

**DIRECTION FROM THE SHETLAND ISLANDS INTEGRATION JOINT BOARD (“IJB”)
ISSUED UNDER SECTION 26(1) OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT
2014**

Direction: Allied Health Professions (AHPs)	Direction to: SIC and NHSS	Overall Budget allocated by IJB for Direction: £3,490,728
Reference Number: 1.3	Relevant Function(s): Dietetics Occupational Therapy Orthotics Physiotherapy Podiatry Speech and Language Therapy	Review Date: March 2024
IJB Report(s) Reference Number: CC-23-23		
Date Direction issued/authorised by IJB: May 2023	Date Direction takes effect: 1 April 2023	Does the Direction supersede, amend or revoke an existing Direction? If yes, include reference number of existing Direction: Supersedes CC-07-22-F
Purpose of Direction		
To deliver AHP services to the population of Shetland across the life course, service areas being: <ul style="list-style-type: none"> • Dietetic • Occupational Therapy (OT) • Orthotic • Physiotherapy • Podiatry • Speech and Language Therapy Services 		

Accountability and Governance	
Reporting to IJB; Monthly budget monitoring processes and quarterly budget reporting to IJB and Council; Reporting to Scottish Govt (Child Healthy Weight)	
Overarching Directions to Function(s)	
Directions:	Performance / Objective(s):
To provide modern, fit-for-purpose, sustainable services that align to relevant local and national guidance to achieve National Health and Wellbeing Outcomes.	<p>Services:</p> <ul style="list-style-type: none"> • Provide the right level of service, at the right time, in the right way • Are agile, flexible and responsive to feedback and changes opportunities • Enable and support a self-management approach for patients and carers • Are delivered in a way aligned to Realistic Medicine principles • Support staff to feel valued in their roles • Build a network with other services locally, regionally and nationally to support development and best practice. <p>Monitoring:</p> <ul style="list-style-type: none"> • iMatter survey results • Engagement in appraisal and supervision process

<p>To provide a Dietetic Service including assessment, diagnosis and treatment of diet and nutrition problems. This includes the following service areas:</p> <ul style="list-style-type: none"> • Acute hospital based • Community (including Residential Care) • Outpatients • Paediatrics • Mental health and eating disorders <p>Budget allocation is £147,563 (NHSS)</p>	<p>Objectives: To provide a comprehensive nutrition and dietetic service including advice on therapeutic diets, nutritional assessment and healthy eating. Work in partnership with patients to maximise their nutritional care.</p> <p>Monitoring:</p> <ul style="list-style-type: none"> • To attain a high degree of patient satisfaction • To achieve significant, measurable improvement in appropriate patient reported outcome • 100% of acute patients to be assessed within 48 hours • 100% of urgent enteral tube feeding issues or parenteral nutrition requests to be assessed within 24 hours. • 90% of gestational diabetes patients to be seen within 14 days
<p>To provide an Occupational Therapy Service including assessment, interventions and review of problems compromising physical and mental health wellbeing and independence</p> <p>Acute Inpatient Service Paediatric OT Service Intermediate Care Team OT Community OT Service Telecare Service Employability OT</p> <p>Budget allocation is £236,561 (NHSS) and £1,809,959 (SIC)</p>	<p>Objectives: To facilitate a whole-person approach to both mental and physical health and wellbeing, enabling individuals to achieve their maximum level of independence and ability</p> <p>Monitoring:</p> <ul style="list-style-type: none"> • To demonstrate improved health and wellbeing outcomes at the end of OT interventions • To attain a high degree of patient satisfaction • To achieve significant, measurable improvement in appropriate patient reported outcome • 100% of people who have critical need are responded to within 14 days • 100% of community referrals have their initial assessment within 12 weeks

<p>To provide an Orthotic Service including assessment and treatment to remedy or relieve a medical condition or disability, or to prevent or lessen the development of a condition or disability.</p> <p>Budget allocation is £127,952 (NHSS)</p>	<p>Objectives: To empower better health, prevent impairment, reduce functional limitations and minimise disability</p> <p>Monitoring:</p> <ul style="list-style-type: none"> • To demonstrate improved management of conditions enabling improved health and well-being outcomes • To attain a high degree of patient satisfaction • To achieve significant, measurable improvement in appropriate patient reported outcome • 90% treated within 4 weeks
<p>Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability, regardless of cause including MSK, Orthopaedic, paediatric, Learning Disabilities, neurological and medical conditions.</p> <p>The service is currently NOT able to deliver:</p> <ul style="list-style-type: none"> • Cardiac Rehab (Not currently staffed) • Pulmonary Rehab (Not currently staffed) • Elements of paediatric service e.g. Cerebral Palsy Integrated pathway Scotland. (Not currently undertaken due to recruitment issues) <p>Budget allocation is £746,062 (NHSS)</p> <p>Currently a proportion of Neuro patients receive services from private providers.</p>	<p>Objective:</p> <p>To maintain the health for people of all ages, helping patients to manage pain and prevent disease, encouraging development and facilitating recovery, while helping them to remain independent for as long as possible.</p> <p>Monitoring:</p> <ul style="list-style-type: none"> • To demonstrate improved health and wellbeing outcomes throughout individuals life span. • To attain a high degree of patient satisfaction • To undertake service user satisfaction surveys every 6 months. • MSK 60% of patients seen within 4 weeks • Non MSK- 100% of patients seems within 12 weeks

To provide a **Podiatry Service** consisting of triage, diagnosis, treatment and review for patients with both chronic and acute conditions of the foot and lower limb. To prevent and correct deformity, keep people mobile and active, relieve pain, prevent loss of limb and treat infections.

Service provides specialist MSK interventions, tissue viability expertise, lower limb protection, high risk foot clinics, surgical procedures in addition to general Podiatry clinics.

Service leads the way in developing and providing agreed multi-disciplinary clinical care pathways eg Charcot's, diabetic foot ulceration.

Continuation of joint working with other NHS services, Local authority services, patients, IJB and other agencies.

Budget allocation is £304,834 (NHSS)

Objective:

To provide evidence based, cost effective podiatric interventions to the population of Shetland.

To enable and empower the population of Shetland (who are able) to look after and improve their own foot and general health, wellbeing and to lead active healthy lives.

Provide relevant podiatric treatment to those unable to do so themselves.

Monitoring:

- To demonstrate improved health and wellbeing outcomes at the end of the podiatry interventions
- To attain a high degree of patient satisfaction
- To achieve significant, measurable improvement in appropriate patient reported outcomes e.g. pain level
- New outpatient 18 week referral to first contact
- MSK 4 week referral to first contact

To provide a **Speech and Language Therapy** Service to assess, treat, support and care for people with communication, eating, drinking or swallowing difficulties.

Includes services for the following areas:

- Children's Speech delay and disorder
- Children's Language delay and developmental language disorder
- Children's Autism
- Leading the children's Autism Diagnostic Pathway
- Management of the Adult autism diagnostic service (diagnostician paid through adult services)
- Children's eating and drinking
- Adult dysphagia and communication (inpatient and community)
- Alternative and Augmentative Communication Service
- Adults with Learning Disability
- Adult and Children's Voice
- Adult and Children's Fluency

Budget allocation is £117,797 (NHSS)

Objective: To enable the population of Shetland to manage and improve their communication and/or swallowing difficulties, look after their own health and wellbeing and live in good health for longer.

Monitoring:

- To demonstrate improved health and wellbeing outcomes at the end of SLT interventions
- To attain a high degree of patient satisfaction
- To achieve significant, measurable improvement in appropriate patient reported outcomes
- All patients seen for initial assessment within 12 weeks
- Dysphagia patient seen within 2 working days for inpatient referrals and 2 weeks for community referral.

Improvement Plan

Strategic Priorities 2022-25, and associated heading used in table:

- To prevent poor health and wellbeing and intervene at an early stage to prevent worsening outcomes (**Prevention/Early Intervention**)
- To prevent and reduce the avoidable and unfair differences in health and wellbeing across social groups and between different population groups (**Tackling Inequalities**)
- To demonstrate best value in the services that we commission and the ways in which we work (**Best Value**)
- To shift the balance of care towards people being supported within and by their communities (**StBoC**)
- To meaningfully involve communities in how we design and develop services and to be accountable to their feedback (**Engagement**)

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Dietetics					
Embed Child Healthy Weight Tier 3 programme	Evaluate pilot programme uptake and effectiveness. Publish the first steps of a new tier 3 healthy weight program following the evaluation of a local pilot program.	Complete evaluation of pilot End 23/24	Workforce – developing skillset (1) System/professional acceptance of change (2) Community/Patient acceptance of change (3)	Funded until March 2027	Prevention/ Early Intervention
Dietetic services are available in ways that suit patients	Commence pilot program for Tier 3 adult weight management services Continue to work closely with health improvement to establish single point of referral. Construct, deliver and evaluate a pilot program	Starting pilot group Q3 23/24	Community/Patient acceptance of change (3)		Best Value Engagement

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
	for group education delivery in a blended format, explore options for co-delivery with NHS Orkney where appropriate				
Up-to-date nutritional policies support standardised practice across dietetic service, and upskilling of the wider MDT services delivering nutritional support.	<p>Enteral feeding guidelines</p> <ul style="list-style-type: none"> • Release and plan education and promotion. <p>Nutrition Policy</p> <ul style="list-style-type: none"> • Complete analysis against national guidelines in local context. • Rewrite based on analysis, including input from internal and external stakeholders <p>Plan education and promotion with relevant services</p>	<p>Policies updated as stated End 23/24</p> <p>Policies available and accessible to those who need them. End 23/24</p>	Workforce – capacity for improvement work(4)		Best Value StBoC

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
<p>People in Shetland have access to appropriate prescribing of Oral Nutrition Supplements across Acute and Primary Care services.</p>	<p>Scoping and costing of project remit and action plan, likely to include:</p> <ul style="list-style-type: none"> • Development of prescribing guidance and standards • Associated education for prescribers • Review of all active prescriptions for Oral Nutrition Supplements with re-prescription where appropriate, in discussion with patients and families <p>Will be undertaken in collaboration with Acute, Primary Care and Pharmacy teams.</p> <p>Submit business proposal to IJB reserves for additional funding.</p>	<p>Unable to progress due to capacity, progress dependent on funding allocation and subsequent recruitment.</p> <p>Business case to be developed by Q2 23/24</p>	<p>Workforce – capacity for improvement work(4)</p> <p>System/professional acceptance of change (2)</p> <p>Finance (8)</p>	<p>Work requires dedicated capacity not available within current staffing – Team Lead pursuing funding opportunities. Potential for recurrent savings - note discrepancy between NHSS NHSO of £12.5k due to differences in prescribing choices.</p>	<p>Best Value</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
People with eating disorders have access to appropriate multi-disciplinary support, in Shetland.	Understand local Dietetic requirements to be provided in conjunction with local Mental Health team support as part of the North of Scotland Eating Disorder Managed Clinical Network.	Understand need, scope any enhancement of development required to allow prioritisation of improvement work. End 23/24	Workforce – capacity for improvement work(4) System capacity (6)		StBoC Best Value Tackling Inequalities
Occupational Therapy					
The population of Shetland are supported to manage their mental health and wellbeing through access to an integrated occupational therapy mental health service	Work in collaboration with Mental Health team to understand need/demand for mental health OT input. Understand service delivery model that will work locally.	Shared understanding of demand, capacity and delivery options within HSCP system by end Q2 23/24	System/professional acceptance of change (2) Community/Patient acceptance of change (3) Recruitment (5)		Best Value Prevention/Early Intervention

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
<p>People continue to have equitable and transparent access to funded housing adaptations and personal care equipment even as demand grows.</p>	<p>Continue to work with Hjaltland Housing Assoc. to deliver One Stop Shop.</p> <p>Review means testing and criteria.</p> <p>Review opportunities to increase efficiency to respond to increase demand and capacity</p>	<p>One Stop Shop monitoring data and outcomes on a 6 monthly basis</p> <p>Waiting times review as needed.</p> <p>Data review to highlight positive outcomes.</p>	<p>System capacity (6)</p> <p>System/professional acceptance of change (2)</p> <p>Community/Patient acceptance of change (3)</p>	<p>23/24 funding required through a contract variation.</p> <p>Service delivery will be reduced without recommended uplift to due to increased demand and cost of works</p>	<p>StBoC</p> <p>Prevention, Early Intervention</p> <p>Best Value</p>
<p>OT Community Equipment Store will deliver an integrated service for the people of Shetland supporting individuals to remain well and independent at home.</p>	<p>Review Wheelchair Service</p> <p>Review workforce and activity including OT and Community Nursing demand and capacity.</p> <p>Contribute to an HSCP Equipment Steering/Oversight Group</p>	<p>Evaluate increased capacity in the store</p> <p>April 23</p>	<p>System Capacity (6)</p> <p>System/professional acceptance of change (2)</p> <p>Community/Patient acceptance of change (3)</p> <p>Recruitment (5)</p>	<p>No identified source of additional funding.</p> <p>Community nursing additionality required to fully integrate services.</p>	<p>StBoC</p> <p>Best Value</p> <p>Prevention/Early Intervention</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
<p>Complete Telecare Digital Transition Project to scope and begin to implement a fit for purpose transitioned service</p>	<p>Review current service outcomes and user satisfaction.</p> <p>Review national data and models of delivery.</p> <p>Consider Procurement needs.</p> <p>Establish Oversight Group.</p> <p>Increase charges, in line with 2023/24 budget savings project</p>	<p>Monthly Updates</p> <p>Funded Project completion Jan 24.</p> <p>Increased charges deliver £60,000 savings against 23/24 budget</p>	<p>System/professional acceptance of change (2)</p> <p>Community/Patient acceptance of change (3)</p> <p>Workforce capacity for improvement work (4)</p>	<p>Funding from TEC for 23/24 project.</p> <p>Ongoing funding requirements will be described as project evolves.</p> <p>Savings £60,000 associated with increased charges for telecare provision</p>	<p>STBoC</p> <p>Best Value</p> <p>Early Intervention/Prevention.</p>
Orthotics					
<p>Evaluation of an alternative orthotics service delivery model ensuring high quality and best value service.</p>	<p>Data analysis and review to align and benchmark against National Orthotics data where possible.</p> <p>Gather and present Service User outcome and experience measures.</p> <p>Review staffing to support long term sustainability.</p>	<p>12 -18 months</p>	<p>Failure of new service model delivery to meet demands.</p> <p>Staffing resource. Service user expectations and resistance to change.</p> <p>Service User Resistance to Change</p> <p>Staffing resource and resistance to change.</p> <p>Training requirements</p>	<p>Savings will be evaluated, part of the service redesign will be to use funding more efficiently so may</p>	<p>Best Value</p> <p>STBoC</p> <p>Early Intervention</p> <p>Reducing Health Inequality</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Development of alternative models of Acute support for patients requiring orthotic interventions	<p>Review of existing pathways to ensure robust options for delivery of inpatient and acute services.</p> <p>Review demand of acute services and describe routes for Spinal care.</p>	6-12 months	Delayed input may impact rehabilitation and discharge.	Savings will be realised through alternative model, while alternative care for small numbers of acute patients may need to be transferred to Aberdeen, this should be better value than staffing for very small service	Best Value
Physiotherapy					
Develop service into a sustainable, responsive, flexible and agile service that meets the needs of Shetland population	Evaluate workforce requirements taking into account StBoC, Network Enable Care, in context of AHP Public Health Framework; Rehabilitation and Recovery Framework; and Healthcare Framework for Adults and Older People living in Care Homes.	<p>No requirement for locum staff</p> <p>Relevant recommendations in frameworks are embedded.</p>	<p>System/professional acceptance of change (2)</p> <p>Community/Patient acceptance of change (3)</p> <p>Recruitment (5)</p> <p>Workforce capacity for improvement work (4)</p>		<p>StBoC</p> <p>Best Value</p> <p>Tackling Inequalities</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Service delivery for MSK, paediatric and long-term conditions meets local and national standards	QI approach to service improvement work identified within named teams, including: <ul style="list-style-type: none"> • MSK OP redesign to support sustainability • LTC team review of front door response, admission prevention and 7 day service options. • Neuro review to scope NHS provision – 	Improvement projects implemented and evaluated. Decreased use of locums Reduction in waiting lists by end of summer 2023 SBAR – key stakeholder engagement and workforce review.	Recruitment (5) Workforce capacity for improvement work (4) System/professional acceptance of change (2) Community/Patient acceptance of change (3)		Best Value Prevention, Early Intervention
Pain pathway input	Explore and develop MDT approach to chronic pain management	Provision of chronic pain classes and community support Pilot of provision Q2 Evaluate Q3	Workforce 1 and Capacity 6		StBoC Best Value Prevention, Early Intervention Engagement
FCP cover for whole of Shetland/ equitable/ proportional offer	Service provided across all localities of Shetland, linked to Network Enabled Care work within StBoC Programme	Full implementation Q2	Capacity 6		Prevention, Early Intervention StBoC Best Value

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Scoping requirement for Cardiac and Pulmonary Rehab service	Review caseload numbers and staff capacity as part of service review. Work with re-established MCN to ensure whole-system approach.	Begin Review Q2, Scoping completed by end Q3	Capacity 6	No funding currently available for any recommendations from scoping	Prevention, Early Intervention Best Value Engagement
Podiatry					
Continue to provide, develop and improve the service into a sustainable, responsive, flexible and agile service that meets the needs of Shetland population	Succession planning for changes within team in shorter and longer term.(ongoing) Developments linked to changes in other AHP teams. (current changes within Orthotic service – ongoing)	Early 2023 onwards	Recruitment (5) Resources (6+8)	Savings will show in other services eg Orthopaedics, Acute services.	Prevention/Early Intervention Best Value (reducing admission to acute care). StBoC Tackling inequalities

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Upskill team to support sustainability of service and improved patient outcomes	Tissue viability and NMP (Non-Medical Prescriber) training: Tissue viability shadowing ongoing. NMP – 1x staff completed and 1x staff commenced Jan 2023	Ongoing throughout 23/24	Finance (8) Resources (6+8)	Tissue viability – savings in patients not requiring acute services (in/outwith Shetland). NMP saves time and money in Primary care.	StBoC Best Value (right person, right time, right place). Prevention/early intervention
Transfer of hard copy patient records to electronic format.	Clinicians already using electronic notes which increases available direct care time, transfer of historic notes will increase efficiency and support continuity of care for returning patients.	Completion of scanning and checking June 2023	Resources (6+8)		Best Value (digital systems)
Speech and Language Therapy					

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
Review service demand and workforce capacity and explore how to meet increased demands.	<p>Collect and review data, complete workforce plans, develop proposals for changes to service delivery e.g. different ways of working, focus on priority areas.</p> <p>Consider services particularly for early years communication, Autism, Developmental Language Disorder, AAC and dementia</p>	<p>Work force plans competed by October 2023</p> <p>Proposals for service delivery March 2024</p>	<p>System/professional acceptance of change (2)</p> <p>Community/Patient acceptance of change (3)</p> <p>Workforce capacity for improvement work (4)</p> <p>System capacity (6)</p> <p>Finance (8)</p>		<p>Prevention/Early Intervention</p> <p>Best Value</p> <p>StBoC</p> <p>Engagement</p> <p>Tackling inequalities</p>
A sustainable Adult ND pathway	Continue work with Adult Services and community mental health to develop a sustainable Neurodevelopmental pathway development and delivery for ADULTS .	<p>Plan for Autism service when current funding runs out End Q2</p> <p>Plan for linking autism and ADHD pathways End Q2</p>	<p>Community/Patient acceptance of change (3)</p> <p>Workforce capacity for improvement work (4)</p> <p>Finance (8)</p>		<p>Tackling Inequalities</p> <p>Best Value</p> <p>Prevention/Early Intervention</p> <p>Engagement</p>
To have a plan for how our Autism and Developmental Language Disorder (DLD)services will	1. Continue work with Child Health, CAMHS and Education services around developing a Neurodevelopmental Pathway for CHILDREN .		<p>Workforce – developing skillset (1)</p> <p>Community/Patient acceptance of change (3)</p> <p>Workforce capacity for improvement work (4)</p>	Funding required but not identified	<p>Tackling Inequalities</p> <p>Best Value</p> <p>Prevention/Early Intervention</p> <p>Engagement StBoC</p>

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
integrate into the proposal for a wider neurodevelopmental pathway	2, To develop our DLD diagnosis procedures and service and raise awareness of DLD within professionals and parents		System capacity (6) Finance (8)		
Clearly defined AAC local pathway.	AAC Project completion	End Q2 23/24	Workforce capacity for improvement work (4) System capacity (6) Finance (8)		Tackling Inequalities Best Value Prevention/Early Intervention Engagement StBoC
All AHP services					
AHP services in Shetland are aligned to the AHP Public Health Framework to support prevention, early intervention and improved health and wellbeing outcomes for all patients.	Service self assessment against AHP Public Health Framework. Development of service specific, and cross-service action plans to support improvement. Scoping any training needs for implementation of framework, or for undertaking QI work.	End 23/24 Report to share highlights of AHP public health work.	Workforce capacity for improvement work (4)	Savings will be realised through prevention. This is a population/whole system impact so describing savings may be difficult to articulate.	Prevention/Early Intervention Best Value

Expected Outcomes	Key Actions/ Milestones (inc dates)	Target (inc. dates)	Risks (detail in risk table below)	Savings/ funding (amount and source)	Ref. and linked priorities
AHPs have flexible administration and support staff that are able to support all teams.	<p>Develop and trial administration posts that work across AHPs .</p> <p>Trial ILC receptionist with a remit across AHPs</p>	<p>Administration work and support is provided by the most appropriate person.</p> <p>Review end March 23</p>	System/professional acceptance of change (2)		Best Value
Access to electronic notes and files for all patient activity to allow consistent approach and effective integrated working.	<p>Continue to report risk of existing situation and advocate for electronic files and notes.</p> <p>Scope alternative electronic notes systems that may be best fit. Eg Morse for SLT</p>	<p>All AHP services have access to electronic notes and files. (timeline not determined, dependent on external factors)</p>	<p>Failure to meet HCPC requirements (7)</p> <p>System capacity (6)</p> <p>System/professional acceptance of change (2)</p>		<p>Best Value</p> <p>Prevention/Early Intervention</p>
Understand facilities needs for clinical and admin needs across all AHP services.	<p>Scope change in need in light of:</p> <ul style="list-style-type: none"> • Digital service delivery • Impact of FCPs in Primary Care <p>Input into Initial Agreement stage of NHS capital investment programme work</p>	End 23/24	<p>System capacity (6)</p> <p>System/professional acceptance of change (2)</p>		Best Value

#	Risk	Consequences	Control Measures
1	Workforce – developing skillset	Poorer patient outcomes, ineffective service, workforce confidence and wellbeing impact.	Training support in place. Links with off-island CHW specialist dietitians for supervisory support.
2	System/professional acceptance of change	Poor uptake of change/improvement. Risks to quality of service due to lack of engagement.	Strong leadership around change programmes. Involvement of teams and stakeholders in design and implementation of change. Robust support and supervision process. Protected time for improvement work. Staff engagement through regular team meetings, involvement in change, and individual level supervision and appraisal process to understand development needs and aspirations linked to organisational priorities.
3	Community/Patient acceptance of change	Poor uptake of changed service. Service does not meet expectations – reputational risk. Poorer outcomes due to lack of engagement.	Communication of changes in process or structure where required. Involvement of communities/service users in change process wherever possible and relevant.
4	Workforce – capacity for improvement work	Change/improvement work does not happen due to competing demands/time limitations or capability limitations	Strong leadership with improvement work prioritised. Access to QI training/support as required. Protected time for improvement work where appropriate.
5	Recruitment	Unable to fill posts to deliver core service, services delivery triaged by clinical need and prevention work cannot be prioritised. Cost pressure of locum use.	Engagement with HR around creative recruitment process. Consideration of alternative/ development posts where appropriate. Actively manage risks through Health and Social Care Integrated Workforce Planning and implementation processes.
6	System capacity	AHP needs not prioritised, service improvement limited by interdependent	Clear understanding of need by leadership. Risks noted appropriately.

		services (e.g. facilities, IT). Improvement work does not happen, AHP services not fit for purpose – cost pressures from duplication or unnecessary work (digital, and shared resource).	Inclusion within service planning at local and national level to highlight limitations in capacity. Active workforce planning through the Health and Social Care Integrated Workforce Plan to understand needs and viability of service models.
7	Failure to meet HCPC requirements	HCPC registered staff unable to continue safely within service. Service cannot be delivered.	Clear understanding of need by leadership. Risks noted appropriately. Inclusion within service planning at local and national level to highlight limitations in capacity.
8	Finance	<p>Unable to finance training – service fragile to changes in staffing/absence, services may stop.</p> <p>Unable to meet increased demand without ongoing funding – increased waiting lists, clinical priority triage, unable to complete prevention work.</p>	<p>Include in training plans, risks to service noted and understood. Contingency planning for eventuality of service not available.</p> <p>Review of new/enhanced services – effective prioritisation to understand where concurrent stepdown of services could happen. Business Case for enhanced funding as required. Contingency Plan in case of failure.</p> <p>Appropriate communication with staff and service users around financial pressures.</p>