

East Ayrshire Health and Social Care Partnership

Allied Health Professionals (AHP)

Service Improvement Plan

2021/24

August 2021

Contents

| | |
|--|-----------|
| SECTION 1: INTRODUCTION | 3 |
| SECTION 2: SERVICE DESCRIPTION | 4 |
| SECTION 3: POLICY AND CONTEXT | 9 |
| SECTION 4: REVIEW OF 2020/21 | 14 |
| SECTION 5: WORKFORCE IMPLICATIONS | 15 |
| SECTION 6a: IMPROVEMENT ACTION PLAN 2021/22-24 | 16 |
| SECTION 6b: QUALITY ASSURANCE AND IMPROVEMENT DASHBOARD | 19 |
| SECTION 7: PLANNED EFFICIENCIES | 21 |
| SECTION 8: RISK ASSESSMENT/MANAGEMENT | 22 |

SECTION 1: INTRODUCTION

Service Improvement Plans (SIPs) are a key part of the Health and Social Care Partnership's performance management and improvement framework. This plan sets out our vision and priorities; our performance framework; risks and opportunities; improvement actions for 2021/24 and progress made in 2020/21.

The SIP is structured around improvements in Allied Health Professional Services as these contribute to creating positive local outcomes within the strategic planning context.

The Allied Health Professionals Service Management Team reviews progress against the Service Improvement Plan objectives at management team meetings, in addition to maintaining an overview of performance and risk management.

The Service Improvement Plan is comprised of the following:

- Service description;
- Policy and context;
- Review of 2020/21;
- Workforce implications;
- Service improvement plan 2021/24;
- Performance scorecard;
- Planned efficiencies, and;
- Risk assessment / management.

SECTION 2: SERVICE DESCRIPTION

Allied Health Professionals (AHPs) services are a distinct group of specialist and subspecialist practitioners who apply their expertise to diagnose, treat and rehabilitate people of all ages within both mental and physical health condition, within education, social care, acute hospital, primary care and community settings. AHPs provide a wide range of services across East Ayrshire including Dietetics, Occupational Therapy, Physiotherapy, Podiatry, Speech and Language Therapy. In addition, East Ayrshire hosts pan Ayrshire MSK AHP Services and Orthotics. AHPs work with a wide range of technical and support staff to deliver direct care and provide assessment, rehabilitation, self-management, “enabling” and health improvement interventions. They also provide training and education to staff, the people who use services and their carers. AHPs are the only professions expert in rehabilitation and enablement at the point of registration.

Dietetics

Dietetics services aim to improve health and wellbeing by providing comprehensive evidence-based nutritional advice meeting individually calculated requirements with tailored person centred treatment planning. The service covers in-patients wards associated specialities including Critical Care, Gastroenterology, Care of the Elderly, Respiratory, Women’s Health, Oncology, Orthopaedics, Surgery and Stroke. Area wide in-patient specialist clinical input is provided bariatric surgery, end with stage Renal Failure; Head and Neck cancer; Parenteral Nutrition under the care of the Nutrition Support Team and Diabetes focusing on glycaemic control. In addition, dietetics provides assessment and rehabilitation in primary care and includes health improvement support.

Occupational Therapy

Occupational Therapy is a person-centred profession which promotes health and wellbeing through occupation. Occupational Therapists are experts in activity analysis, enablement and rehabilitation, and engage with people in meaningful conversations, utilising holistic assessments to focus on activities and roles that matter to the person. These activities may include: essential daily self-care and domestic tasks, social activity, leisure pursuits or work. The Occupational Therapy service works with people of all ages and across a range of specialities, promoting self-management and providing people with support to live healthy, fulfilling and self-determining lives. Occupational Therapy staff are based across the East Ayrshire HSCP within a range of clinical areas and teams, including: Acute services Crosshouse, Elderly Mental Health Team, Adult Mental Health Team, Learning Disability Team, Children and Young people’s service, Addiction Services, Community and Day hospital, HMP Kilmarnock and Community Rehabilitation.

Orthotics

The orthotic service assesses patients presenting with a wide variety of physical challenges to determine if an orthosis (an externally applied device) could be beneficial in improving function, for example to: improve walking, reduce pressure and associated risk of tissue breakdown and or pain, treat post trauma injuries, improve alignment of joints and accommodate deformity. In many cases it will be a combination of the above. Orthotists treat all age groups and a wide range of medical conditions.

Physiotherapy East

The Physiotherapy East Service consists of Trauma and Orthopaedics, Unscheduled Care (based in UHC), East Ayrshire Community Hospital, Community Rehabilitation Team and Women's Health. The service works as part of multi-disciplinary teams in the community and acute services, through a whole system approach. The Service provides acute respiratory cover and rehabilitation on a functional activity basis and helps to restore movement and daily activities when someone is affected by an injury, illness or disability.

Podiatry

Podiatry performs a key role across Ayrshire and Arran, providing support and expertise to people with a foot health related matter. The Podiatry Service has recently been devolved to North, South and East Ayrshire HSCP. Podiatric care is delivered in a variety of settings including community clinics, acute hospital MDT clinics, community hospitals, domiciliary/care home settings and prison. In addition, the service provides telephone and 'Near Me' consultations as well as liaising with 3rd sector volunteers to support patients and their carers.

Speech and language therapy

Speech and Language Therapists (SLTs) provide life-improving treatment, support and care for children and adults who have difficulties with communication, eating, drinking or swallowing. Using specialist skills, SLTs work directly with clients and their carers and provide them with tailored support. They also work closely with teachers and other health professionals, such as doctors, nurses, other allied health professionals and psychologists to develop individual treatment programmes. Services are provided within University Hospital Crosshouse, East Ayrshire Community Hospital (inpatient and outpatient) and across our communities in community clinics, care homes, social services settings, education premises and people's homes.

Musculoskeletal Service

The East Ayrshire HSCP has the lead partnership responsibility for managing Ayrshire-wide Musculoskeletal (MSK) services. The AHP MSK service includes: Physiotherapy, Podiatry, Orthotics, and Occupational Therapy. The MSK Service includes Rheumatology and Pain Management and has close links with Trauma and Orthopaedics, Occupational Health and First Contact Practitioners based in GP practices. The MSK service assesses, diagnoses and facilitates management of people who have problems with their muscles, joints and bones.

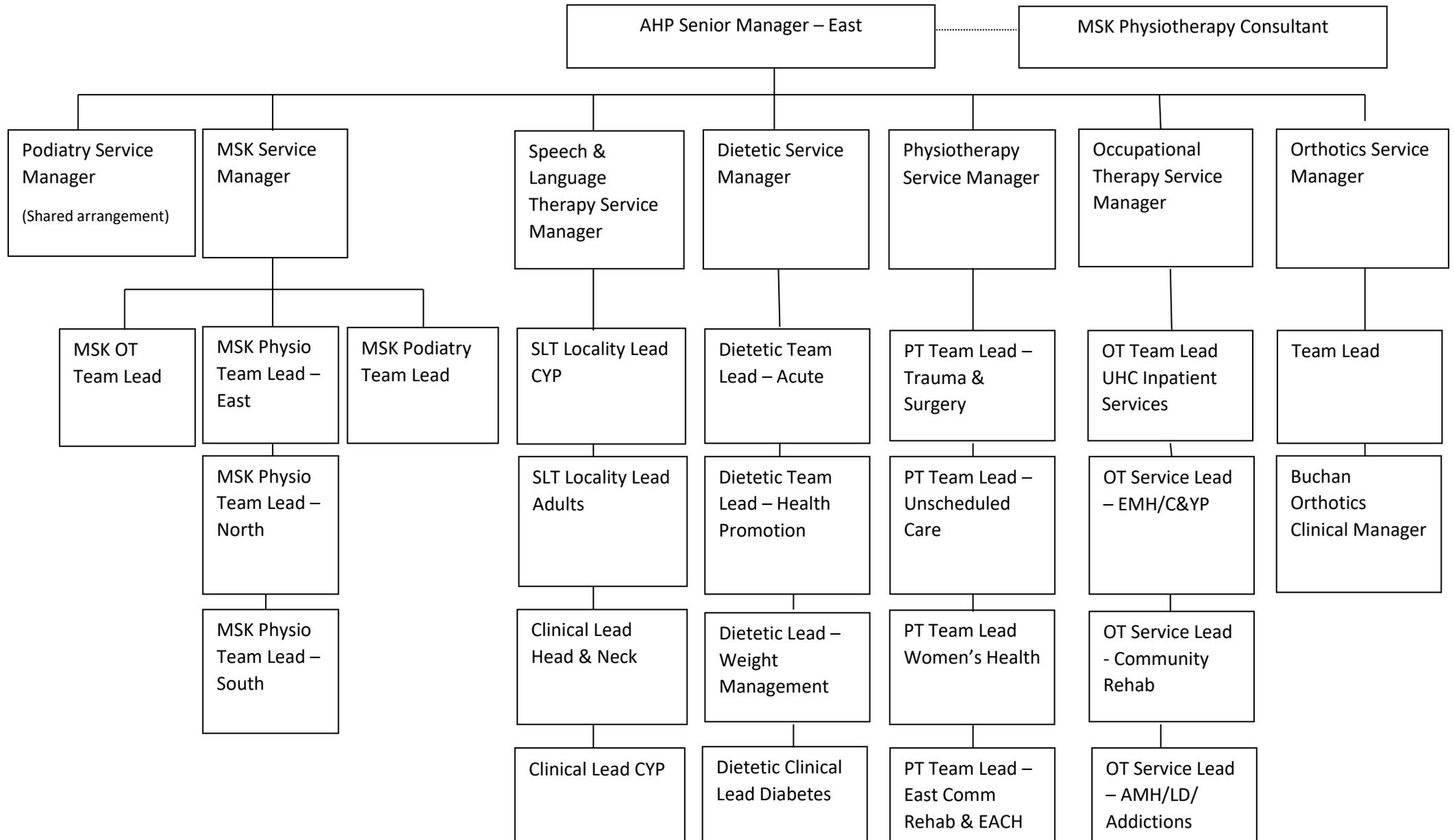
Working in Partnership

The key partnership relationships across Allied Health Professions include:

- Working with a number of third, voluntary and independent sector organisations including care homes and Ayrshire Hospice, to deliver care in the community setting when required;
- Multi-disciplinary team working across all Allied Health Professional services and clinical teams;
- Close partnership working with a range of local authority and NHS services to deliver joined-up and person-centred care, including: GP practices and other primary care services, social work front door and re-ablement services, community care OT and Housing OT, Education, Vibrant Communities, leisure services and emergency departments;
- Partnership working with employment support services including Department for Work and Pensions; and
- Positive relationships with external manufacturers to obtain high quality custom made devices within agreed timescales and at best value.

Management Structure

The management structure of AHP Services is as follows:



The indicative budget for services provided by Allied Health Professionals for 2021/22 is as follows:

| Core Service | EAC Delegated Budget 2021/22 £m | NHS A&A Delegated Budget 2021/22 £m | Total Delegated Budget 2021/22 £m |
|---------------------------|--|--|--|
| Allied Health Professions | 0.000 | 11.478 | 11.478 |
| Total | 0.000 | 11.478 | 11.478 |

The table above outlines the budget position for 2021/22 based upon the funding allocation agreement reached on 4 March 2021 in respect of budgets delegated by East Ayrshire Council and in respect of budgets delegated by NHS Ayrshire & Arran formally approved on 29 March 2021.

SECTION 3: POLICY AND CONTEXT

This SIP sits within the local context of:

The East Ayrshire Community Plan 2015-30: is the sovereign and overarching planning document for the East Ayrshire area, providing the strategic policy framework for the delivery of public services by all partners and its vision is that:

“East Ayrshire is a place with strong, safe and vibrant communities where everyone has a good quality of life and access to opportunities, choices and high quality services which are sustainable, accessible and meet people’s needs.”

Health and Social Care Partnership Strategic Plan 2021-30: The Strategic Plan 2021-30 focusses on five core areas aimed at achieving aspirational and positive outcomes for people who use local health and care services, their families and carers by 2030. These five core strategic areas are;

- Starting Well and Living Well - More people and families have better health and wellbeing and we have fairer outcomes.
- People at the Heart of All We Do - People, unpaid carers, families and communities achieve their outcomes through seamlessly joined up support and this support is a positive experience.
- Caring for East Ayrshire - Health and social care is delivered in a way that promotes wellbeing and suits people and families, both virtually and through the buildings, places and spaces of the local environment.
- Caring for Our Workforce - Our workforce is well and we have the right people with the right skills in the right place at the right time, to achieve our ambitions for people and communities
- Safe & Protected - Our contribution to multi-agency Public Protection arrangements in East Ayrshire prevents harm and supports and protects people at risk of harm.
- Digital Connections - Digital technology has improved local wellbeing and transformed health and care

Caring for Ayrshire

The Programme is led by Ayrshire and Arran NHS Board and the three Ayrshire Integration Joint Boards and will oversee see dramatic change and improvements over the next few years in the way health and care services are delivered across Ayrshire. The Caring for Ayrshire vision incorporates care delivered within: people's own homes; homely environments (such as care homes); primary care centres; health and wellbeing hubs; and acute hospital settings. It aims to make full use of technological solutions that can better support self-care and continued care at home, where previously this may not have possible and will look to boost local resources through better linked-up, partnership working with third sector, voluntary and independent organisations. The vision is in line with the current development of staff within GP practices who are providing better local access to a wider multi-disciplinary teams, including pharmacists, physiotherapists, community link workers and mental health workers.

As part of the Caring for Ayrshire programme, Allied Health Professional Services have undertaken a pan Ayrshire workforce review to understand the current AHP services and identify areas of good practice and areas for improvement. Phase 1 of the AHP workforce review has focused on 6 key priority areas, with a plan to include additional AHP services in phase 2.

National Outcomes – Health, Wellbeing, Children and Justice

A suite of 15 national outcomes frame the activity of the Health and Social Care Partnership. These are as follows:

| National Outcomes for Children | |
|--------------------------------|---|
| Outcome 1 | Our children have the best start in life. |
| Outcome 2 | Our young people are successful learners, confident individuals, effective contributors and responsible citizens. |
| Outcome 3 | We have improved the life chances for children, young people and families at risk. |
| Health and Wellbeing Outcomes | |
| Outcome 4 | People are able to look after and improve their own health and wellbeing and live in good health for longer. |
| Outcome 5 | People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |
| Outcome 6 | People who use health and social care services have positive experiences of those services, and have their dignity respected. |
| Outcome 7 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. |
| Outcome 8 | Health and social care services contribute to reducing health inequalities. |
| Outcome 9 | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. |
| Outcome 10 | People who use health and social care services are safe from harm. |
| Outcome 11 | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. |
| Outcome 12 | Resources are used effectively and efficiently in the provision of health and social care services. |
| National Outcomes Justice | |
| Outcome 13 | Community safety and public protection. |
| Outcome 14 | The reduction of reoffending. |
| Outcome 15 | Social inclusion to support desistance from offending. |

Allied Health Professional Services - Improvement Priorities 2021-24:

To contribute towards the Partnership's Strategic Plan and the Wellbeing Delivery Plan, improvements in Allied Health Professional Services over the course of this Service Improvement Plan are focussed on:

- Understanding the needs of our communities and what matters to them;
- Measuring what matters to communities;
- Focusing on prevention and health improvement linked to the population needs;
- Having equitable waiting times that reflect acceptable risk;
- Using a whole systems approach in redesigning services;
- Building QI capacity and capability within the AHP workforce;
- Ensuring that the workforce feels valued;
- Having job planning that improves staff wellbeing;
- Being a flexible, responsive, community focused workforce; and
- Bridging the workforce gap through sustainable, supported local employment opportunities and links to HEI.

COVID-19

The first COVID-19 case in Scotland was confirmed on 1 March 2020, with social distancing measures being established nationally on 23 March. The pandemic has had a significant impact on many aspects of life, with disruption to key relationships, daily routines and personal loss having a detrimental effect on all our communities. The wellbeing of our population has been at the heart of East Ayrshire's response to the pandemic and our focus is to continue providing essential services to those who are most vulnerable and to support those most in need.

Responding to and learning from these challenges provides much of the context for the 2021/24 SIP. COVID-19 has impacted on 2020/21 progress and the ability to report on performance due to the lack of availability of certain data, as seen in Section 6. It is anticipated that this information will be reported when it becomes available.

Allied Health Professional Services' response to COVID-19 included:

- Delivering virtual consultations via 'Near Me' platform, in addition to telephone consultations to maintain contact with patients;
- Maintaining face to face urgent treatment where required;
- Shifting capacity from out-patient services to acute to support patient discharge, assisting with hospital staffing provisions at weekends and AHP staff re-deployed to support acute and downstream areas in line with Continuity Plan;
- Maintaining communication at both management and service levels through utilising MS Teams for virtual meetings. This was important in communicating with suppliers and is now a key part of 'normal' working arrangements;
- Adhering to infection prevention procedures throughout the pandemic, including the use of appropriate personal protective equipment; and
- Maintaining a focus on staff wellbeing.

Recovery and Renewal

Going forward, recovery and renewal from the wide-ranging impact of COVID-19 will be focussed on the following aims:

- Meeting current need;
- Addressing new priorities; and
- Moving forward with transformative resilience.

The following aspects will be key to recovery and renewal transformation in delivering services:

- **Customer Contact:** Digital, remote working, virtual assessment, check calls and reviews, conference calls, face to face (IPC/PPE);
- **Flexible Roles:** Adaptability, progressing service reviews;
- **Digital:** Different delivery (TEC), smart supports and apps for self-management, reduce meeting time, analogue to digital;
- **Alternative Delivery Models:** New models of care, deeper integration, digital (Attend Anywhere/Near Me and TEC);
- **Home Working:** Embed culture, ensure work-life balance, team time, sensitive to the individual;
- **Community Empowerment:** New alliances, caring and kindness, empowerment to drive wellbeing, local Test and Protect;
- **Place / Empowered Teams:** Leading and managing transformation, enabling teams and leaders to transform, empower to deliver in different ways, investing in place-based integrated working, team around the community.

SECTION 4: REVIEW OF 2020/21

Performance

- MSK 4 week waiting time compliance was 86% at March 2021
- 64% of MSK patients reported that their condition improved following contact with their physiotherapist
- CYP's OT Service waiting list reduced by 59% between March - August 2020 through a targeted and innovative approach, utilising 'Near Me', email, website and phone technology.

"I feel very supported even though I haven't seen anybody. I have been given a lot of information and guidance"

"This was first class. The physiotherapist was so kind, helpful, and easy to talk to. It gave me the confidence to be more physically active, I feel better, am in less pain, and I can eat more as well"

"I felt reassured, because I hadn't been sure if I was doing too much or too little. They listened, reacted, gave fantastic advice, and were brilliant"

Podiatry services have been working collaboratively with district nursing teams to support individuals in the community with their wounds.

Podiatrists supported nursing teams in various acute hospital settings resulting in an increased awareness of the importance of good foot health which aids patient re-mobilisation and early discharge.

Dietetics have developed a Jumpstart Tots healthy lifestyle programme to support families with children aged two to five years of age who are above a healthy weight to make positive lifestyle changes to improve their health and wellbeing.

Speech and Language Therapists have been working with prisoners as up to 80% of adult prisoners present with speech, language and communication needs. Prisoners have reported improved relationships with family members, intentions to volunteer roles in their community on liberation, an increased awareness of how to communicate assertively (not aggressively), improved abilities in resolving conflict, navigating difficult conversations, and in saying no.

Occupational Therapists in the Community Mental Health Team have developed resources to support people during COVID19. Everyone who was an open case to Occupational Therapy received a wellbeing pack: "Coping with anxiety during a Pandemic" and 'Things to do during lockdown'.

Service user feedback highlighted that information helped "normalise" the anxiety people were experiencing in relation to the pandemic and encouraged people to stay active.

Orthotics have worked with the stroke teams' pan-Ayrshire to develop early orthotic involvement in stroke rehab. They are also working in both high risk diabetic foot clinics and MSK foot and ankle clinics. New foot pressure plate analysis technology and image scanning has been introduced to improve the quality of orthotics.

Allied Health Professionals have continued to deliver services throughout the COVID19 pandemic. Some of our staff work across Ayrshire and Arran. Staff have worked flexibly across the Acute Hospitals, Community Rehabilitation, East Ayrshire Community Hospital, GP Practices/Community Clinics, HMP Kilmarnock, Schools and Nurseries. Where possible people have continued to reviewed face to face due to the pandemic. The pandemic has also provided opportunities for new ways of working using NHS Near Me technology and virtual appointments.

SECTION 5: WORKFORCE IMPLICATIONS

Workforce Planning continues to be a key priority within the service to ensure we achieve our ambition of ‘the right people with the right skills in the right place at the right time’.

There are many workforce challenges including:

- Increased demand for services
- Recruitment and retention particularly in rural areas
- Our ageing workforce
- Changing roles to become more flexible and adaptable to peoples’ needs
- Financial challenges
- Virtual delivery of learning & development

There are also challenges which are very specific to individual services or professions and these are incorporated within our local workforce plans to ensure continuity of service delivery. It is vital to ensure we have a fully flexible workforce with the right skills and training opportunities to enable them to adapt to the ever changing environment.

This has never been truer in light of our most pressing challenge at this time, the COVID-19 pandemic. Intense, targeted workforce planning is being undertaken, our workforce is being challenged in ways we never thought possible with flexibility whilst remaining safe absolutely paramount as they are asked to operate very differently in alternative areas to help support our critical and essential services. They are stepping up to these challenges, without hesitation to ensure the safety of every individual is a priority. Delivery of safe and appropriate learning and development opportunities is an absolute priority in order to support the workforce to deliver through this period of unprecedented change.

The landscape may look very different at the end of this journey and as such the workforce plans will be reviewed to reflect this. We are committed to engage with our partners and our workforce to ensure the service design is fit for purpose and the workforce is skilled and sustainable. Whether it is routine service delivery or ensuring delivery in a crisis the key priority will always be the safety and wellbeing of both the individual and our workforce by ensuring our workforce has the skills and support needed.

SECTION 6a: IMPROVEMENT ACTION PLAN 2021/22-24

| 2030 OUTCOMES: | <ul style="list-style-type: none"> • More people of all ages, particularly those who live in our most deprived communities, will be fitter, physically healthier and feel more able to look after their own health and wellbeing; • People who have palliative or end of life care needs will be supported according to their wishes; • Compassionate connections between people, families, colleagues and communities will be valued as having a positive impact on the health and wellbeing of East Ayrshire. | | | |
|---|--|--|------------|--|
| 21/22 ACTION AREA / 2024 DELIVERABLE | SERVICE IMPROVEMENT PRIORITY | SERVICE IMPROVEMENT ACTIONS | DUE | ACCOUNTABLE (Responsible Manager) |
| We will recover in partnership, involving people who are vulnerable or socially disadvantaged as well as delivery partners in all sectors, making the most of their strengths | Starting Well, Living Well | Scoping to understand the lessons learned from Covid19 for AHP services and utilise feedback to plan for the future. | March 2022 | AHP Senior Manager |
| | | Mapping the Framework for supporting people through recovery and rehabilitation during and after the COVID19 pandemic to East Ayrshire HSCP AHP services and identify areas for improvement. | Dec 2022 | AHP Senior Manager |
| | | Understand how AHP can support people to die well | March 2022 | AHP Senior Manager |
| | | Mapping CYP AHP services to wellbeing model and identify improvements to align services | March 2022 | AHP Senior Manager/ Service Managers |
| | | Understand the intergenerational cycle and opportunities for interruption | March 2022 | AHP Senior Manager/ Service Managers |
| | | Testing CYP Occupational Therapist in Mental Health | March 2022 | AHP Senior Manager |
| | | Testing additional band 5 OT capacity in CMHT | March 2022 | AHP Senior Manager |
| | | Identify and testing new models of care in Unscheduled Care | March 2022 | AHP Senior Manager |
| | | Understand professional support role of AHP in care homes and test new models of care | March 2022 | AHP Senior Manager |
| | | Link with GP practices to identify opportunities to enhance MDT working | March 2022 | All East HSCP AHP Service Managers |

| 2030 OUTCOMES: | <ul style="list-style-type: none"> • More people will be able to live independently and according to their wishes, because they are able to better manage their own health and have easy access to local, effective support for long term conditions and disabilities; • When needed, complex or specialist treatment will be provided quickly, effectively and to the highest standard; • People and families will be able to better manage their health, wellbeing and safety and live more independently through inclusion in and new applications of technology, Information will be shared effectively between systems and partners, to support positive outcomes for people and families; personal experience of services will be improved and risk will be well managed; • The health and social care workforce will be digitally connected, skilled and use technology to improve practice; • High quality digital health and social care services will be in place as part of wider delivery. | | | |
|--|---|---|-------------------------------------|---|
| 21/22 ACTION AREA / 2024 DELIVERABLE | SERVICE IMPROVEMENT PRIORITY | 21/22 ACTION AREA / 2024 DELIVERABLE | SERVICE IMPROVEMENT PRIORITY | 21/22 ACTION AREA / 2024 DELIVERABLE |
| Maximise the continued use of new technology and maintain services to local people and families. | Caring for East Ayrshire / Digital Connections | Scoping to understand digital poverty and the impact on access to AHP services | March 2022 | AHP Senior Manager |
| | | Work with health improvement colleagues to understand the needs of local communities and identify opportunities through digital technology to support health improvement/prevention role for AHP services | March 2022 | AHP Senior Manager |
| | | Develop social media profile for MSK and understand impact for people | March 2022 | Team Leader |
| | | Develop social media profile for CYP and understand impact for people | March 2022 | Service Manager |
| | | Increase the use of care opinion to gather feedback and improve services | March 2022 | AHP Senior Manager |
| Adopt the Scottish Approach to Service Design to understand the needs of our citizens, workforce and stakeholders and create opportunities through a range of perspectives and collaboration in redesign solutions | Caring for East Ayrshire | Scope investment in Primary Care Occupational Therapy and First Contact | March 2022 | Service Manager |
| | | Test the role of dietitian in cow's milk protein allergy (CMPA) and test new model to improve outcomes for children | March 2022 | Service Manager |
| | | Develop the model of care for delivery of AHP services at EACH | March 2022 | AHP Senior Manager |
| | | Ensure AHP representation at all new build development opportunities | March 2022 | AHP Senior Manager |

| 2030 OUTCOMES: | <ul style="list-style-type: none"> The health and social care workforce will be well and we will have the right people with the right skills in the right place at the right time, to support people, families and communities to achieve their goals. | | | |
|---|---|--|-------------------------------------|---|
| 21/22 ACTION AREA / 2024 DELIVERABLE | SERVICE IMPROVEMENT PRIORITY | 21/22 ACTION AREA / 2024 DELIVERABLE | SERVICE IMPROVEMENT PRIORITY | 21/22 ACTION AREA / 2024 DELIVERABLE |
| Value the workforce by ensuring they have training and resources to do their jobs well, following Covid19 and as part of service redesign | Caring for our workforce | Understand the current AHP workforce through the AHP workforce review process commenced in 20/21 | March 2022 | AHP Senior Manager |
| | | Scope the wellbeing requirements of the AHP workforce and identify improvements | March 2022 | AHP Senior Manager |
| | | Identify and develop wellbeing support with a particular focus on newly qualified staff | March 2022 | AHP Senior Manager |
| | | Understand the lessons learned for AHP staff during COVID pandemic and utilise feedback to plan for the future | March 2022 | AHP Senior Manager |
| | | Commence job planning with AHP staff who have completed phase 1 of workforce review | March 2022 | All East HSCP AHP Service Managers |
| | | Scope current QI capacity and capability within the AHP workforce and identify opportunities for improvement | March 2022 | AHP Senior Manager |
| | | Create an AHP measurement dashboard as part of the AHP workforce review | March 2022 | AHP Senior Manager |

SECTION 6b: QUALITY ASSURANCE AND IMPROVEMENT DASHBOARD

| Customers | | | | | |
|--|--------------|------------------|--------|----------|-------------|
| Measure | 20/21 Result | Baseline (19/20) | Target | Aim | Source |
| • Total number of concerns raised to AHP services | TBC | TBC | TBC | Minimise | AHP dataset |
| • Total number of complaints to AHP services | TBC | TBC | TBC | Minimise | AHP dataset |
| • % of complaints completed within timescales | TBC | TBC | TBC | Maximise | AHP dataset |
| • Total number of referrals to Dietetics | TBC | 3,214 (-Aug-Nov) | TBC | N/A | AHP dataset |
| • Total number of referrals to Occupational Therapy | TBC | 6,016 | TBC | N/A | AHP dataset |
| • Total number of referrals to Orthotics | TBC | 3,119 | TBC | N/A | AHP dataset |
| • Total number of referrals to Physiotherapy | TBC | 12,556 | TBC | N/A | AHP dataset |
| • Total number of referrals to Podiatry | TBC | 16,217 | TBC | N/A | AHP dataset |
| • Total number of referrals to Speech & Language Therapy | TBC | 2,356 | TBC | N/A | AHP dataset |
| • Total number of referrals to MSK | TBC | TBC | TBC | N/A | AHP dataset |

| Outcomes | | | | | |
|---|--------------|------------------|--------|----------|-------------|
| Measure | 20/21 Result | Baseline (19/20) | Target | Aim | Source |
| • Total number of compliments to AHP services | TBC | TBC | TBC | Maximise | AHP dataset |
| • % MSK National 4 week waiting time target | TBC | TBC | 90% | Maximise | MSK dataset |

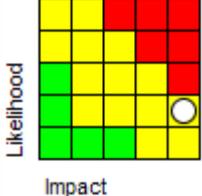
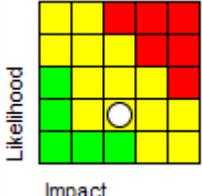
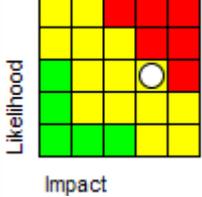
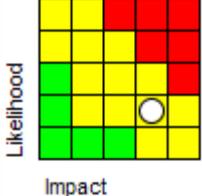
| People | | | | | |
|--|---------------------|-------------------------|---------------|------------|-----------------|
| Measure | 20/21 Result | Baseline (19/20) | Target | Aim | Source |
| • Sickness absence - % of available days | TBC | TBC | TBC | Minimise | Human Resources |
| • % of AHP staff with a completed PDR | TBC | TBC | TBC | Maximise | Human Resources |
| • % of AHP staff completed MAST | TBC | TBC | TBC | Maximise | Human Resources |
| • % of AHP service posts vacant | TBC | TBC | TBC | Minimise | Human Resources |

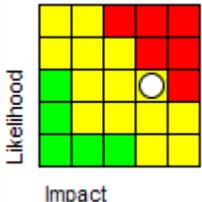
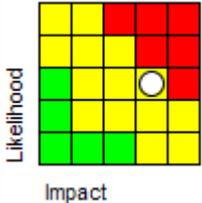
| Processes | | | | | |
|--|---------------------|-------------------------|---------------|------------|---------------|
| Measure | 20/21 Result | Baseline (19/20) | Target | Aim | Source |
| • Average wait time for Dietetics | TBC | 142.8 (-Aug-Nov) | TBC | Minimise | AHP Dataset |
| • Average wait time for Occupational Therapy | TBC | 75.1 | TBC | Minimise | AHP Dataset |
| • Average wait time for Orthotics | TBC | 57.6 | TBC | Minimise | AHP Dataset |
| • Average wait time for Physiotherapy | TBC | 36.4 | TBC | Minimise | AHP Dataset |
| • Average wait time for Podiatry | TBC | 190.9 | TBC | Minimise | AHP Dataset |
| • Average wait time for MSK | TBC | TBC | TBC | Minimise | AHP Dataset |
| • Average wait time for Speech & Language Therapy | TBC | 86.1 | TBC | Minimise | AHP Dataset |
| • Average time from referral to treatment for care home residents – all AHP services | TBC | TBC | TBC | Minimise | AHP Dataset |

SECTION 7: PLANNED EFFICIENCIES

There are no planned efficiencies specifically relating to Allied Health Professional Services in 2021/22.

SECTION 8: RISK ASSESSMENT/MANAGEMENT

| Code | Risk Description | Likelihood | Severity | Risk Score | Risk Status | Risk Matrix | Risk Mitigation |
|-----------|--|------------|----------|------------|---|---|--|
| AHPRISK01 | <p>Failure to be sustainable Due to increasing demand for AHP service in acute and community services and limited capacity with population needs, means we are unable to deliver services which meet our strategic priorities or fulfil our statutory duties.</p> | 2 | 5 | 10 |  |  | <p>AHP Workforce papers submitted to EMT to highlight workforce skill mix and shortage. Maximise partnership and MDT working and the potential benefits of integration. Service improvement activity and service re-design that seek to attract additional investment, release capacity and recurring savings and streamline patient pathways. Anticipate demand and identify activity that will reduce demand for services.</p> |
| AHPRISK02 | <p>Failure to meet standards of care Insufficient staffing levels means we are not meeting people's needs in a way that is safe for them, is of good quality, or that meets our professional standards.</p> | 2 | 3 | 6 |  |  | <p>Professional codes of conduct Duty of candour Care plan audits Clinical audits and improvement plans Supervision in place Incident reporting and learning Clinical governance structures in place.</p> |
| AHPRISK03 | <p>Constraints to move to a more preventive and early intervention delivery model across all AHP services That we fail to re-balance our models of care, meaning people are unable to access appropriate support at an early stage, and so become reliant on more intensive supports and hospital admissions; and that in turn this leads to unsustainability of the health and social care system.</p> | 3 | 4 | 12 |  |  | <p>Caring for Ayrshire Whole system approach including primary care and 3rd sector. Digital solutions including web pages and social media to enhance self-management. Collaboration on delivering public health messages.</p> |
| AHPRISK04 | <p>Financial sustainability Uncertainty regarding permanent funding resources. Potential overspend due to over recruitment in specific areas due to challenges in short term finance being used to permanently recruit staff to cope with increased demand and for patient safety.</p> | 2 | 4 | 8 |  |  | <p>Workforce papers to IJB and EMT to highlight staff shortages and seek additional permanent funding. Business cases to appropriate services and partner agencies to seek permanent funding. Constant review of skill mix, monitoring maximum use of capacity, streamline patient pathways to eliminate duplication. Implement new ways of working. Utilise realistic Medicine.</p> |

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|-----------|---|------------|----------|------------|---|---|--|
| AHPRISK05 | <p>Staff wellbeing Increased workload, staffing shortages, increased physicality of work, complexity and acuity of patients, increased sickness absence, absenteeism at work and limited opportunities for CPD due to workload pressures.</p> | 3 | 4 | 12 |  |  | <p>Supervision of staff. Promotion of staff wellbeing services. Liaising with Occupational Health. Promote wellbeing at all departmental meetings. Utilise stress risk assessments. PDP/PDR for all staff. Ensure staff breaks take place.</p> |
| AHPRISK06 | <p>COVID-19 pandemic impact on service delivery Increased service pressure for a sustained period over weeks or months; increased demand for all AHP services to mobilise capacity for critical care in acute services; higher levels of Covid-19 related absence within AHP services and staff wellbeing. Increased demand of complex cases and increased referrals including high risk patients, increasing the urgency of care, due to the pausing of other services.</p> | 3 | 4 | 12 |  |  | <p>Monitoring demand and capacity within AHP services; reduce risk of transmission through infection prevention and control; follow national guidance; close liaison with Public Health; implement Business Continuity Plans; secure and monitor Personal Protective Equipment supply; risk-based prioritisation of support; alternative delivery of support including TEC; professional advice and support; regular communication; redeployment response; escalation/de-escalation processes; testing and contact tracing; partnership with trade unions and human resources; communication and engagement of workforce and stakeholders; workforce wellbeing measures.</p> |