

# AHP Development Programme

CiC/ Board Update  
no. 2

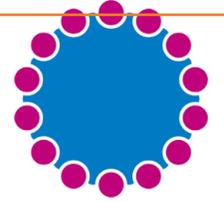


# AHP Programme Overview

## 6 Pillars:

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1. AHP Vision



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2. AHP Workforce supply

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3. AHP Voice – Listening events

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4. Board Assurance re AHP Leadership

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5. OT@Place

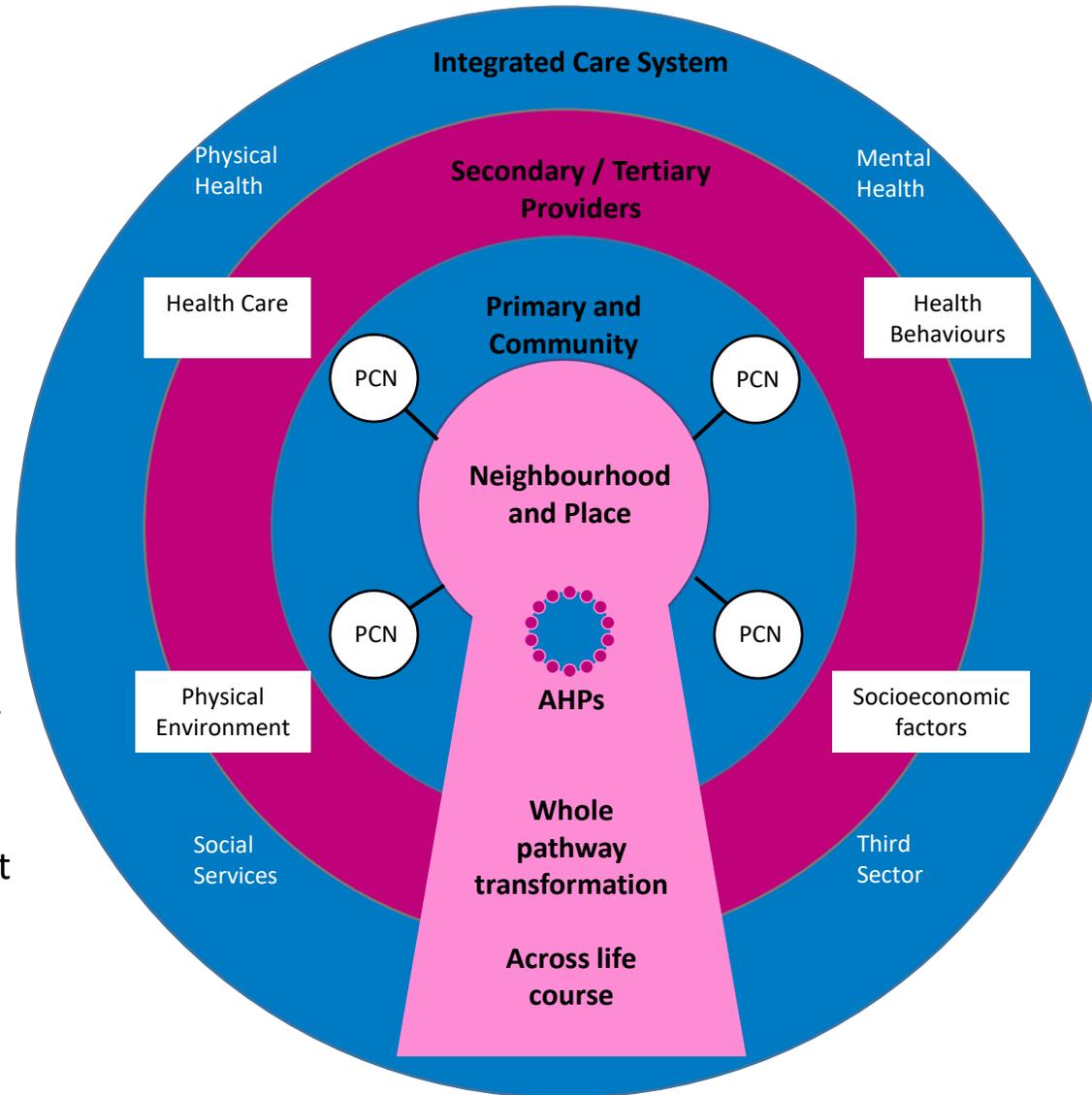
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6. Locally owned, co-produced AHP Strategy

# 1. VISION: AHP Partnership working across Kingston, Richmond and Hounslow place

## Align with integrated care systems (ICS) aims

- Improve outcomes in population health and healthcare
- Tackle inequalities (outcomes, experience and access)
- Enhance productivity and value for money
- Help the NHS support broader social and economic development



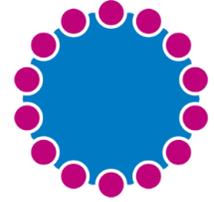
Delivered through Integration, collaboration and co-production.

Clinically led, locally owned, transformation of care focused on neighbourhood / place integrating ICS and PCN strategies.

Improving productivity (Balancing risk demand and capacity with resource availability)

Improving performance (Outcomes, experience and access)

# 2. AHP Workforce Supply Project



**Programme of work supported by HEE, focussing on recruitment & retention of AHPs. Delivered across SWL & NWL ICS in partnership with AHP Faculties.**

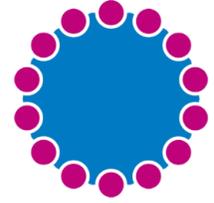
## **Completed:**

- Recruitment into 6 month funded project posts
- Clean up of AHP workforce data and identification of placement tariff income
- AHP Deep Dives to inform the AHP Strategic Workforce Plan and AHP Recruitment and Retention Strategy

## **Next Steps:**

- Expansion of student placements
- Consider conversion of B6 vacancies to B5 posts to ensure employment for all new graduates across London
- Development of preceptorship and early career support to reduce retrenchment in first 12/24 months
- Establishment of return to practice HR processes and campaign to increase applicants
- Participate in Capital AHP and ICS international recruitment campaigns
- Development of 'readiness toolkit' and competency framework for support workforce
- Build ambition to 'grow our own' via apprenticeships at HCSW level 3 /5, AHPs at level 6
- Develop AHP Advanced Practice (Level 7) and Consultant roles to provide career pathways within KHT and HRCH

# 3. AHP Voice (Listening events)



**Co-planned & co-produced listening exercise across KHT, HRCH & YHC**

**AHPs being masters of their own destiny**

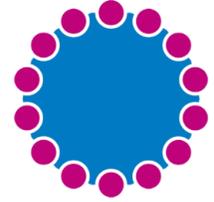
**Completed:**

- Partnership Group Formed with reps from all 3 health organisations and HR support
- Deep dive into AHP workforce data & sample exit interviews
- Analysis of data to identify themes
- Dates for listening events communicated (May & June)
- Engaging Comms support & marketing for Listening Events
- First series of Listening events taken place

**Next Steps:**

- Check & challenge themes, engage and listen – Q1
- Feedback outputs and recommendations to Board - Q2
- Feed 'voice' into AHP strategy – Q3

# 4. Board Assurance re AHP LEADERSHIP



CAHPO for England recommends series of questions for Boards regarding AHP Leadership. Designed to shape an organisation's thinking and support trusts to act where current AHP Leadership arrangements are insufficient.

## **Completed:**

- Interviews with HRCH & KHT Executive and non-Executive Board members – March/April 22
- Research into national AHP leadership

## **Next steps:**

- Continue interviews with non-executive board members – May/June 22
- Correlate findings with outputs from AHP Listening events - Q1
- Finalise review of national/London/ICS AHP Leadership structures – Q1
- Recommendations to Board – Q2
- Feed into AHP Strategy – Q3

(See appendix 1 for questions)

# 5. OT @ Place



OT most challenged AHP professional group - R&R. Fragile workforce. Loss of professional identity in acute setting. Identified as a priority for support across place in community, hospital and local authority. Aim is to transform how our OTs work by developing a new placed-based staffing approach. This will set out to deliver OT where patient needs it most, with the right skill set, at the right time.

**Focus: Using both a patient perspective and workforce perspective to deliver quality clinical care.**

**This means quality of clinical experience & quality of patient experience**

## **Completed:**

- Establish OT@Place Steering Group (3 health organisations and 2 LA's ) – Feb 22 – reports into W@P Group
- Partnership working with workforce colleagues - reviewing new roles and supporting staff movement across place
- Sign up to Band 6 OT rotation KHT, YHC & HRCH – March 22 (Plus HRCH/KHT B5 Physio rotation starts on 22<sup>nd</sup> June)
- Attended OT recruitment event LSBU – shared stand for K, R & H place
- Link and sharing of learning/ideas with ECIST, LGA and other acute DGHs - ongoing
- KHT OT: Engagement events March/April 22
- Trial of audit/TiM study March 22
- Completion of Audit – April 22

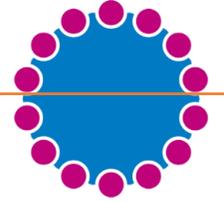
# 5. Continued... OT @ Place



- **Next Steps:**
- Analysis of results – May 22
- Check/challenge results – May 22
- Share results and discuss next steps in acute with AD/Senior Ops team – May 22
- Link with Patient Flow Project and patient experience team – May 22
- Review of waste in the process – what more can we do with what we've got?
- TiM study to be carried out by community partners/LA
- Analysis of results - OT@PLACE Steering Group – Q1
- Develop series of OT networking events across Place – Q2
- Develop place-based approach to staffing and review/challenge new ways of working across place – Q2
- Work with W@P and potential partners (Allocate) re systems to support workforce flexibility
- Deliver recommendations to W@P - Q3

## 6. Co-produced AHP Strategy –

Kingston,  
Richmond and  
Hounslow



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All above work will feed into local AHP Strategy

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Linking into:

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New National AHP Strategy (due to be published end of June 22)

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SWL & NWL AHP Council Strategies

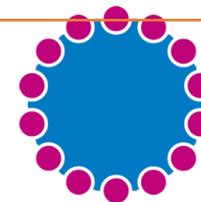
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SWL & NWL ICS and ICS Workforce Boards

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HEE AHP Workforce Supply Project

## 7. Next Steps & Early themes



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Next Steps: 3<sup>rd</sup> Update to CiC in Q2

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Share the output and learning from AHP Listening events, AHP Board assurance questionnaire, AHP Leadership Structure review and Workforce Supply project

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Make series of recommendations to CiC

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Early themes: Strategic AHP Leadership. EDI. Quality – clinical care and patient experience. Workforce planning. Education & training. Health & wellbeing. AHP job planning. Creativity.

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Job planning will give the time for AHP creativity/innovation – OT @ Place

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Be prepared that retention of AHP staff will rely on some levelling up (when compared to other clinical colleagues) of career opportunities and the availability of development pathways for AHPs, especially at B6, B7 and B8 level

# Appendix 1.

## Key Board Assurance Questions re AHP Leadership



### Question:

1. Who is championing the AHP workforce at Board level?
2. Do Executive Directors understand the range of professions referred to as AHPs (across K, R and H)?
3. What are the AHP Governance arrangements for the AHP workforce? Do they show accord with the CQC's 'well led' domain?
4. How do you ensure safe, sustainable, productive, and effective AHP workforce planning?
5. Are job descriptions and person specifications of leadership roles reviewed, to ensure no unnecessary clinical ring-fencing?
6. Are AHPs included and engaged in talent management and succession planning so they have opportunities to build operational and strategic leadership skills?
7. Does the Board fully understand its AHP workforce and the value it adds to the trust's strategy and priorities?