QMS 90-day Audit: Therapy Centre

Theme | Quality Management Systems

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Case Study Date | 5/10/2026

REASON WHY?

The Therapy centre management team started their Quality Management Systems (QMS) training on the 25th February 2026, completing the programme on the 20th April 2026. QMS aims to help create a culture of improvement and focus teams to work on key driver metrics in order to have a positive impact on services.

SMART AIM

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

For the Therapy centre to improve their 4 centre drivers (listed below) using QMS methodology as evidenced by metrics by September 2026

PLAN

Following the 12-week QMS training which finished in April 2026, and a period of time to be embedded, the team completed an Audit of the use of the QMS tools.

During the training which consists of two taught sessions and ten coaching sessions the team identified 4 drivers that the centre would work towards:

1)To increase % of inpatient OT/PT response time within 24 hours
2)To increase % of inpatient SLT/ Dietetic response time within 48 hours
3) Reduction in community and outpatient waiting lists
4) Reduction in complaints.

The team intended to introduce improvement huddles, PRM reports and go and see walks

DO

The team filled out the QMS audit tool for the inpatient service, outpatients, TQIL, Admin and care closer to home service as well as the centre manager filling out a form for the service.

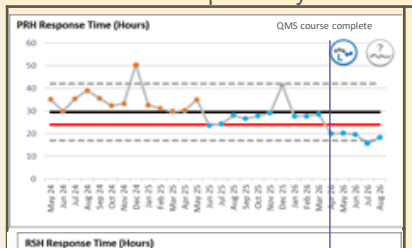
On average they showed a score of **20/30,** with one team scoring only 12/30, however they recognised that that part of the team have been going through management of change and so QMS has not been implemented fully. They feel that the huddles and PRM reports are fully embedded, but more work needs to be done to embed go and see walks.

Of note the therapy centre after starting this process moved in terms of management to being overseen by Shropshire Community Heath NHS Trust rather that SaTH

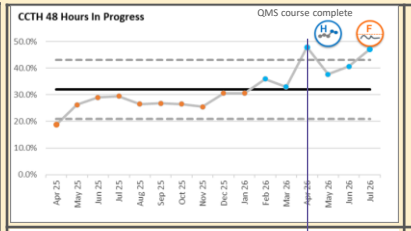
In discussion at the 90-day audit, where the Trust Strategic planning document was available the team added a fifth driver to look at their financial performance against CIP

STUDY

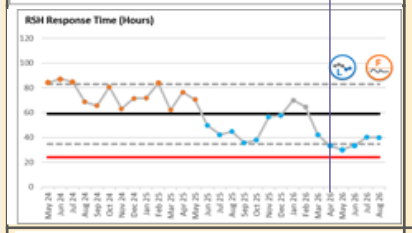
Key data related to Drivers (The information below has been taken from the team's PRM Packs, which have been positively received by the teams)

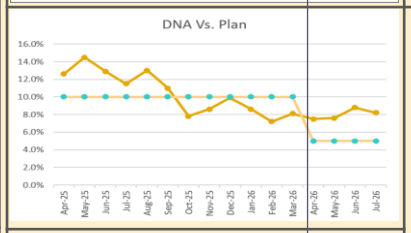


Inpatient Response Time: has seen an improvement to the number of inpatients seen within 24 hours this work has been supported by the team's discussing ideas around the huddle board

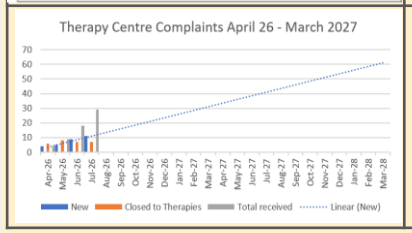


CCTH Inpatient Response Time: has seen an improvement to the % seen within 48 hours

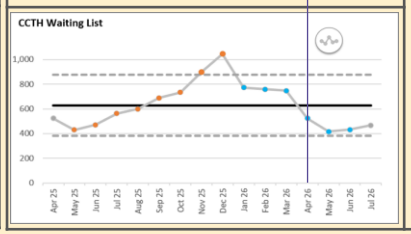




CCTH Outpatient Activity: shows a reduction in the waiting list for CCTH and a reduction in DNA rates for Physiotherapy clinics



Complaints: There was no reduction in number of complaints received



QMS Feedback: The therapy teams specifically like that the huddles allow team members to come up with ideas, and the manager reports the PRM reports have improved the discussions around performance

ACT

The team were all using of the PRM reporting structure.

Most areas reporting needing to do further work on embedding go and see walks.

The majority of the data is beginning to show marked improvements as demonstrated by the SPC Charts

To **ADOPT** use of QMS and re audit in six monthly cycle. (in March 2027)

ACKNOWLEDGEMENTS & REFERENCES | With thanks to all members of the therapy centre