

REASON WHY?

Ward 25 was opened in December 2025 to support site flow, reduce pressure in ED and provide a 72-hour pathway for patients meeting agreed criteria. More recently, an increase in patients being admitted outside of the ward criteria has led to delays in discharge planning, increased therapy workload and reduced patient flow, contributing to longer waits in ED and limiting the ward's ability to deliver its intended purpose. This can result in patients experiencing delays in receiving care in the most appropriate setting and remaining in hospital longer than necessary.

PLAN

An initial review identified variation in compliance with the Ward 25 admission criteria due to site pressures, handover challenges and inconsistent application of the pathway.

The findings and proposed changes were discussed with the Ward Manager, consultants, resident doctors, site team and operational team to gain feedback and support for the improvement approach.

The team plans to test a series of interventions to improve adherence to the Ward 25 pathway and support patient flow:

- Introduce a protected handover mobile phone for the NIC and Ward Manager.
- Recirculate and reinforce the Ward 25 SOP and admission criteria.
- Empower Band 6 NICs to challenge admissions that do not meet agreed criteria.
- Strengthen collaborative working with the site team to transfer longer-stay patients to more appropriate wards.
- Introduce weekly case reviews for patients with a LOS >7 days to identify barriers and progress discharge plans.
- Review and refine board round standards to improve escalation, decision-making and discharge planning.

DO

During the reset week:

- A protected handover mobile phone was introduced for the NIC/Ward Manager and the number circulated to AMU to ensure all transfers were handed over prior to arrival.
- An agreed process for Datix reporting was implemented to capture inappropriate transfers and understand contributing factors.
- All patients with a length of stay greater than seven days were reviewed, identifying opportunities to progress discharge plans and transfer patients to more appropriate wards.
- Collaborative working with the Clinical Site Management team supported the transfer of several long-stay patients to the right ward.
- A criteria-to-admit audit was completed daily to identify variation in compliance and enable prompt intervention where admissions began to fall outside of the agreed criteria.
- Nursing staff consistently applied the Ward 25 admission criteria, with **57 of 58 patients meeting the agreed criteria during the test period.**
- Board round standards were reviewed and refined, with a particular focus on patients approaching the 72-hour pathway to ensure escalation and discharge plans were in place. Compliance with the revised standards was monitored through daily board rounds.
- All patients transferred from the acute floor received a clinical handover prior to arrival, supporting safer transfers and adherence to the ward criteria. Of the **58 admissions, 45 were admitted from the acute floor, 10 from ED and 3 from other inpatient wards** to support the transfer of longer-stay patients.
- Improved adherence to the admission criteria reduced inappropriate therapy demand on Ward 25.
- **52 of 58 admissions did not require therapy input**, freeing therapy capacity to support backlog demand and provide timely same-day assessments where needed. Those requiring therapy support only required low-level intervention, such as equipment provision.
- **57 of 58 patients were discharged to their usual place of residence**, demonstrating that patients admitted to Ward 25 were appropriate for the intended short-stay pathway and supporting effective patient flow through the ward.

S M A R T AIM

Between 6th and 10th July 2026,

- To reduce avg. LOS to 5 days
- To reduce simple LOS to 3 days
- To reduce the total number of patients on the ward over 7 days from 21 to 10

STUDY

The interventions resulted in measurable improvements across all outcome measures and successfully achieved the aims set for the reset week. Average LOS reduced to **4 days**, simple LOS reduced to **3 days**, and the number of patients with a **LOS greater than 7 days reduced from 21 to 8.**



Ward feedback has been overwhelmingly positive, with a renewed sense of purpose and ownership across the multidisciplinary team. Nursing and medical colleagues alike described a noticeable improvement in patient flow, with Ward 25 functioning as a rapid-turnover ward as originally intended. Senior nurses reported feeling empowered to consistently apply the admission criteria, challenging inappropriate admissions and protecting the pathway for patients most suited to the ward.



ACT

All interventions will be **adopted** and embedded into daily practice.

- The protected handover phone, agreed Datix process, reinforced admission criteria, weekly consultant-led long-stay reviews and revised board round standards will continue to support safe patient flow and protect the 72-hour pathway.

A key learning from the reset week was the importance of having clear local ownership of the pathway. Sustainable improvement will require Ward 25 leadership and the multidisciplinary team to maintain oversight of admission criteria compliance, patient flow and length of stay measures.

The Ward Manager and clinical leads will continue to review performance measures and address variation promptly to ensure the ward functions as intended.

Length of stay, admission criteria compliance and patient flow measures will be reviewed monthly, with results shared through ward governance processes to support ongoing monitoring and learning.

Early review following the reset week identified a slight increase in length of stay, reinforcing the need for ongoing leadership, visibility and ownership of the pathway to sustain improvements over time.

Learning from the reset week will be shared with other wards and teams supporting patient flow across the organisation, with opportunities to adapt successful elements of the approach in similar clinical areas.