Ward 10 Improvements: Safe and Timely Urgent and Emergency Care Campaign

SaTH Improvement Hub

Theme | MECTP

Produced by | Carol Bulger/Laura Wild

Case Study Date | 23/3/26

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Patients residing on short stay wards are expected to stay up to a maximum of 72 hours. Many of the patients are staying longer than 72 hours.

SMART AIM

- To reduce the simple LOS to <72 hours on Ward 10SS during week commencing 16th March 2026

PLAN

Plan to reduce the simple Length Of Stay (LOS) for patients on Ward 10SS to <72 hours during a test of change week.

One of the main focuses was to assign flow ownership and bed management to the Ward 10SS team instead of the capacity team. This would allow the short stay team to ensure patients met short stay criteria before transferring them to the ward.

DO

To reduce the simple LOS to <72 hours, during the planning meetings it was agreed that the capacity team would re-allocate patients with No Criteria to Reside (NCTR) to medical wards. The criteria of patients for Ward 10SS was reviewed and re-distributed to the capacity team and the acute floor.

During the test of change week prior to the board round, the Doctors and NIC of Ward 10SS huddled around the ward dashboard and review daily performance. The teams identified potential discharges early to improve the number of pre-1200hrs discharges from the Ward.

The NIC and Flow Co-Ordinator of Ward 10SS attended twice daily huddles in ED at 0930hrs and 1330hrs with the acute floor, ED (Nurse in Charge) NIC and (Clinical Site Manager) CSM to review appropriate patients to pull to Ward 10SS and increase communication between the teams.

The medical flow tracker was made available to Ward 10SS NIC to ensure appropriate patients were being highlighted for transfer to Ward 10SS.

Daily feedback meetings were held at 1600hrs to discuss performance that day and any issues in preparation for the following day.

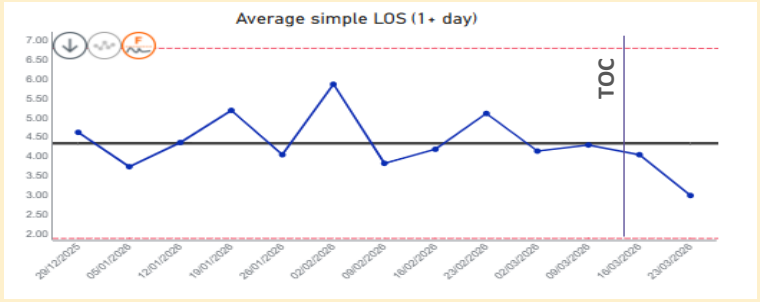
STUDY

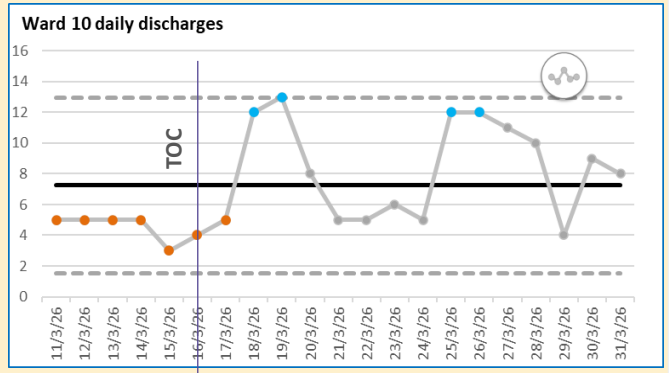
During the test of change week commencing 16/3/26, Ward 10SS increased average daily discharges from 34 in February 2026 to 50. The average simple LOS reduced from 7.29 days to 4.0 days.

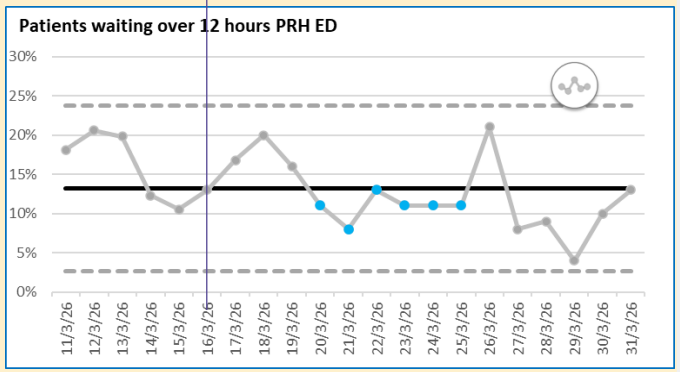
The team have continued to use the processes implemented in the test of change and w/c 23/3/26 the LOS has reduced again to 3.1 days, and the number of discharges increased to 60.

There was statistically significant improvement to performance against daily discharges on Wednesday's and Thursday's. Although there are a number of improvement projects ongoing during March, it appears the TOC had a high impact on 12 hour waits in ED the following day.

Feedback received during the test of change was very positive from the team on Ward 10. They found the use of the ward dashboard highlighted their daily metrics and gave the teams an overview of the demand in ED. The daily huddles in ED empowered the team on Ward 10SS to ensure they were highlighting appropriate patients from ED and the Acute Floor against discharges to maintain flow on the ward.







ACT

Ward 10SS will adopt working to their SOP and will continue to utilise the ward dashboard, the medical flow tracker and twice daily huddles in ED to manage their own flow and bed allocations.

ACKNOWLEDGEMENTS & REFERENCES | Carol Bulger, Sarah Sivill, Anna Nash and the team on Ward 10SS