Physiotherapy Out of Hours Service Policy

Department / Service:	Physiotherapy
Originator:	Kate Spolton
Accountable Director:	
Approved by:	Specialist Medicine Divisional Management Board
Approved by Medicines Safety Committee: *Where medicines included in guideline*	
Date of approval:	20th June 2024
First Revision Due: This is the most current document and should be used until a revised version is in place	20th June 2027
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Physiotherapy
Target staff categories	Allied Health Professionals

Policy Overview:
This policy outlines the Physiotherapy Emergency On Call and Weekend/Bank Holiday service provision for Worcestershire Acute Hospitals NHS Trust.

Key amendments to this document

Date	Amendment	Approved by:
20th June 2024	New Document approved	Specialist Medicine DMB

1. Background

The physiotherapy team provides an on call out of hours and weekend/bank holiday on-site service to patients in need of:

a) Emergency respiratory treatment or
b) Those requiring a discharge assessment.

Emergency on-call physiotherapy treatment is available to patients with respiratory problems whose condition may deteriorate significantly if not treated outside the normal working hours of the department. Please note the out of hours service provision differs for those requiring emergency respiratory physiotherapy and those requiring a discharge assessment.

2. Purpose

To provide a clear outline of the Physiotherapy Respiratory On Call, Out of Hours and Weekend/Bank Holiday service provision. To define working patterns on both acute sites Worcestershire Royal Hospital (WRH) and Alexandra General Hospital (AGH).

3. Emergency Respiratory On Call Service Provision

The service is available 7 days a week between the hours of 16:30 and 08:30 for emergency assessment and treatment of appropriate respiratory compromised patients as per the Physiotherapy On Call Criteria (**Appendix I Emergency Respiratory Physiotherapy On Call Criteria**). There will be one Physiotherapist allocated per site on call. The Physiotherapist will not be on site and will be required to travel in from home. The Physiotherapist is expected to arrive on site within 45 minutes of receiving a call from the hospital.

Referrals for Emergency Respiratory On Call Physiotherapy must be made by a Doctor who has reviewed the patient within the previous hour, and requested emergency Respiratory Physiotherapy. Referrals are made via Switchboard who will then contact the on call Physiotherapist.
There is one on call rota for WRH and one for AGH. A weekly rota is supplied to switchboard the week before. If there are any late changes these are communicated to switchboard contemporaneously.

4. Discharge Assessment On Call Service provision

The On Call Physiotherapist is available for discharge assessments from the Emergency Department (ED) until 20:00. (**Appendix II Out of Hours Physiotherapy Discharge Assessment Criteria**). Patients requiring emergency physiotherapy will be prioritised over discharge assessments should the on call physiotherapist receive multiple referrals.

5. Weekend/Bank Holiday Service Provision

Respiratory
The weekend service provides respiratory physiotherapy cover / intervention for patients who are deemed to be at risk of respiratory deterioration if they were not to be seen over the weekend. These

patients are identified by the In-Patient physiotherapy teams on a Friday afternoon to form a working list for the weekend (**Appendix III Planned Emergency Weekend Criteria).**
Patients who deteriorate and require an emergency physiotherapy review can be referred as per the on call criteria (**Appendix I**) via bleep or switchboard for assessment and treatment as deemed appropriate.

Discharge
Patients who are deemed medically optimised for discharge and require a physiotherapy assessment to ensure a safe discharge can be referred by a Doctor or Senior Nurse for urgent review via bleep or switchboard. These patients must have been medically optimised and attempts as appropriate made to mobilise by nursing staff prior to referral (**Appendix II Out of Hours Physiotherapy Discharge Assessment Criteria**).

Stroke/Trauma Patients
There is daytime weekend cover (08:30-16:30) for stroke patients (WRH only) and trauma and orthopaedic patients (WRH/AGH). Discharges from those areas are not covered with this SOP.

6. Membership of On Call/Weekend/Bank Holiday Service

The following groups of staff are required to participate in the rota to provide the service:

- All static qualified staff working in the medical and surgical teams
- All rotational Band 5's once they have completed appropriate training with a rotation in the medical or surgical teams that provide on call/weekend training or can demonstrate appropriate skill set from out of trust.
- All rotational Band 6's once they have completed appropriate training or can demonstrate appropriate skill set from out of trust.
- All inpatient qualified staff who possess the appropriate skillset

Staff who move into new static outpatient posts whilst in trust will have the option to come off the on call rota after a period of 18 months as long as there is sufficient number of staff to maintain safe staffing levels.

7. Weekend/Bank Holiday Staffing levels

The below demonstrates what is currently provided. Service provision may vary according to staffing levels or budgetary change as the out of hours service is not fully funded. The out of hours service is offset by departmental underspend.

- WRH

Each day is covered by 3 qualified Physiotherapists. The On Call Physiotherapist will remain on site via **bleep 0303 or switchboard** until the workload has been completed and then will only be accessible via switchboard. The On Call Physiotherapist will notify switchboard when leaving site.

- AGH

Each day is covered by 2 qualified Physiotherapists. The On Call Physiotherapist will remain on site via **bleep 1240 or switchboard** until the workload has been completed and then will only be accessible via switchboard. The On Call Physiotherapist will notify switchboard when leaving site.

8. Emergency Cover list

a) The emergency cover list is in place for when a duty needs to be filled at short notice (< 48hrs) due to unexpected circumstances e.g. staff sickness.
b) All staff who are participating in the rota will be on the list with new starters added to the bottom once they have completed the necessary training.
c) If a duty needs to be covered the person at the top of the list will be informed by a Band 7 or senior team member of the medical or surgical team and will be asked to cover the duty.
d) Once the staff member has taken the duty their name will be moved to the bottom of the list.
e) If the person at the top states that they;
   I. are unable to cover this duty for acceptable reasons e.g. child care arrangements, booked events that would incur a financial loss if cancelled, they are then responsible for arranging for another person to cover the duty and will remain at the top of the emergency list themselves. If they feel there are exceptional circumstances then this must be discussed with the Clinical Lead.
   II. are off on planned annual leave from work on days adjacent to the vacant duty, the responsibility will pass to the next person on the list.
   III. are on annual leave during the days leading up to the vacancy but are back before the vacant duty and the vacancy was known about before they went on leave then they are still responsible for covering the vacant duty.
   IV. Are already working an overtime shift within 5 days of the duty needing cover they will not be expected to cover and will remain at the top of the list. Exception to this being over the Christmas and New Year period when most staff are already working a shift.
f) Where possible, it is assumed that all vacant duties will be filled by lunchtime of the previous day at the very latest to enable communication to other staff on the relevant roster.
g) If the person at the top of the emergency cover list has been absent from work as a result of sickness then their place will be frozen and they will remain in the same place on the emergency cover list. Their name would become unfrozen once they were back to working their full weekly contracted hours.

9. Competence for On Call/Weekend Respiratory Caseload

a) Competency for Respiratory Physiotherapy Care is defined as an ability to effectively assess, treat and clinically reason intervention for ventilated / self-ventilating patients.
b) Competence will be monitored via the ‘Respiratory Skills Workbook’ alongside evidence of experience from previous places of work if applicable. The most recent version of the workbook is available here
c) Responsibility to maintain this competence lies with the individual (refer to Chartered Society of Physiotherapy Code of Professional Values and Behaviours, and Health and Care Professions Council Standards of Conduct, Performance and Ethics) with support as needed from the senior Respiratory team

d) Staff will be required to attend at least six mandatory on call training sessions within a 12 month period in the form of structured teaching sessions, simulation workshops and clinical mentoring sessions. Failure to attend these sessions will result in a formal conversation with the Clinical Lead.
e) Bank staff (NHSP) will be required to attend the same training sessions. Failure to attend will result in removal from the rota.
f) As recommended by the Association of Chartered Physiotherapists in Respiratory Care (ACPRC) all staff should undertake an on call duty at least once in a six week period ensuring that they complete at least 8 duties per year.
g) Relevant medical device competencies will be signed off by a senior respiratory staff member who is responsible for undertaking the training.
    1. Non Invasive Ventilation (NIV)
    2. Cough Assist
    3. Suction
    4. Humidified High Flow Nasal Cannula (HFFNC)
h) Staff will self-assess their medical device competency annually as part of the appraisal process following the initial sign off.

10. Job Role Expectations

When working on call staff Band 5 staff will be expected to work **unsupervised** as an autonomous practitioner, providing high quality patient focussed care using advanced respiratory techniques and non-invasive ventilatory aids. This may also include the treatment of children.

11. Shift Frequency

Frequency of shifts may vary dependent on current staffing levels to ensure for safe service provision. Where possible staff will not be rostered for more than one weekday overnight on call shift per month. Staff will be rostered approximately one weekend shift every five weeks. Staff may choose to work extra duties as long as this remains in line with working time directives.

- 7 Day working

Staff working within a speciality participating in 7 day working patterns will rostered approximately one shift in every 12 weeks. Staff may choose to work extra duties as long as this remains in line with working time directives

- Part Time staff

Where possible part time staff will be rostered overnight on calls that occur on their normal working days.

Appendix I

Emergency Respiratory Physiotherapy On-call Criteria

Emergency on-call physiotherapy treatment is available to patients with respiratory problems whose condition may deteriorate significantly if not treated outside the normal working hours of the department.

The service is available from **16:30 until 08:30 Monday to Friday and 24 hours Saturday and Sunday.** The on-call physiotherapist should be contacted via switchboard.

Please be aware that the physiotherapist is **not** on site out of hours and will have to travel in from home. The requirement is that the physiotherapist must be able to travel to the hospital within 45 minutes. Advice can also be given over the phone re suction, positioning etc. where needed and appropriate.

On-call physiotherapy treatment **must be requested by a doctor (Registrar or above)** from the parent team or the covering on-call team. For patients in critical care areas i.e ITU or HDU, liaison with the nurse in charge is acceptable, as long as there has been consultation with the doctor. The requesting doctor should be available to discuss the patient's condition with the physiotherapist.

Any investigations needed (i.e. CXR, ABG's) should be performed prior to the physiotherapist being called. The patient's resus status and escalation plan should also be clarified.

If the patient needs analgesia or nebulisers in order to make the physiotherapy intervention more effective, these should be arranged prior to treatment.

Indications for Emergency on-call respiratory treatment

On-call treatment may be indicated if the patient is likely to deteriorate significantly if not treated out of hours. It is likely to be helpful for patients presenting with any of the following problems:

- Excessive secretions, compromising respiration, which the patient is having difficulty clearing independently
- Marked hypoxaemia secondary to atelectasis or consolidation
- Worsening breathlessness due to respiratory problems.
- Worsening type 2 respiratory failure requiring BiPAP NIV to be initiated **(WRH ONLY)**

Treatment is **NOT** indicated for patients with

- Pulmonary oedema/LVF
- Pleural effusions
- Pulmonary emboli
- Acute, consolidated pneumonia
- Severe bronchospasm
- Patients who are unable to co-operate with treatment e.g. agitation
- Patients requiring routine pre or post operative physiotherapy

Please note that on-call physiotherapy is inappropriate if the patient requires suctioning as a stand-alone intervention as this can be managed by the nursing staff.

Appendix II

Out of Hours Physiotherapy Discharge Assessment Criteria

Out of Hours is defined as work completed **after 16:30** Monday to Friday and any work completed over the weekend/bank holiday.

A physiotherapist will be available on call from home Monday to Friday, **16:30 until 20:00**. At the weekend a physiotherapist will be on site from 08.30 until the respiratory caseload is completed, and available on call from home until **20:00**. The physiotherapist will inform switchboard and ED when leaving site.

Patients must fit the following criteria for the physiotherapist to be called to assess the need to come into hospital.

- **Must be medically optimised – having had results reviewed of all relevant tests and investigations e.g. bloods, xrays and analgesia optimised if indicated**
- **Nursing staff must have made an attempt where appropriate to mobilise to assess necessity to call**
- **Nursing staff should have obtained a clear summary of the patients social circumstances**

Patients NOT appropriate for referral

- **Independently mobile patients needing social support/review**
- **Patients with inadequate analgesia limiting therapy assessment**
- **Patients requiring pathway 2 following nurse assessment. In these cases, referral to pathway 2 to be completed.**

Contact Details:

Worcester Royal Hospital

Weekend: Bleep **0354 or contact On Call Physio via Switchboard if no response**

Evening until 20:00: Contact On Call Physio via Switchboard

Alexandra Hospital

Weekend: Bleep **1240 or contact On Call Physio via Switchboard if no response**

Evening until 20:00: Contact On Call Physio via Switchboard

Appendix III

Planned Emergency Weekend Criteria

Patients should be added to the weekend list by the inpatient Physiotherapy Team if they **meet the on call criteria or** any of the below high risk groups. Each patient/condition should be considered on a case by case basis.

Intensive Care

- Level 2 and 3 (Screening sheet to be used if expected ventilation <24hrs)
    - Level 1 not appropriate unless fits other criteria
    - Routine rehab/sitting out not appropriate unless part of chest treatment

Respiratory Medicine

- NIV patients on Stage 1 or 2 – may only require a quick review re optimisation of settings/weaning
- Covid CPAP patients – may only require quick review re proning, optimisation of settings etc
- Patients requiring LVR or Cough Assist treatment e.g. Neuromuscular patients.

Surgery (General and Vascular)

- Day 1 post op open abdominal surgery (op lists to be reviewed Friday PM)
- Rib fractures (as required) ensure analgesia optimised
- Complex Laparoscopic surgery (as required)

Paediatrics

- Cystic Fibrosis twice daily
- Bronchiectasis patients electively admitted for IV antibiotics

References

Association Of Chartered Physiotherapists In Respiratory Care – 2017 On-Call Position Statement and Recommendations for On-Call Service Provision

Respiratory Physiotherapy: An On Call Survival Guide - 2020 – Cross, Braod, Quint, Ritson, Thomas

HCPC Standards of Proficieny for Physiotherapists
standards-of-proficiency---physiotherapists.pdf (hcpc-uk.org)

Chatered Society of Physiotherapy Quality Assurance Standards
csp_quality_assurance_standards.pdf

Monitoring Tool

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
	Staff member on call accessible at all times	Ensure contact details up to date	3 times per year	Physiotherapy Clinical Leads	Physiotherapy Respiratory Senior Group	Annually
	Appropriate referrals to out of hours service	Audit of call outs	Monthly	Respiratory Physiotherapists	Physiotherapy Respiratory Senior Group	Annually

Supporting Document 1 – Equality Impact Assessment form

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Kate Spolton**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kate Spolton	**Clinical Lead Physiotherapist**	**Katherine.spolton@nhs.net**
Date assessment completed	**23.7.24**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Physiotherapy Out of Hours Service Standard Operating Policy
What is the aim, purpose and/or intended outcomes of this Activity?	To provide a clear outline of the Physiotherapy Respiratory On Call, Out of Hours and Weekend/Bank Holiday service provision.
Who will be affected by the development & implementation of this activity?	❑ Service User ❑ Patient ❑ Carers ❑ Visitors ☒ Staff ❑ Communities ❑ Other __________ ❑
Is this:	☒ Review of an existing activity ❑ New activity

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Review of existing practices for out of hours physiotherapy provision and provide clarity on access, training, rota membership, referral crietria and process.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed with senior respiratory physiotherapy staff and clinical lead teams. Therapy Governance Meeting
Summary of relevant findings	No impact

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	**Potential positive impact**	**Potential neutral impact**	**Potential negative impact**	**Please explain your reasons for any potential positive, neutral or negative impact identified**
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		x		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?	**N/A**			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**At next review**			

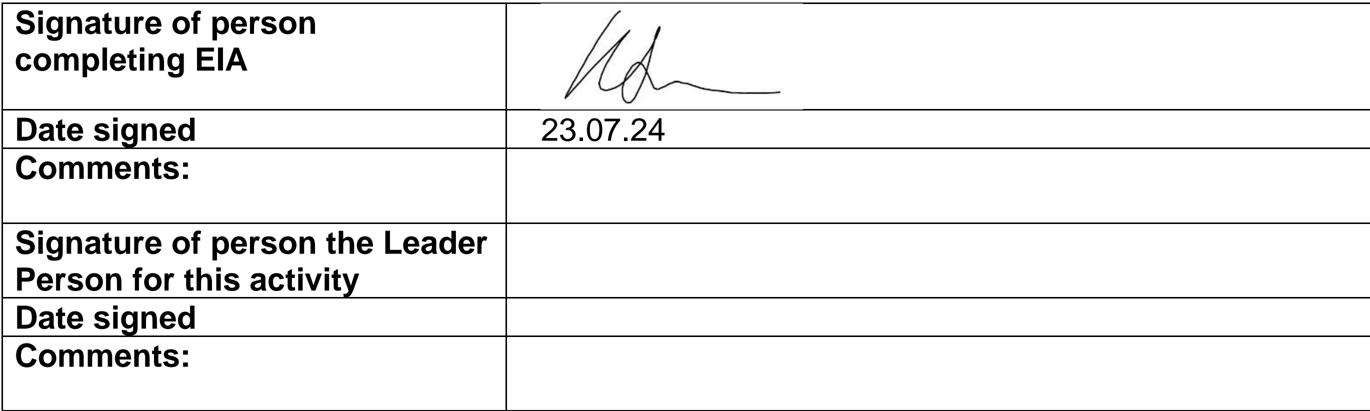
Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.



Signature of person completing EIA	
Date signed	23.07.24
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval