Medicine Flow Team – Test of Change

Theme | Capacity and Flow

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SaTH Improvement Hub

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

While the new rhythm of the day was introduced, RSH faced its own challenges:

Staffing Pressures: Because PRH was severely depleted, RSH staff had to provide cover, leaving RSH understaffed. This was further impacted by the absence of the flow coordinators.

Adjustment Period: The Clinical Lead took several weeks to adapt to the new way of working. During this time, Patient Journey Facilitators (PJFs) who were embracing change were often directed back to elements of the old process, creating confusion and slowing progress.

SWOT Analysis: To overcome these issues, PJFs and the Flow Coordinator undertook four weeks of structured SWOT analysis to refine the new Rhythm of the Day (ROTD). This exercise proved highly effective:

- It allowed the team to identify barriers and implement practical improvements.
- Feedback from these sessions helped the Clinical Lead understand the benefits of the new approach, leading to full buy-in.

Outcome: Once alignment was achieved, the team began working consistently to the new rhythm, improving clarity and confidence in the process.

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 (RSH)	35%	28%	23.6%	29%
Pre 08:45 TFs to DCL (RSH)	10%	2%	6%	4%
DCL utilisation (RSH)	>50%	43%	45.2%	46%
Simple LOS (RSH)	4 days	6.4	6.7	6.1

RSH made some progress during the Test of Change, but improvements were modest and heavily supported by two focused discharge events and senior consultant-led deep dives. These interventions drove short-term gains rather than the new rhythm alone.

Incremental improvements were evident early on, but momentum stalled when RSH had to continually divert resources to support PRH due to severe staffing shortages. If staffing had remained stable across both sites, RSH would likely have achieved stronger results. The need to cover two sites, combined with the absence of the Flow Coordinator, limited the ability to embed the new process fully.

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!