1. **Title of plan, policy or strategy being assessed**

AHP Seven Day Working (Acute Services) – Phase One

2. **What will change as a result of this proposal?**

Physiotherapy and Occupational Therapy services: substantiation of existing weekend rotas and enhanced cover (7.5 hour day, seven day service) to acute receiving units at RIE, Western General and St John's.

This will enable more patients to be assessed or discharged or to continue their rehabilitation at weekends

3. **Briefly describe public involvement in this proposal to date and planned**

This is a continuation of the previously agreed introduction and roll out of targeted 7 day working for AHP services across Lothian. Pilots and Tests of Change in 2013 included patient experience questionnaires. It has been approved by the Healthcare Governance Committee, which has service user membership. Monitoring and evaluation will include patient/service user views.

4. **Date of IIA**

8\(^{th}\) December 2015

5. **Who was present at the IIA? Identify facilitator, Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)**
<table>
<thead>
<tr>
<th>Name</th>
<th>Job Title</th>
<th>Date of IIA training</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veronica McLeod</td>
<td>Programme Lead, Physiotherapy Head of Service</td>
<td>√ (Date not confirmed)</td>
<td><a href="mailto:Veronica.McLeod@nhslothian.scot.nhs.uk">Veronica.McLeod@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Janet Johnstone</td>
<td>OT Head of Service</td>
<td>√ (Date not confirmed)</td>
<td><a href="mailto:Janet.Johnstone@nhslothian.scot.nhs.uk">Janet.Johnstone@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Alison Meiklejohn,</td>
<td>OT Manager, AHP Mental Health Strategic Lead REAS &amp; EHCP</td>
<td>√ (Date not confirmed)</td>
<td><a href="mailto:Alison.Meiklejohn@nhslothian.scot.nhs.uk">Alison.Meiklejohn@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Ailidh Weddell</td>
<td>Project Lead, 7 Day Working</td>
<td></td>
<td><a href="mailto:Ailidh.Weddell@nhslothian.scot.nhs.uk">Ailidh.Weddell@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Helen Fitzgerald</td>
<td>CSP, Partnership Representative</td>
<td></td>
<td><a href="mailto:Helen.Fitzgerald@nhslothian.scot.nhs.uk">Helen.Fitzgerald@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Debbie Reilly</td>
<td>UNISON, Partnership Representative</td>
<td></td>
<td><a href="mailto:Debbie.Reilly@nhslothian.scot.nhs.uk">Debbie.Reilly@nhslothian.scot.nhs.uk</a></td>
</tr>
<tr>
<td>Mirren Stobie</td>
<td>Head of HR</td>
<td>√ (2005)</td>
<td><a href="mailto:Mirren.stobie@nhslothian.scot.nhs.uk">Mirren.stobie@nhslothian.scot.nhs.uk</a></td>
</tr>
</tbody>
</table>

6. Evidence available at the time of the IIA

<table>
<thead>
<tr>
<th>Evidence</th>
<th>Available?</th>
<th>Comments: what does the evidence tell you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data on populations in need</td>
<td>√</td>
<td>Data collected on unmet need for new admissions, priority rehabilitation and specific clinical area need.</td>
</tr>
<tr>
<td>Data on service uptake/access</td>
<td>√</td>
<td>Reduced weekend discharge rate with high discharge and admission rates on Mondays and Fridays.</td>
</tr>
<tr>
<td>Data on quality outcomes</td>
<td>√</td>
<td>Evaluation of RVH Pilot, AHP 5/7 Working Tests of Change 2013 and RIE OT Stroke Pilot each demonstrating increased weekend</td>
</tr>
<tr>
<td>Evidence</td>
<td>Available?</td>
<td>Comments: what does the evidence tell you?</td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>------------</td>
<td>------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>therapeutic input leading to increased</td>
<td></td>
<td>discharge rate from Therapy Services at the weekend.</td>
</tr>
<tr>
<td>Research/literature evidence</td>
<td>√</td>
<td>Increased mortality rate for patients admitted over the weekend is well documented.</td>
</tr>
<tr>
<td>Public/patient/client experience information</td>
<td>√</td>
<td>Although positive overall, responses to the Patient Experience Questionnaire disseminated in DCN, Orthopaedics and Cardiothoracic Surgery in September 2015 indicated that there was reduced access to therapy services at the weekend.</td>
</tr>
<tr>
<td>Evidence of inclusive engagement of service</td>
<td>√</td>
<td>Papers on AHP Seven Day Working have been reviewed and approved by the Board’s Healthcare Governance Committee which includes consultation with service users.</td>
</tr>
<tr>
<td>users and involvement findings</td>
<td></td>
<td>AHP Seven Day Working is a government driver and part of the AHP National Delivery Plan agreed following consultation with service users.</td>
</tr>
<tr>
<td>Evidence of unmet need</td>
<td>√</td>
<td>UHS AHP data available documenting the number of therapy treatments prioritised out along with specific Unmet Need audits.</td>
</tr>
</tbody>
</table>
| Good practice guidelines | √ | 1. Sustainability and Seven Day Working: Seven Day Services Taskforce 2015  
2. Open Seven Days A Week: NHS Improving Quality 2013 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental data</td>
<td>√</td>
<td>Reduced exposure to hospital acquired infections, in addition to promotion of independence and self management as a result of reduced length of stay.</td>
</tr>
<tr>
<td>Risk from cumulative impacts</td>
<td></td>
<td>Risk register compiled and reviewed by the AHP Seven Day Working Programme Board.</td>
</tr>
</tbody>
</table>
| Other (please specify)  | √ | FAQs gathered from staff and disseminated along with staff meeting scripts and written updates.  
Workforce profile including working patterns (full-time/part-time) and gender; largely female workforce.  
Carers are disproportionately female, both in the home and in the workplace. |
| Additional evidence required |   | |

7. In summary, what impacts were identified and which groups will they affect?

**Equality, Health and Wellbeing and Human Rights**

**Positive**

1. Improved access to therapeutic contact for all targeted groups of patients leading to reduced length of stay in hospital and potentially reduction in stress for visiting carers/relatives.  
(In general, no differential positive impact for patients with protected characteristics or deemed to be)

**Affected populations**

All patient groups in targeted seven day areas.
vulnerable as all patients prefer as short a stay in hospital as possible, except perhaps homeless people and those in domestic abuse/at risk situations.)

2. Increased continuity of care over the weekend.

3. Increased AHP contact with some carers/relatives (those who can more easily visit at weekends).

4. May help employed people get back to work sooner.

5. Reduction in overtime with days back given, potentially reducing staff stress and fatigue.

6. Increased competency in different clinical areas.

**Negative**

1. In general, no differential negative impact for patients with protected characteristics or deemed to be vulnerable, except perhaps homeless people. Shorter length of stay may cause difficulties with identifying alternative accommodation in time.

2. Possible impact on social/family life dynamic.

3. As provision is targeted, some areas of inpatient services will not benefit.

<table>
<thead>
<tr>
<th>Environment and Sustainability</th>
<th>Affected populations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Positive</strong></td>
<td></td>
</tr>
<tr>
<td>Potentially reduced travel for visiting relatives/carers</td>
<td>Relatives, carers</td>
</tr>
<tr>
<td>Potentially reduced travel for part-time staff when on days back following weekend work.</td>
<td>Staff</td>
</tr>
<tr>
<td><strong>Negative</strong></td>
<td></td>
</tr>
<tr>
<td>Discharge at weekend may cause difficulties where transport provision is reduced/not available.</td>
<td>Patients, relatives, carers</td>
</tr>
</tbody>
</table>
### Economic

#### Positive

1. Potential for decreased deductions from benefits and pension as a result of shorter length of stay.
2. Reduced parking and travel costs for relatives and carers as a result of shorter length of stay.
3. Pay enhancements that are pensionable for staff working at the weekend.
4. Opportunity to increase earnings by working own backfill (ie increase contracted hours).
5. Staff will not be at a financial detriment following implementation as a result of pay protection.
6. Increase in employment opportunities - recruitment to cover backfill.
7. Reduced dependence on expensive overtime rotas in order to manage service pressures.

#### Negative

1. Change in earnings may have a potentially detrimental financial impact for staff who are on certain benefits with specified thresholds.
2. Potential impact on childcare costs

### Affected populations

- All patient groups in targeted areas.
- Relatives and carers
- Staff
- Staff
- Staff
- Staff/ job candidates
- Service Leads/Budgets

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8. **Is any part of this policy/service to be carried out wholly or partly by contractors and how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

Not applicable.

9. **Consider how you will communicate information about this policy/service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**
Service Users: Briefing notes and updates circulated to Site and Service Directors for circulation to Management Teams. (GPs are represented on Hospital Management Groups.) Further consideration will be given to wider communications as provision increases.

Staff: A communication plan for staff has been developed and documented. This includes group meetings and circulation of information such as Flash Reports, written briefs, scripts and action notes following meetings. Staff will be/have been offered one-to-one meetings to discuss their personal circumstances.

10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)

No.

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

Evaluation of weekday and weekend AHP Services and impact of change at WGH, RIE and SJH - see Section 14 below.

12. Recommendations (these should be drawn from 6 – 11 above)

1. Monitoring and evaluation of the service and the impact of the change as per AHP Seven Day Working Evaluation Matrices (see Section 14 below).
2. Continued engagement and completion of individual one to one meetings with staff to discuss and seek to address any specific concerns – for example, regarding caring responsibilities, travel difficulties or impact on benefits of increased earnings.
3. Any site-specific issues for staff to be addressed locally via one-to-one meetings.

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:
### Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)

| Continued engagement and completion of individual one to one meetings with staff. | AHP Managers+ HR support): V McLeod, J Johnstone, S Brown, C Candlish | Different implementation dates for different sites and staff groups; commencing October 2015. | Review in line with Evaluation Matrices (see below) |

### Monitoring and evaluation

14. **How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?**

Monitoring and evaluation of service and impact of change, as per Seven Day Working Evaluation Matrices agreed by the Seven Day Working Programme Board. These include:

- Patient Experience Data Collection in targeted areas pre and post implementation
- “Survey Monkey” for Physiotherapy and OT staff
- “Survey Monkey” for other members of the Multidisciplinary Team
- Review of statistics (new patients, contacts and discharges comparing 1<sup>st</sup> December 2014-28<sup>th</sup> February 2015 to 1<sup>st</sup> December 2015-29<sup>th</sup> February 2016)

Particular attention to be paid to any discernible impact on weekday service.

There will also be monitoring of the impact of pay protection for staff.

15. **Sign off by Head of Service**

   **Name**  Veronica McLeod, Programme Lead

   **Date**  10 December 2015

16. **Publication**

   Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.