Medicine Flow Team – Test of Change PRH

SaTH Improvement Hub

Theme | Capacity and Flow

Produced by | Shelbey Fenton-Cook

Case Study Date | 13/11/25

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

The test of change aims to reduce reliance on monthly MADE (Multi-Agency Discharge Events). These events have become frequent because the Trust struggles to maintain control of Length of Stay (LOS) and the number of Medically Fit for Discharge (MFFD) patients, which leads to escalation in ED. By centralising the Medicine Flow Team under the Capacity and Flow Team, the goal is to strengthen oversight and enable proactive management, reducing the need for reactive discharge interventions.

SMART AIM

S SPECIFIC | M MEASUREABLE | A ACHIEVABLE | R RELEVANT | T TIME-BOUND

During a 1-month test of change 22nd Sept – 17th October 2025 –

- Increase pre 12:00 discharges to trust target of 35%
- Increase pre 08:45 transfers to DCL to 10%
- Increase in DCL utilisation to 50%
- Reduction in simple LOS to trust target of 4 days

PLAN

For one month, the test was to implement a centralised model for the Medicine Flow Team, moving them from the Medicine Division into the Capacity and Flow Team. The aim was to:

- Provide each role with a clear and defined purpose.
- Remove duplication between roles.
- Return ownership of day-to-day discharges to the wards.
- Enable the flow team to focus where they add the most value.

The team comprises **Patient Journey Facilitators (PJFs)**, **Flow Coordinators**, and **Clinical Leads**.

Each role adopted a new structured daily rhythm, focusing on delays in the patient journey and discharge planning from admission. A clear escalation process was developed, supported by two months of planning meetings with multidisciplinary colleagues. All duplication was removed, and roles were refined to ensure clarity and efficiency.

DO

The new rhythm of the day was discussed multiple times with the team, allowing for final adjustments before implementation. The Test of Change commenced on **22nd September**, but PRH faced significant challenges from the outset:

Team Absence: Staffing gaps were severe. The Clinical Lead, PJF, and Flow Coordinators were all absent at different stages during the first four weeks. This meant PRH could not fully adopt the new rhythm as intended.

Lack of Direction: With no consistent leadership, standard work was never embedded. Each day looked different, creating a disjointed and confusing process for those present.

Impact on Wards: Ward teams quickly became frustrated. The absence of clear processes led to duplication of work and, in some cases, tasks being missed altogether.

Return to Old Ways: When staff returned from absence, they reverted to the old routine rather than the new approach. This resulted in short bursts of focused effort followed by further disruption when staff were off again or replaced by different team members. The inconsistency made it impossible to build momentum or confidence in the new model.

A review meeting was held at **4 weeks**, and it was agreed to continue the Test of Change for a further month. A second review was undertaken at **6 weeks**.

STUDY

Metric	Target	Baseline	Week 4	Week 6
Pre 12:00 (PRH)	35%	26.8%	24.7%	32.3%
Pre 08:45 TFs to DCL (PRH)	10%	2%	3%	4%
DCL utilisation (PRH)	>50%	47.3%	39.1%	59%
Simple LOS (PRH)	4 days	5.5	5.9	4.68

The test of change faced significant challenges the main one being staffing constraints

- Pre-launch and week 1 – 1 x Clinical lead absent
- Week 2 – 1 x PJF absent
- Week 3 – 3 x PJF absent
- Week 4 – 1 x flow coordinator absent
- Week 6 – 1 x clinical lead and both flow coordinators plus PJF long term absent

These absences severely impacted the ability to implement and sustain the new model.

Week 4 – most metrics declined compared to baseline.

Week 6 – staffing challenges worsened and to maintain patient flow, the following actions were taken

- 2 focused discharge support events at both sites (weeks 4 and 6)
- Senior consultant-led weekly deep dives commenced.

Improvements seen in week 6 were mostly driven by the mitigation actions rather than the Test of Change

ACT

Based on the findings, the test of change has been **abandoned** from week 6 as not feasible under current conditions.

Since the TOC has been stood down, staffing has become more challenged with 2 x members of the team vacating their posts with no decision to recruit.

If the staffing were to improve and remain at consistent levels, the TOC could be revisited.

ACKNOWLEDGEMENTS & REFERENCES | Capacity and Flow team, medical flow team!