

REASON WHY?

The teams wanted to improve patient flow by working collaboratively within the system, with therapy partners and the discharge team, so that more patients were discharged over a weekend.

PLAN

The plan was to have additional therapy staff at the weekend with the prime purpose of working closely with the Care Transfer Hub (CTH). This would allow the facilitation of patients being discharged earlier in the pathway.

Previously patients could be in hospital over the weekend waiting for therapy assessment and therefore delaying discharge.

DO

Initially bank shifts were put out for 1 PT, 1 OT and 1 band 4 assistant practitioner whilst the team went out to recruitment for fixed term posts. About 75% of shifts were filled initially, and by the end of November 100% of shifts were filled by bank or substantive posts.

Recruitment was successful for a 0.4 WTE band 6 physio but not the other posts.

CTH had permanent funding to deliver a 7-day 8-8 service, they also used bank shifts. They have recruited into posts including therapy leads and discharge liaison nurse.

CTH staff have been given access to SaTH equipment store. The team have an 8.30 huddle as a joint team to allocate workload and identify appropriate Patients.



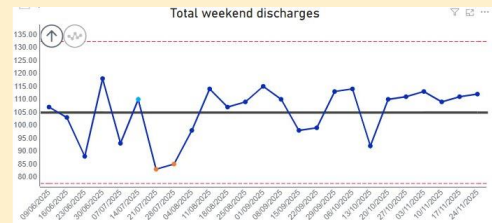
(Funso (CTH) with Catherine and Ugo (SaTH))

S M A R T AIM

To develop a streamlined therapy approach to support the discharge of the complex patient ensuring the patient is supported to leave the acute setting as soon as medically optimised by 20th November 2025 as evidenced by complex discharge figures.

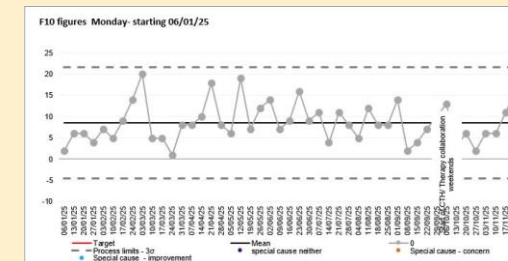
STUDY

Although it is still early days there is a significant difference to total weekend discharges, with the last six graph points being above the average line with a large impact seen, especially on a Sunday.



Complex total length of stay and time from No Criteria To Reside (NCTR) to discharge appears to be reducing, however there is not enough data yet to see if this is significant.

The number of F10s (therapy delays for discharge) had started to reduce by a Monday morning but is not yet showing a significant change, this may be though because of the significant and consistent increase in referrals to both Physiotherapy and Occupational Therapy, (of which 25% are inappropriate).



ACT

The intention is to **ADOPT** the process until the end of March, putting together a business case for permanent funding in January.

Next Steps

This work should help the therapy discharge to assess workload to be successful which in turn will help patient flow. This will include closer work between the Acute service and CTH.

A current blocker is documentation and the teams being able to see each other notes on the different systems to avoid duplication.