# Discharge Lounge (DCL)

Theme | Capacity and Flow

Produced by | S. Fenton-Cook

Case Study Date | 02/04/2026

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 Length Of Stay in ED and mean ambulance handover time.

## SMART AIM

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

To increase the utilisation of the discharge lounge by March 31st 2026
To achieve timelier transfers to the DCL, focusing primarily on the pre 08:45 transfers by March 2026

## PLAN

Over the past year, the plan was to introduce and implement an electronic tracker. The tracker would support the reduction in the number of phone calls and improve information of which patients were ready to transfer.

Alongside this, later in the year, to improve the in-balance of capacity vs. demand the hours of the DCL were to be extended.

Finally, recruitment to template to support current staffing gaps.

## DO

After a visit to another trust where an electronic tracker was being utilised, a similar tracker was designed for use by the DCL, clinical site and flow and ops teams.

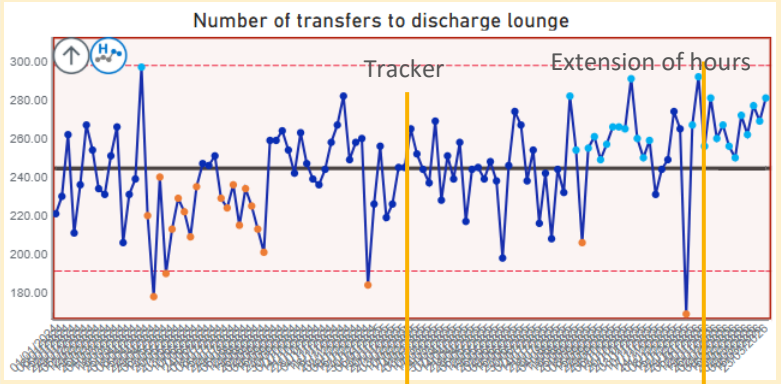
This was shared on a team's channel between the teams to access and update live.

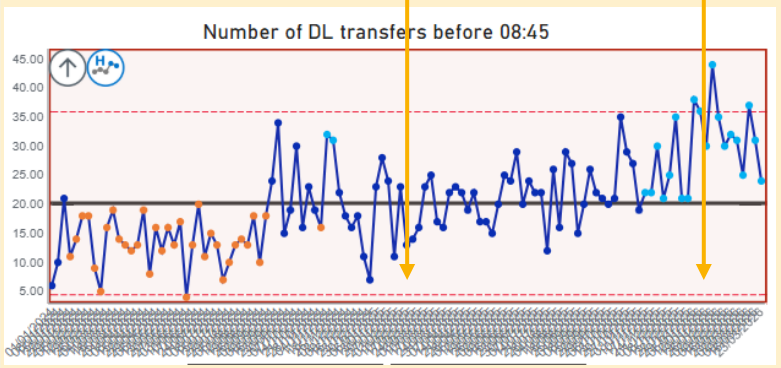
The tracker has now become embedded and used daily, this has reduced the number of phone calls to the DCL from the site team and allowed for up-to-date narrative.

The DCL hours were extended to 22:00 starting at 07:00 as opposed to 07:30 – 20:00 both sites, to support earlier pull into the lounge and accommodate patients later in the day awaiting transport. This has also supported preparing for the next day, by completing handovers in advance and preparing the patients that they will be transferred early the next day.

Vacancies are currently out to recruitment.

## STUDY




The tracker was implemented in April, however, did take some time to become embedded due to variation of working and compliance between staff. The tracker has supported earlier notifications of transfers and has contributed to an improvement in utilisation.

Alongside this, the DCL extended their hours in February, with voluntary extended hours before supporting the earlier transfer of patients.

## ACT

The tracker has been fully adopted.

Next steps are to explore relocating the DCL at RSH, as currently they are situated in the Copthorne building and a transfer is taking on avg. 45 minutes, plus challenges around logistics.

Secondly, the introduction and completion of handovers on wards prior to transfer to eliminate phone call handovers.

ACKNOWLEDGEMENTS & REFERENCES |