Therapy Seven Day Working

Supporting Acute Services

Mary Ross
Clinical Director
Heart of England Foundation Trust
Supporting Seven Day Working

- Therapy Services at Heart of England Trust
  - How we started
  - Some of the issues we overcame
  - Outcomes
  - Practical tips
  - Patient satisfaction
  - Staff Satisfaction
  - Reflections
Three Hospitals

- 1,200 beds
- 60 wards and units
- Outreach services

- 150 Physiotherapists
- 100 Occupational Therapists
- 70 Dietitians
- 15 Speech and Language
- 50 Support Workers
Therapy Seven Day Working
Five days work over seven

Physiotherapists, Occupational Therapists, Speech and Language Therapists and Support Workers across all grades and specialties work their contracted hours over seven days instead of five.

Resources were not increased, rehabilitation and discharges from elective and urgent care areas at weekends have increased.
Dieticians deliver a Bank Holiday Service

Speech and Language therapists provide a dysphagia service seven days a week

Out patient appointments are available for all therapies from 7.30am to 6.30pm and six days per week

Patients were saved from 215 nil by mouth days in the first nine months by providing an assessment following the nurse screen

Feeds have been changed and no patient has more than two days without seeing a dietician
How did we start?

2009

- Set up working group
  - All specialities represented
- Review of current five and seven day services
- How much were we spending?
- Networked around the country
  - Northumbria a good example

- How did it go?
  - Slowly
  - Inconclusive
  - Few examples
  - Very little enthusiasm
How did we progress? 2010/2011

- Informal consultation did not make any progress
- Staff had one to one interviews to request flexible working
- Plans for rotas drawn up for each area
- Six month pilot agreed
- Formal consultation to change contracts of all staff
- Six requests were made and three were granted
- Staff commented on the rotas and further changes were made
- Pilot progressed well and the service continues to develop
Outcome for staff
April 2011

All staff on agenda for change
weekend payments

Emergency Duty only used for
night time on call service

All staff work a maximum one in
five rota

Staff take two rest days in the
week
Previous Finance

- Emergency Duty payments
- Overtime paid for hours worked
- Full year 10/11 cost £365k
- Provided approximately 12 whole time equivalent (WTE) staff
Outcome for Finance

- £311k full year cost for 11/12
  - £56k saving on previous year
  - 12/13 costs increased to £330k due to more staff working

- 45 Whole Time Equivalent staff on duty each weekend day

- Seven percent reduction in weekday staffing overall

- Efficiencies in week cover most of seven percent loss

- £35k backfill for weekday has maintained cover for all wards
Outcome - discharges

Weekend Therapy discharges = 10

Weekend Therapy discharges = 100

More weekend discharges could be achieved if other disciplines were at work
Outcomes

- Achieved 24 hour assessment target for new strokes and frail elderly
- Increased Orthopaedic discharges seven days per week to reduce length of stay (LOS) for electives
- Reduced Monday backlog so has effect on ability to discharge at the beginning of the week
Outcomes

- Improved weekend safety from more experienced staff on duty and more staff.
- Improvement in communication with relatives.
- Access to patients homes for visits and deliveries.
- No patients waiting nil by mouth unnecessarily due to speech and language therapy (SALT) assessment delay.
What was important for success?

- Formal consultation to change contracts
  - Support from rest of hospital
  - Support from Executive team
  - What the patients wanted
  - Therapy Bank
What else do we wish we’d done?

- Engage more of the Consultant staff particularly those who already had a seven day therapy service
- Electronic rostering system
- Better methods of evaluation
Lessons Learned
Weekend Culture

- Only urgent patients seen
- Only minimum input to patients to “get through to Monday”
- Too many junior staff on duty without access to enough support
- On call support of seniors is rarely accessed so of little value
- Sense of helplessness with those staff who are on duty
Lessons Learned
Practical advice

- All staff in the system need to work seven days
- Separate the personal problems from the clinical hurdles
- Personal issues can be overcome with; consultation, time, Human Resource (HR) support
- Weekday backfill is needed but not as much as invested at weekends
- Learn from the nurses, they have done it for years
- Include ALL staff as everyone is needed to keep the rotas viable
- Identify training, keep rotas frequent enough for training to be effective
Patient Comments

- It is a wonderful service and good to know that therapy staff are available at the weekend.
- It was very important to me to see a therapist over the weekend to continue to get better.
- It was important for my relative’s rehabilitation to be able to see a therapist at weekends.
- Very beneficial as otherwise my father would be lying in bed all weekend and he needs to be active.
- Very satisfied with the therapy service I received during my stay including at weekends.
Ward Staff Comments

- Not happy with the service, we need more therapists over the week due to multidisciplinary meetings, they are spread too thin – Consultant

- Very much so, aids discharge planning and continuity of care – Sister

- I have not found weekend working to aid discharge – Junior Doctor

- I feel it is an advantage for physiotherapists to be here at weekends, patients and visitors say that they feel on a rehabilitation ward patients should be seen more often e.g. seven days per week – Staff Nurse

- Need other professions to work seven days to see benefits – Sister
Not a genuine seven day service, five days spread over seven. Patients miss out on treatment during the week due to rest days.

We are now meeting guidelines of assessment of strokes

New patients picked up quicker, gives a head start for week.

Staff become more familiar covering different wards, makes it easier to cover annual leave, maintain progress for patients.

Improved access to therapy, early referral, pathway commenced sooner, access to family, whole team need to be on board as acute rehabilitation area.
I think it’s important for new patients to be assessed over the weekend, also feel that ongoing rehabilitation is very beneficial.

For some patients seen over the weekend we have been able to commence diet and fluids earlier, rather than having to wait till the following week.

Within respiratory most definitely beneficial, rehabilitation for intensive care (ITU) patients is carried over seven days and weaning is no longer delayed because of weekends. However, this may be to the detriment of other less covered areas at the weekend.

Improved access to therapy, early referral, pathway commenced sooner, access to family, all better.