Safe and Timely Urgent and Emergency Care Campaign- SAU Extension of Hours

SaTH Improvement Hub

NHS The Shrewsbury and Telford Hospital NHS Trust

Theme | UEC

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Case Study Date | 1st April 2026

REASON WHY?

Improving 4-hour performance is critical to enhancing patient safety, ensuring timely clinical care, and reducing avoidable harm. Delays in this key metric 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. The safe and timely urgent and emergency care campaign will focus on carrying out a month long, system wide sustained improvement plan, aimed at improving patient outcomes and Trust performance.

SMART AIM

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

For the month of March as part of the UEC improvement campaign –

LOS in ED < 24 hours
Time in ED for patients that move to SAU

PLAN

As part of the Safe and Timely Urgent and Emergency Care Campaign, the plan was to introduce registered nurse (RN) cover on the Surgical Assessment Unit (SAU) overnight.

The RN will provide clinical oversight to enable earlier acceptance and movement of appropriate surgical patients from ED into SAU during out-of-hours periods. This PDSA aims to increase SAU utilisation, improve the number of patients pulled from ED, and reduce the length of time surgical patients spend waiting in ED overnight.

DO

Approval was given for an additional RN overnight. Each shift has been advertised to be filled via bank.

Shifts were successfully filled on 03/03, 09/03, 16/03, 22/03, 26/03 and 30/03, increasing overnight SAU staffing to nine staff.

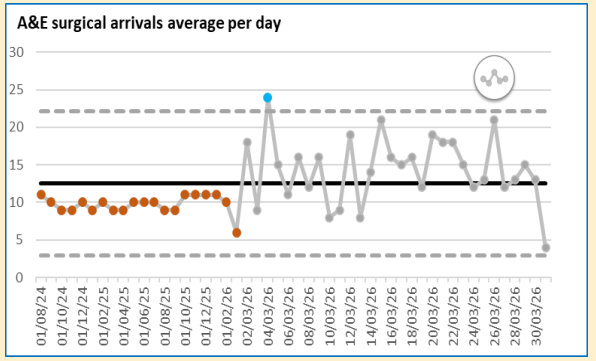
The shift was also filled on 08/03, however, due to one RN being off on short-term sickness, overnight staffing remained at eight staff on that date.

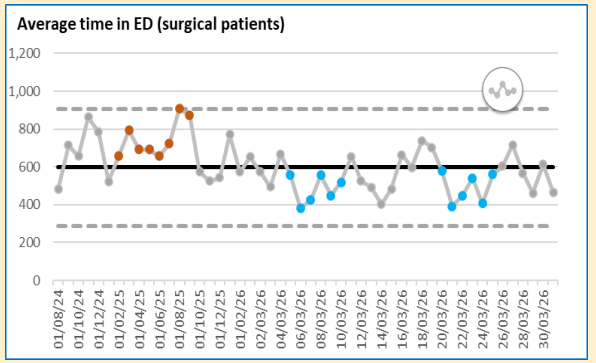
Additional short-term sickness occurred on 02/03, 06/03, 08/03, 11/03, 13/03 and 14/03 resulting in the unit being staffed under template.

STUDY

The SPC shows a reduction in variation in the average time surgical patients spent in ED during periods when the additional overnight RN was in place, with several data points falling below the previous centre line. This suggests improved flow for surgical patients moving from ED into SAU. A&E arrivals show normal variation although numbers are higher when compared to previous arrivals.

Qualitative feedback from medical staff highlighted that having patients within the SAU footprint overnight was beneficial, as all required equipment and resources were readily available. The presence of the additional RN improved patient safety through increased clinical oversight and enabled the team to continue pulling patients from ED overnight, supporting sustained flow outside of core hours. The March sprint when staffed demonstrated that we were able to achieve good flow from A&E to SAU. No patients were held in A&E Fit to Sit / Waiting Room, when we were fully staffed.





ACT

Funding is being sought to support overnight shifts from 19 March to the end of the month, with shifts released via bank to maximise opportunities for cover. It is recognised that current levels of maternity leave within the department are limiting the availability of substantive staff and contributing to challenges in filling shifts through bank alone. Ongoing monitoring of staffing fill rates, SAU utilisation, patient flow from ED, and safety indicators will continue to inform whether this model is sustainable and what further workforce solutions may be required.

ACKNOWLEDGEMENTS & REFERENCES | The SAU team.