WS4B: Planning for Tomorrow (2)

Theme | MECTP

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY? | Improvements are needed to internal medical flow through multiple incremental changes to processes on the wards to ease pressure on the emergency department and allow for more timely initial assessments, reduced LOS in ED and mean ambulance handover time.

SMART AIM (Specific · Measureable · Achievable · Relevant · Time-bound) | On wards 7, 9, 11 and 36 improve pre 10:00 discharges to 20% September 30th 2025.

PLAN

WS4B focuses on improving ward processes to achieve timelier discharges through structured afternoon huddles and forward planning.

Following the previous six-week review, performance showed a seven-week decline due but not limited to –

- Doctor changeover
- General medicine rotation
- Nursing staffing shortages

To address this:

- Meetings were moved from virtual to in-person.
- Clinical lead began visiting wards during board rounds and afternoon huddles to provide direct support.
- Protected time was given to ward managers to support the huddle
- Doctors to use electronic solution (patient flow) to support continuity of care

Additionally, the governance process was reviewed because sickness within the flow team had prevented effective monitoring of huddle compliance.

DO

The following actions were implemented to address the decline and improve ward processes:

- Meetings moved to in person to allow a more collaborative and open discussion
- Clinical Lead as part of the newly implemented deep dives visits the wards during board rounds and afternoon huddles to provide direct support and reinforce expectations
- Protected time allocated for ward managers when feasible
- Electronic patient flow system used for doctors to assign outstanding tasks to support continuity of care and forward planning
- Governance process reviewed but unable to be sustained due to resource constraints

STUDY

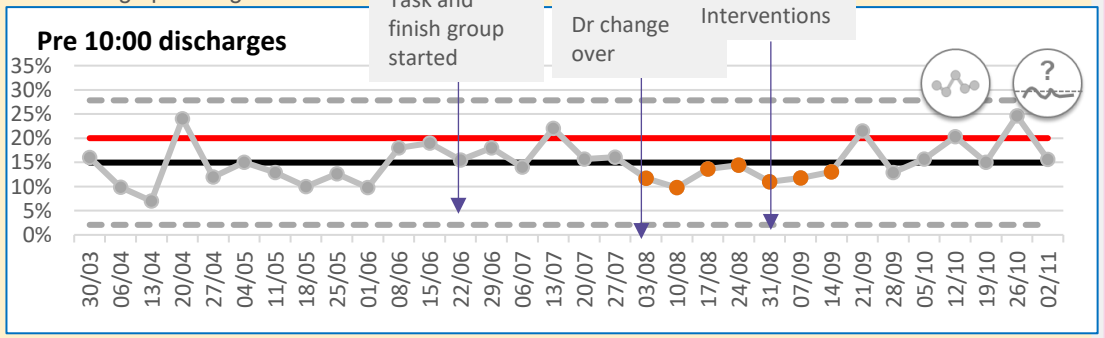
Performance has fluctuated since the six-week review, with a notable seven-week decline. Although interventions led to some recovery, results remain below the 20% target, and variation suggests the process is not embedded, pointing to systemic issues rather than random variation.

Key Barriers:

- Loss of initial champions and lack of awareness among new doctors.
- Staffing shortages prevented huddles from taking place.
- Senior doctors discouraged huddles, reducing compliance.
- Engagement varied, making huddles person-dependent.
- High patient acuity limited feasibility during critical care periods.

Positive Impact:

- Ward 9: Consistent huddles for 4–6 weeks, driving pre-10:00 discharges above 40%.
- Ward 11: Pre 10:00s have steadily improved but more notable five-week improvement in pre-12:00 discharges to 37%, and pre-5 discharges surged to 90%, showing strong gains in early discharge planning.



ACT

To address ongoing challenges and support sustained improvement -

Ward Configuration:

- Following doctor feedback, explore splitting wards 11 and 7 equally between speciality to reduce number of nurses doctors need to locate during huddles
- Currently reviewing option to move general medicine from ward 7 to ward 11 to create a dedicated general medicine ward

Engagement and support:

- Continue onboarding new champions and holding face to face meetings
- Provide support visits

Process

- Incorporate afternoon huddles into the developing Rhythm of the Day framework in WS4A to standardise practice across wards

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