Front Door Clinician RSH: Safe and Timely Urgent and Emergency Care Campaign

SaTH Improvement Hub

Theme | MECTP

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The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Improving 4-hour performance is critical to enhancing patient safety, ensuring timely clinical care, and reducing avoidable harm. Delays in this key metrics increases clinical risk, compromises care quality, and contribute to overcrowding, which strains resources and staff. Improving this performance directly supports safer patient flow, reduces adverse outcomes, and aligns with national standards for emergency care delivery.

SMART AIM

- To increase 4-hour performance during March 2026 to 60%.

PLAN

Plan to implement a Front Door Clinician (FDC) at RSH ED daily 1100hrs – 1900hrs to ensure that patients are assessed promptly by a senior decision maker, to initiate early investigations and treatment, re-direct patients to alternative pathways and make early disposition decisions, to increase 4-hour performance.

The FDC Standard Operating Procedure was written by the Consultant Team and signed off by the Senior Management Team (SMT).

Funding was agreed and a roster was created to cover 1100hrs – 1900hrs for 1 week from 23/3/26.

DO

The FDC model was initially tested at PRH ED for 3 weeks from 2/3/26. Staff feedback and performance to 4-hours was positive therefore the trial was rolled out to RSH ED for 1 week from 23/3/26.

This was communicated via meetings held with the nursing teams in ED prior to commencement of the FDC model to ensure the initial assessment teams were aware of the model.

Feedback meetings were held during the trial period to look at metrics and discuss the model.

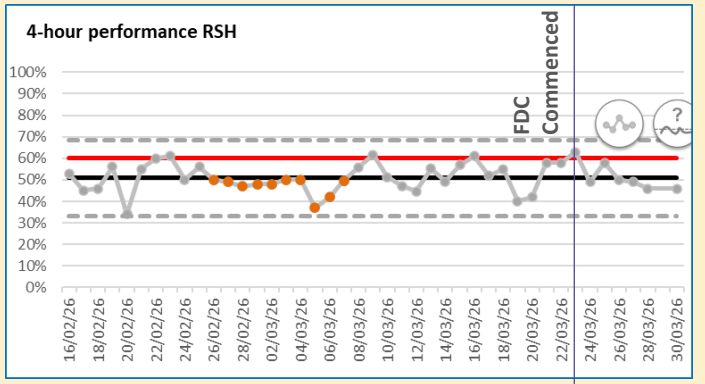
Although a roster was created to cover 7 days, due to staffing shortages FDC was only staffed for 5 days.

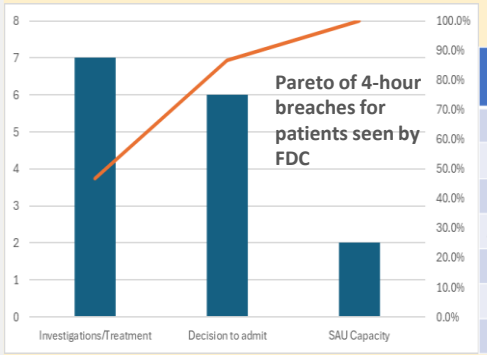
STUDY

Following the FDC implementation there was no statistically significant improvement to performance against the 4-hour target. The front door clinician saw 51 patients, an average of 8.5 patients per day and discharged 36 of those within 4 hours.

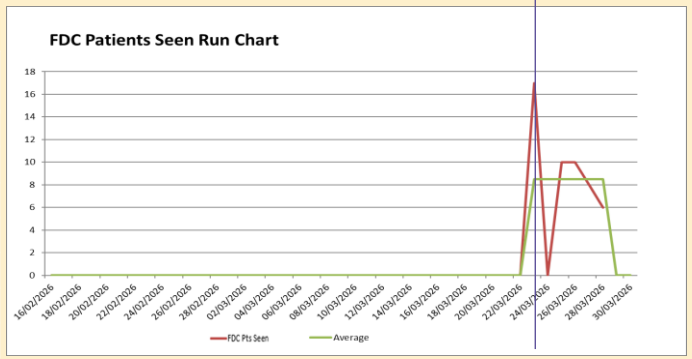
Feedback from the 1-week trial was mixed. The layout of the department at RSH made it more difficult for the FDC to work alongside the nursing teams at the front door, resulting in the process relying on patients being referred by the triage nurses rather than identifying them directly.

Despite this, patients reviewed and discharged by the FDC had an average time in the department of 167 minutes, providing a noticeably quicker journey through the Emergency Department.





Disposition	Number patients	Percentage
Discharged home	25	49 %
Referred to ED	12	23.5 %
Referred to SDEC/AAU	6	11.8 %
Streamed to minors	3	5.9 %
Referred to Specialities	2	3.9 %
Referred to SAU	2	3.9 %
Referred to CAU	1	2 %



ACT

The FDC model has been tested at both PRH and RSH ED departments. It will be reviewed by the Division to decide whether the FDC process will be adopted.

ACKNOWLEDGEMENTS & REFERENCES | Consultant and Nursing Teams in RSH ED.