Reference FOI202425/524

Number:

From: Other

Date: 20 February 2025

Subject: Respiratory Services providing oncall i.e Physiotherapy and/or outreach

department.

Please note this is for Respiratory Services providing on call i.e. Physiotherapy and/or outreach department.

Q1 Trust:

Site/ Hospital:

Name: Email:

Service: Physiotherapy (please delete as appropriate)

A1 See attachment – 524 FOI Response

Q2 How many inpatient beds does your hospital have?

What specific Adult services? (please list)

Does your trust include paediatric and neonate inpatient services? If yes, which specific paediatric and neonate services? (Please list)

How many inpatient beds do respiratory staff cover? Please list the speciality wards that respiratory staff cover.

Does your hospital have a critical care unit? If yes, how many beds?

Does your hospital have a high dependency unit outside of critical care? If yes, how many beds?

Does your hospital have a dedicated critical care therapy team?

Does your hospital have a critical care outreach team?

Which professions make up the critical care outreach team?

A2 As per A1

Q3 Please state your core inpatient staffing hours

Please outline your current qualified respiratory staffing structure (including vacancies)

A3 As per A1

Q4 Does your trust offer an on-call service to acutely unwell/ deteriorating patients?

What time does your on-call service start from?

How many physiotherapists are on the on-call rota?

How frequent are the on-call shifts for one individual (approximately)?

Do any other professions provide an on-call service for respiratory patients? If yes, please state which professions.

Does the service include Paediatrics and/or Neonates?

Does your hospital provide an on-call room for overnight stay?

Do you have an on-call criteria?

Are there any exceptions to who can be on the on-call rota (I.e. static MSK)? If yes, please state.



Does your policy include mandatory compensatory rest time If no, how is compensatory rest decided/agreed?

What is the required response time if called? i.e. within 45 minutes

A4 As per A1

Q5 Do you collect outcome measures/monitoring information for your on call service? If Yes, what outcome measures do you collect?

How many call outs between June 2023-June 2024?

If you have an on-call criteria, how many call outs met the criteria between June 23-June 24?

How many hours were delivered for the on-call service between June 23- June 24?

A5 As per A1

Q6 Do you offer an on-call induction programme for new staff on the on-call rota? Do you offer training for on-call staff?

A6 A per A1

Please note this is for Respiratory Services providing oncall i.e Physiotherapy and/or outreach department.

Q1 Trust: Site/ Hospital : Name : Email : Service: Physiotheraphy

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| 12 | Hospital Setting | | | | | | | | | | | | |
|----|---|--|--|--|---|---|--|-------------|---|--------------------------|--|---|--|
| | How many inpatient beds does your hospital have | What specific Adult services (please list) | Does your trust include paediatric and neonate inpatient services? | If yes, which specific paediatric and neonate services (Please list) | How many inpatient beds do respiratory staff cover | Please list the speciality wards that respiratory staff cover | Does your hospital have a critical care unit | If yes, how | Does your hospital have a high dependency unit outside of critical care | If yes, how many beds | Does your hospital have a dedicated critical care therapy team | Does your hospital have a critical care out reach team | Which professions make up the critical care out reach team |
| 2 | 156 General & Acute beds 30 Critical Care | Information exempt under Section 21 of the Freedom of Information Act 2000 - 'Information reasonably accessible to the applicant by other means'. This information is available on our website, it can be found here https://www.lhch.nhs.uk/our- services | Information not held - Liverp Hospital is a specialist adult and does not provide pa | cardiothoracic centre | | CF, Medical, Surgical, Crit care, CCU, ACU | Yes | 30 | No | N/A | Yes | Yes | Nurses |

| Q3 | | | | | | | |
|----|---|-------------------------------------|-------------------------------------|-------------------------|--|------------|-----|
| | Please state your core inpatient staffing hours | Please outline your cu | urrent qualified respiratory staffi | ng structure (including | vacancies) - | | |
| | | Respiratory Speciality | Adult or Paediatrics | Band | Whole Time Equivalent (wte) or Full Time Equivalent (fte) | Head Count | l |
| A3 | | | | 7 | 4.06 | 5 | i |
| | | Respiratory Physics | Adult | 6 | 8 | 8 | i e |
| | | | | 5 | 5 | 5 | i e |
| | | | | | | | i e |
| | | | | 7 | 1 | 1 | i e |
| | | Pulmonary Rehab respiratory physios | Adult | 6 | 2 | 2 | i e |
| | | | | 5 | 2 | 2 | i e |

| 04 | On-call | | | | | | | | | | | |
|----|---|--|---|-------------|--|--|--|---------------------------------------|---|-----------|-----------------------|---|
| | Does your trust offer an on-call service to acutely unwell/ deteriorating patients | What time does your oncall service start from? | How many physiotherapists are on the on-call rota | | Do any other professions provide an on- call service for respiratory patients, if Yes please state which professions | Does the service include Paediatrics and/or Neonates | Does your hospital provide an on-call room for overnight stay | Do you have an on-call criteria | Are there any exceptions to who can be on the on- call rota (I.e static MSK) If Yes please state | mandatory | compensato ry rest | What is the required response time called? i.e withi 45 minutes |
| | Yes | 1600 - 0800 | 24 | 3 per month | Yes respiratory physios | Information not held - Liverpool Heart and Chest Hospital is a specialist adult cardiothoracic centre and does not provide paediatric services | No | Yes | Only have resp PTs on rota | Yes | In policy | 45 mins |

| Do you collect outcome measures/monitoring information for your orical service If Yes, what outcome measures do you collect How many call outs between June 2022-June 2024 Information not held - the Trust does not routiney cluster or hold with the control of the on-call process or the one of the on-call process or the control of the on-call process or the one of the on-call process or the one of the one of the on-call process or the one of the one | | | | | | |
|--|----|----|--|--|--|---|
| Do you collect outcome measures/monitoring information for your orical service If Yes, what outcome measures do you collect If Yes, what outcome measures do you collect How many call outs between June 2023-June 2024 The inchmistion out held - the Trail does not make June 2023-June 24 Information out held - the Trail does not make June 24 Information out held | 5 | | | | Outcome n | easures |
| No Not applicable Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data. | | | If Yes, what outcome measures do you collect | How many call outs between | criteria, how many call outs met the criteria between June | were delivered for the on-call service between June 23- June |
| | .5 | No | Not applicable | Information not held – the Tru information centrally as part of | ist does not routinely co of its management or po | ollate or hold this erformance data. |
| | | | | 1 | | |

| | | Training and Support | | | | | | | |
|--|---|----------------------|--|------------------------------|---|--|--|--|--|
| Do you offer an on-call induction programme for new staff on the on-call rota | Do you offer training for on-call staff | If yes, please com | If yes, please complete the following boxes. | | | | | | |
| | | Frequency | Delivery (In person, virtual, workbook) | Who delivers the training | Structure (Please use this box to include any details such as SIM training, case | | | | |
| Yes | Yes | As required | In person | Physio staff | Within in-service training and competency | | | | |