CTH & Therapy Collaborative Working

Theme | Capacity and Flow

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SaTH Improvement Hub

The Shrewsbury and Telford Hospital NHS Trust

REASON WHY?

Patients who were medically fit for discharge were sometimes waiting for therapy assessment and intervention, which could delay discharge planning and patient flow. A collaborative model between Acute Therapy and Community Therapy Hub (CTH) was tested to provide earlier therapy input and support timely discharge.

SMART AIM

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

Increase the proportion of patients receiving therapy intervention within 24 hours of referral on ward 11 between 27th April – 24th May 2026 and Ward 37 between 11th May 2026 – 5th June 2026.

PLAN

Following a weekly therapy and CTH collaborative working group, this project aimed to test a new approach between the Care Transfer Hub (CTH) and Acute Therapy teams on Ward 11 and Ward 37 over a four-week period.

The test sought to identify the number and type of patients who could be supported by CTH therapists, releasing Acute Therapy capacity to provide intervention earlier in the patient journey and supporting a left shift in care.

The project also aimed to explore whether the model could support timely discharge planning for medically fit patients by reducing delays in therapy intervention and identifying the capacity required within CTH to support patients awaiting discharge pathways.

Currently, referral to assessment on Ward 11 within 24 hours is 60% and Ward 37 is 79%. There is no baseline data currently for CTH referral – assessment time as this is a new initiative.

DO

The collaborative working model was tested on **Ward 11 from 27 April 2026 to 24 May 2026** and **Ward 37 from 11 May 2026 to 5 June 2026**.

Throughout the test period, CTH and SaTH Therapy staff attended daily board rounds to identify suitable patients and support collaborative decision-making and tested the following throughout the 4-week period:

- The existing decision-making tool was tested during board round discussions to support patient allocation and determine suitability for transfer of care between teams.
- CTH and Acute Therapy teams worked collaboratively to agree transfer of patient duty of care from SaTH to CTH, supported by written documentation and communication between services.
- Patients suitable for a Discharge to Assess (D2A) or Community Pull model were identified collaboratively, enabling appropriate allocation of patients based on clinical need and discharge pathway.

STUDY

Therapy referral to assessment performance data showed differing results between the two wards. **Ward 37 improved from 79% to 100% of patients seen** within **24 hours by inpatient therapy**, whilst Ward 11 reduced from 60% to 36%. However, review of the underlying data identified variation in referral closure processes, with Ward 37 recording 21 referrals as "discharged without completion" compared to 0 on Ward 11. This suggests patients transferring to CTH may have been recorded differently between wards, limiting direct comparison of the 24-hour performance measure.

CTH data (as displayed in the table) shows that 100% of patients on both wards were seen the same day as referral.

Staff feedback highlighted improved communication, MDT visibility and collaborative working between Acute Therapy and CTH teams. However, challenges were identified regarding referral criteria, role clarity and consistency in patient allocation decisions. Feedback also suggested the overall aim of the test was not consistently understood across teams.

The PDSA demonstrated that collaborative working between teams was achievable and enabled earlier identification of suitable patients for CTH support. Key learning included the need for standardised referral processes, clearer allocation criteria, a simplified decision-making framework and consistent data collection methods before the impact of the model can be reliably assessed.

	PRH – ward 11	RSH – ward 37
Total number of patients seen during the 4 week trial		
Collaborative	3	6
SaTH	21	31
CTH Therapy	9	18
Total	33	55
% of appropriate referrals to CTH therapy – identified at board round	100%	100%
% of patients seen the same day of referral to CTH therapy	100%	100%

ACT

The PDSA will not be adopted as it was a trial initiative for 4 weeks.

However, several processes tested within the trial will be adapted with a view to further rollout once refined -

- Review and refine referral criteria and the decision-making framework with therapists and wider stakeholders to ensure consistent patient allocation and shared understanding of roles and responsibilities.
- Standardise referral recording and closure processes across sites to enable consistent data collection and reporting.
- Continue use of the PW2 SOP and monitoring processes to support referral management and patient tracking.

Over the next 3 months as the working group continues, the following next steps have been identified:

- Establish a CTH Lead Therapist of the Week rota to oversee the CTH therapy inbox and support caseload management.
- Implement a CTH PW2 tracking spreadsheet to monitor referrals, patient allocation and case management.
- Undertake further testing of the model once referral criteria, allocation processes and measurement methods have been standardised.