance where the shelf is of limited use to the majority of staff members…

Additional considerations

• frequently used items should be put closer to where you need them

• items used together should be kept together

• items may need to follow safety guidelines with regards to temperature, light, ventilation etc

Marking locations:

Make the locations of items clear using visual management. This can be done by using coloured tape, photographs or colour coding.

Infection Control:
Always check with infection control about the use of tape. Explain it is a temporary measure and ensure that, as soon possible and when staff are happy, the markings are made permanent.

Using coloured tape
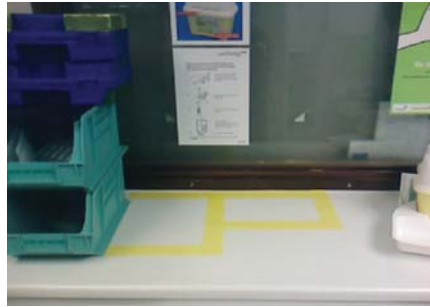
Colour coding

Photographs

Make it clear what is stored where. Make it easy to find out what is and what isn't stored in specific areas.

Talk to estates early on to find ways of replacing tape marking with a permanent, infection control compliant solution such as engraving, resin, paint or heat seal tape.

Visual management – 3 second rule

The Productive Ward works towards the three second rule. This is where visual management is used to communicate the status of an area or process within 3 seconds. Working towards this aim ensures any communications process is very clear and simple.

An example of visual management giving a clear signal is illustrated in the images below:

The message is clear – this commode is clean and ready to go.

'Set' Milestone Checklist

Move on to 'Shine' only if you have completed ALL of the items on these checklists

	Completed ✓
1. 5S game played (if there are new team members).	☐
2. Items grouped by use, frequency of use, or size.	☐
3. Best location for each item identified.	☐
4. New layout decided.	☐
5. New locations for equipment marked as suggested or with other ideas from the team.	☐
6. Changes to the area communicated to all staff.	☐
Effective Teamwork Checklist	**Tick if YES**
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

SHINE

Now that all of the items in our target area have been SET, you and your team can now clean the work area so that it is an area to be proud of.

Again, if there are any new team members you need to play the 5S game with them.

The key principles of SHINE are:

1. Infection control – follow your hospital guidelines to establish the best cleaning tools and procedures for your target area.

2. Cleaning shows the outside world that you and your team are in control of the target area.

3. Getting 'up close and dirty' with the target area while cleaning, allows for close inspection of the target area. This helps to highlight any faults.

A manager setting an example by joining in and scrubbing the floor during the Shine stage.

Take note, she will wear more practical clothes next time!

The Nursing Director (left) and a ward manager also setting an example by getting stuck in during the SHINE stage at Royal Liverpool hospital.

make sure you get pictures of your leadership team helping you. It will help tell the story later on

SHINE

1. Clean the area thoroughly involving as many people as possible (e.g. ward staff, senior staff).

2. Ensure your cleaning follows trust policy with regards to infection control.

3. Talk to external people (e.g. materials management, pharmacy) if you would like their help in getting something regularly restocked.

4. Talk to estates if you think major changes need to be made to a room (e.g. removal of sinks, additional outlets).

5. Keep equipment 'ready to go':

• understand current maintenance schedule and responsibility for equipment

• maintain it so that it is always working (e.g. keeping BP machines charged)

• re-stock (e.g. commode pans are available when needed)

6. Agree who will help to maintain the area and the equipment on an ongoing basis.

7. Senior management should be on the schedule at least once a month.

Prepare the team for likely frustrations – such as delays in minor estates work
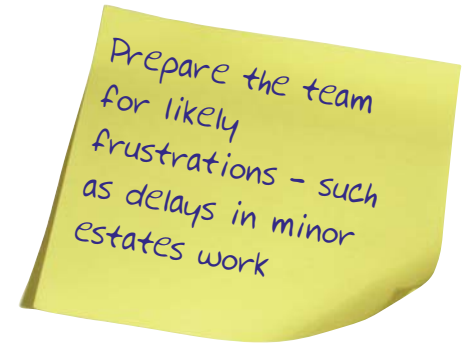
'Shine' Milestone Checklist

Move on to 'Treat' only if you have completed ALL of the items on these checklists

	Completed	✓
1. 5S game played (if there are new team members).		☐
2. Target area cleaned.		☐
3. Talked to estates (if needed) - Note: Work may be delayed if estates needs time to do any major work.		☐
4. Talked to external people (if needed).		☐
5. Broken equipment repaired.		☐
6. All equipment made 'ready-to-go'.		☐
7. Roles and responsibilities of new cleaning plan discussed with the team.		☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

Treat

Treat: The new layout

What are we testing?

1. Do the changes make any difference?
2. Are staff following the changes?

Before the test starts

- determine period for the test, e.g. 'We will test the sluice layout for one week.'
  - long enough to allow failures
  - short enough to change and retest
- identify additional temporary data collection methods as required (e.g., add 5 mins at the end of handover to get feedback)
- set the start and end dates

- inform all staff personally at handover meetings across all shifts, and also post notices in the ward
- agree the audit checklist (look at 'Sustain' on page 64)

During the test

- run regular and random audits
- get daily feedback from staff and patients on how they feel the new layout is working
- take 'after' photos and video during the test period
- invite visitors from senior management as appropriate to view the new layout and fill audit checklist

Make sure all changes are agreed as a team. Changes made alone always come back to haunt you!
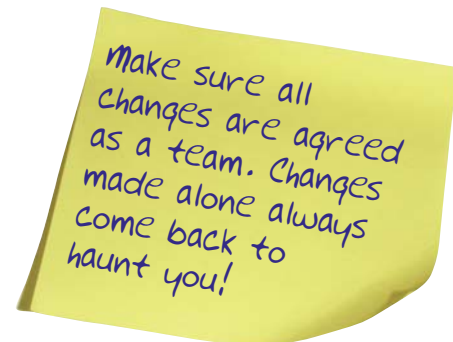
'Treat' Milestone Checklist

Move on to 'Evaluate' only if you have completed ALL of the items on these checklists

Before the test starts	Completed ✓
1. Test period determined.	☐
2. All staff informed.	☐
3. Audit checklist agreed and responsibility assigned.	☐
4. Senior managers invited.	☐

'Treat' Milestone Checklist (continued)

During the test	Completed ✓
5. Staff feedback collected.	☐
6. 'After' photos and video taken during the test period.	☐
7. Daily audits during tests completed.	☐
8. Visits and audits done by senior management.	☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.
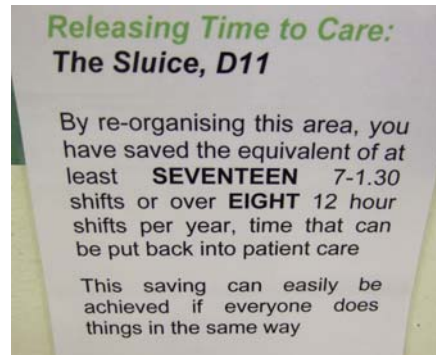
Evaluate

STANDARDISE   SUSTAIN

Evaluate

1. Review audits to see if the test has been honest and complete.

2. Review feedback from staff and patients, as well as the 'after' photos and videos.

3. Decide where there are still opportunities for improvement and if there are additional changes that can be made to the area, e.g:

   • a piece of equipment kept in the area wasn't used after all
   • the layout can still be improved

4. Update or complete a new inventory sheet to work out the difference in number of items and value of items held in the area from the first inventory sheet.

5. Assess the impact in terms of time:

   • repeat the timings you made in the Prepare section and communicate the time saved

Releasing Time to Care:
The Sluice, D11

By re-organising this area, you have saved the equivalent of at least **SEVENTEEN** 7-1.30 shifts or over **EIGHT** 12 hour shifts per year, time that can be put back into patient care

This saving can easily be achieved if everyone does things in the same way

'Evaluate' Milestone Checklist

Move on to 'Standardise' only if you have completed ALL of the items on these checklists

	Completed	✓
1. Audits reviewed.		☐
2. Feedback from staff reviewed.		☐
3. 'After' photos and videos reviewed.		☐
4. Inventory sheet updated and savings identified.		☐
5. Communicate potential impact to staff.		☐
6. Additional opportunities for improvement discussed and decided upon.		☐
Effective Teamwork Checklist		**Tick if YES**
1. Did all of the team participate?		☐
2. Was the discussion open?		☐
3. Were the hard questions discussed?		☐
4. Did the team remain focussed on the task?		☐
5. Did the team focus on the area / process, not individuals?		☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

'STANDARDISE'

Standardising work increases quality and efficiency.

Having standards makes it easy for new/agency staff to see how things are done.

'Standardising' is about:
• agreeing a standard
• communicating the standard (Shifts/Areas)
• documenting the standard (Displaying)
• following the standard

Clear, well communicated standards are the foundations of sustaining changes!

The 'Standardised' Process

1. Decide what needs to be done on a regular basis to maintain the area and how often.

2. Use this information to write standard procedures:
   • standards can be presented in many forms:
     ○ visual aids
     ○ photos
     ○ worksheets

3. Agree who will do this on an ongoing basis.

4. Communicate new standards to all staff.

Example Standard

Sluice 5S Standard

No.	Standard
1	All items should be in their designated area.
2	All commodes should be ready to go.
3	All the Combur7 test strips are within the expiry date.
4	The 24 hour urine collection container is within expiry date.
5	All items in these areas used and required.
6	There should be no missing stock.
7	There is no dangerous or faulty equipment.
8	The floor area is clean and clear from litter/clutter.
9	etc...

Standards agreed: 18th October 2007   Responsibility: J Smith

Audit due: friday each week

Example communication

This Room has been 5S'd!

'A place for everything and everything in its place'

What is 5S?

We have used what is often called the 5S model. These are a set of questions that help you think about organising the work environment, sorting a room, trolley, desk or piece of equipment.

Sort – Do we need it?

Set – Position things so that everyone knows where to find them.

Shine – Clean the area

Standardise – Agree, communicate, document and follow.

Sustain – Use as part of daily routine and continually improve.

Why 5S?

We want to make sure you have what you need, where you need it and when you need it!

Less time spent looking for equipment and information means more time spent with the patient.

What have we changed?

Patient Information Board – Colour coded by consultant. The board provides a visual update on individual patient status.

Notes trolleys are now stored in this room and should be returned to the corresponding coloured bay.

Chairs and desks have been removed to increase space and improve access.

Shelving units have been revised, only information (policies and procedures) which are relevant and up to date are now stored.

**Notice Boards** have been reviewed. Information displayed is structured, up-to-date and relevant.

The **layout of the room** has been improved. The working environment is more productive and functional.

We welcome your comments and suggestions to make this work environment more efficient!

Thank you for your cooperation

Ward 22 Productive Ward Improvement Team.

This also provides a great way of explaining changes to visitors on the ward

Further example communication of a 5S standard
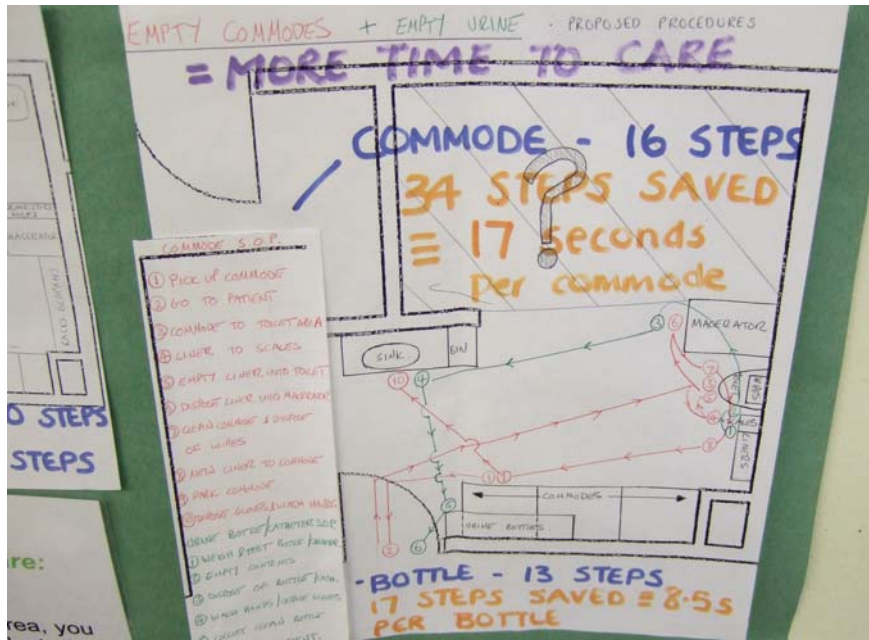
'Standardise' Milestone Checklist

Move on to 'Sustain' only if you have completed ALL of the items on these checklists

	Completed ✓
1. 5S Game played (if there are new team members).	☐
2. Decided what needs to be done on a regular basis and how often.	☐
3. Standard procedures and checklists written.	☐
4. Staff to do this on an ongoing basis agreed.	☐
5. New standards communicated to the entire ward team.	☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

SUSTAIN

You and your team have now 'sorted' out, 'set', 'shined' and 'standardised' your target area. This will make the area help you deliver care to your patients instead of the area hindering you!

This last 'S' is the hardest 'S' of all. To make sure the hard work does not come to nothing, we need to ensure that the area is SUSTAINED. This is not reliant on hard work and vigilance but it is reliant on a scheduled audit system that you design and agree with your team.

SUSTAIN moves 5S from being just a 'project' to being part of everyday ward life.

Audits are for life, not just for Christmas....

The SUSTAIN process

1. Develop a 5S audit sheet as a team.

2. Create audit planner (see Toolkit, Tool No.15).

3. Agree who will do the audits on an ongoing basis - try to involve as many people as possible e.g. a rotating list of staff. Use handover to communicate.

4. Perform regular 5S audits. Keep audit in the area.

5. Display and communicate audit results.
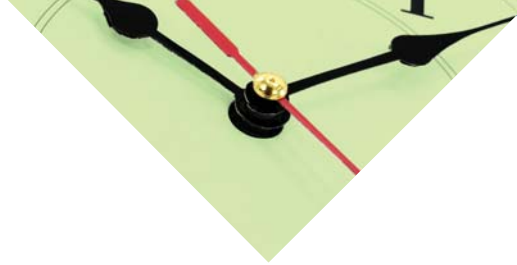
Just setting the standard is not enough.

Auditing the facilities must become part of everyday life on your ward.

TO MAINTAIN THE BENEFITS OF 5S, NEVER STOP AUDITING!

PLEASE KEEP
THIS ROOM
TIDY.

AT ALL TIMES.

THANK-YOU.

Example of an Audit for a 5S'd area

Audits are part of a system to maintain changes and to make sure 5S becomes routine.

The audit lists the key standards that should be maintained in the area

The checklist states who is going to do the audit and when

Every standard should be marked 'yes' or 'no'

Comments can be added to give the reason why standard not met

Barnsley Hospital NHS
NHS Foundation Trust

5's Check List

No	Activity	Who	When	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Comments
1	Equipment labelled in correct position on charge	SE	Daily	Y	Y	N	Y				ALL BP MACHINES IN USE AT TIME OF AUDIT
2	Apron and glove dispenser stocked	SE	Daily	Y	Y	Y	Y				
3	Trolley and equipment free of unnecessary items	SE	Every shift	Y	Y	Y	N				
4	Trolleys and equipment clean	SE	Daily	Y	Y	Y	N				
5	...nted items	NW	Every shift				Y				
6	...e replaced as ...quired	NW	Daily	Y	Y						
7	...s not return to racking	NW	Daily								
8	...e management packs prepared and stocked	NW	Daily								
9	Check floor Sweep / Mop	NW	Daily								

Visually review each i... ...sure s...

Ensuring the audits are completed – audit planner

- using the audit planner (Toolkit Tool No.15) shows who needs to do an audit, when audits should be completed and whether audits are completed on the planned days

- the audit planner should be displayed in a prominent position on the ward

- it is used in conjunction with the visit pyramid and guidelines (in Toolkit Tool No.16)

Releasing Time to Care
The Productive Ward

AUDIT PL

NO.		TASK	VISIT PYRAMID AUDIT SUITABILITY COLOUR CODE				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	
1		SLUICE TEAM AUDIT					√		√		√		√		√													
2		LINEN CUPBOARD TEAM AUDIT						√					√															√

'Sustain' Milestone Checklist

	Completed ✓
1. 5S audit sheet developed.	☐
2. Audit planner created and responsibilities agreed.	☐
3. Regular 5S audits done.	☐
4. Audit results communicated.	☐

Effective Teamwork Checklist	Tick if YES
1. Did all of the team participate?	☐
2. Was the discussion open?	☐
3. Were the hard questions discussed?	☐
4. Did the team remain focussed on the task?	☐
5. Did the team focus on the area / process, not individuals?	☐

Make sure all shifts are aware of progress and discuss this as a part of the shift handover.

How can I make it stick?

Monitor and audit continually

- conduct a daily audit on the areas to ensure the changes made are being followed
- discuss how often audits should be done going forward and when the audit pyramid should be introduced

Ensure leadership attention

- get your Head of Nursing or equivalent to participate in auditing and regular maintenance of areas that have been 5S'd
- if you are a Ward Leader discuss audit results with ward staff at least once a month at the weekly review meeting (refer to 'Knowing How We Are Doing' module)
- ensure changes made are brought to the attention of senior leadership

Do not stop improving

- encourage ward staff to continue to find newer and better ways of doing things – it is not about doing this once and then applying standard operating procedures, but about improving them continually
- standard operating procedures can be used to make sure the changes are maintained and to create a 'ward manual'
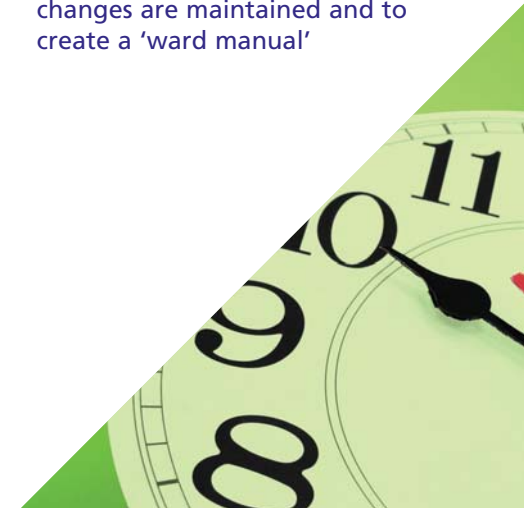
Learning objectives complete?

Five objectives were set at the beginning of this module.

Test how successfully these objectives have been met by asking 3 team members (of differing grades) the questions in the grid below. Ask the questions in the 1st column and make an assessment against the answer guidelines in the 2nd column.

The results of this assessment are for use in improving the facilitation of this module and are not a reflection on staff aptitude or performance.

If all three team members' responses broadly fit with the answer guidelines then the learning objectives of the module have been met.

Note the objectives where the learning has only been partly met and think about how you can change the way you approach a module next time so that the objectives are fully met.

It sometimes helps to re-read the module and reflect on the experiences in implementing the module first time round.

Question (ask the team member)	Answers for outcome achieved
Describe the things you need to do in the prepare stage of the module?	• find out hospital policy • find out patient satisfactions • talk to staff • find out accident information • video process • time process
Explain the idea around process mapping?	• team creates picture of what the process looks like now (current state) • team all agrees on current state • team creates picture of their vision of what the process should look like (future state)
Why use a cost/benefit analysis and how does it work?	• helps the team prioritise improvements • grid, where you put ideas in boxes relating to cost and benefit • do the low cost, high benefit ideas first
Define standard work and how it is used in the well organised ward module to increase quality?	• important tool for communicating • key to sustaining new well organised ward process • agreed by the team, not by an individual • record the best known (highest quality) way the team knows for well organised ward process
Where do audits fit into the well organised ward module and how are they used?	• ensures people are carrying out the new well organised ward process • should be quick • based on the standard created by the team • never stop using audits

10 Point Check List

Example:

	Status 1	Status 2	Status 3	Status 4
The grid to follow allows you to measure your performance against the 10 point check list for this module. You should shade in the boxes according to your achievement of the measure. Your progress is clearly visible. **Status 1:** Before module is implemented **Status 2:** After 2 weeks of implementation **Status 3:** After 4 weeks of implementation **Status 4:** After 8 weeks of implementation You should continue to monitor monthly	🟥	🟩	🟩	🟩
	🟥	🟥	🟥	🟩
	🟩	🟩	🟥	🟩
	🟥	🟩	🟩	🟩
	🟥	🟥	🟩	🟩
	🟩	🟩	🟩	🟩
	🟥	🟥	🟩	🟩
	🟩	🟩	🟩	🟩
	🟥	🟩	🟩	🟩
	🟥	🟩	🟩	🟩

10 Point Check List Well Organised Ward	Status 1	Status 2	Status 3	Status 4
All the items in the area have a clear purpose and reason for being there				
There are specific locations for everything				
The locations for these items are clearly marked				
It's easy to see if something is missing, in the wrong place, or needs to be re-stocked				
All the equipment is regularly maintained and kept ready-to-go				
There are standard operating procedures on the use of the area and all staff are aware of how things should be done				
Regular and random audits are conducted against the standard operating procedures to make sure the changes are maintained				
A new member of staff can easily find things and understand how things are done				
Quantities of stock are based on usage				
The replenishment of stock matches demand				

Sugge

Quicker tu
Preventative
Set places
Maintained d
Double up
Establish /
Obs charts

Acknowledgements

Website: For more information and to register your interest please visit www.institute.nhs.uk/productiveward

Contact the Productive Ward team: productiveward@institute.nhs.uk

Further copies of this document can be obtained from:

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