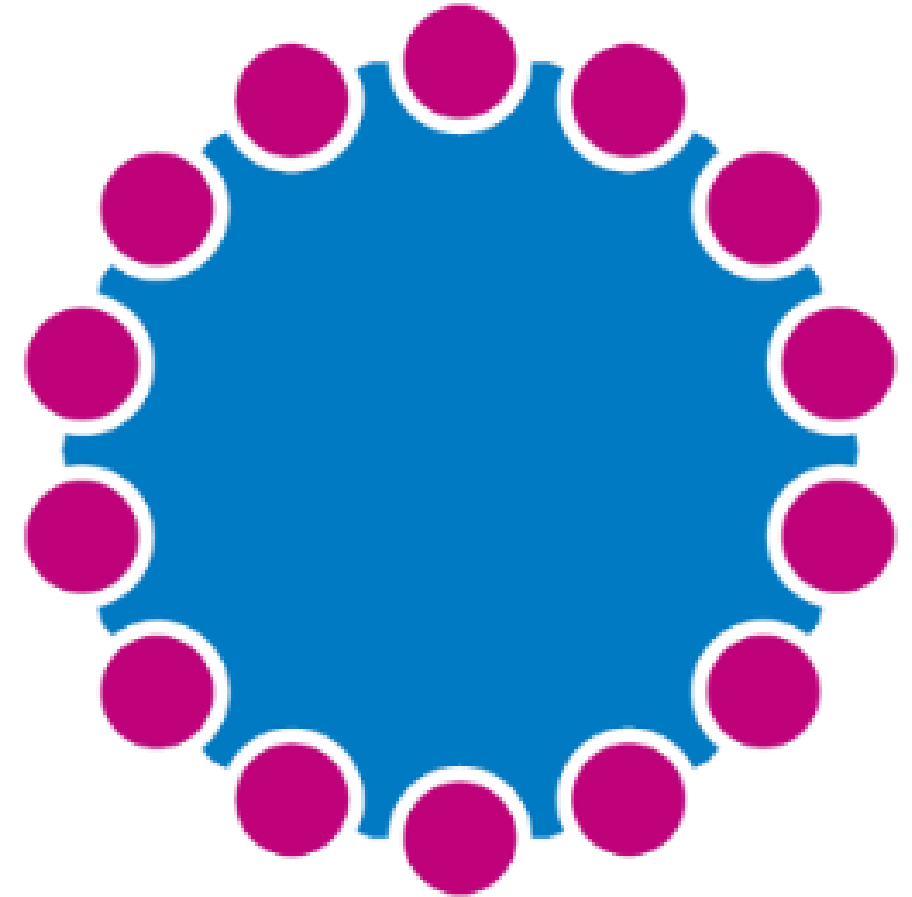


'Developing our AHP's'

KHT and HRCH Board
Update
no. 3

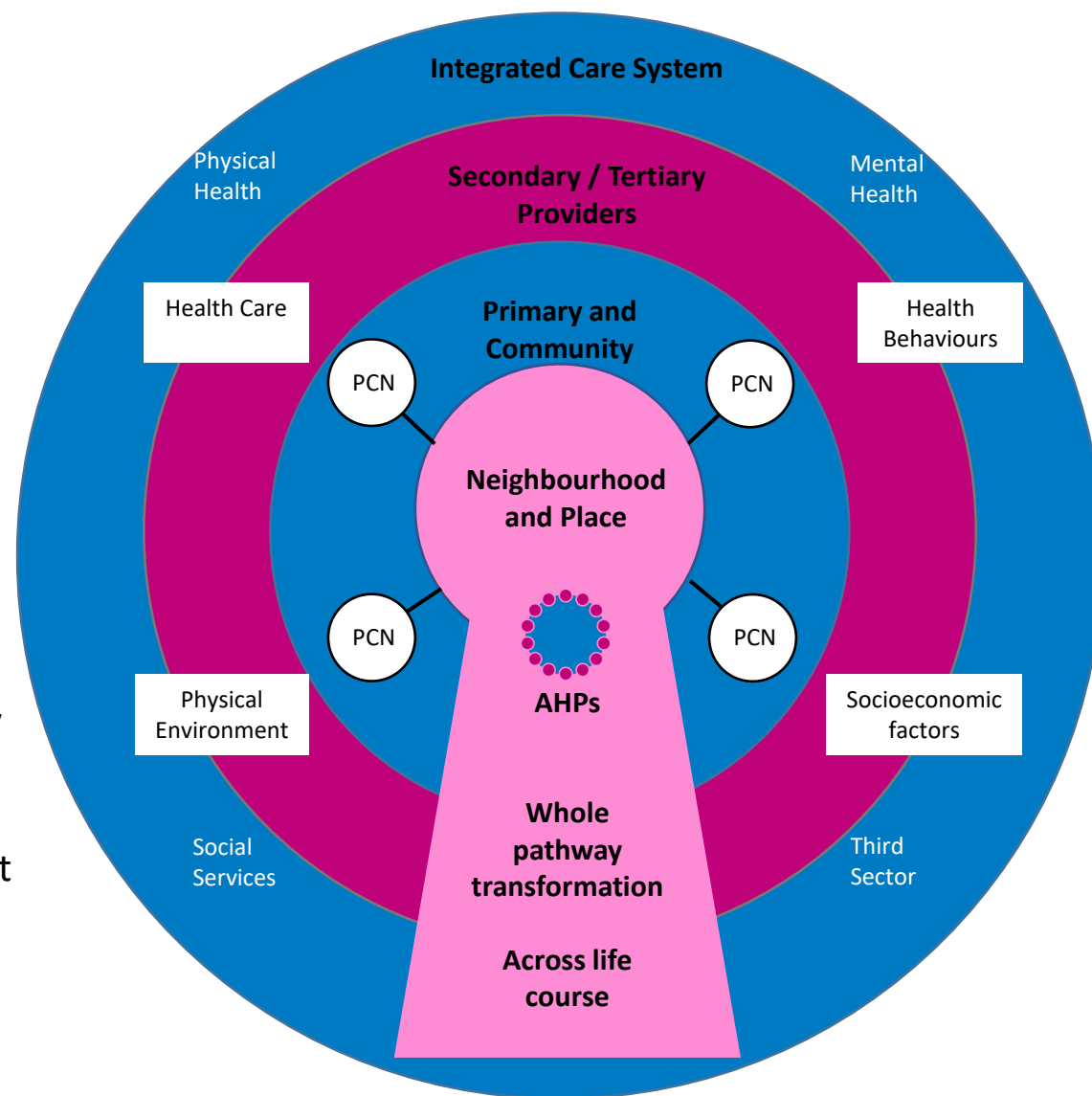
Q2 2022/23



VISION: AHP Partnership working across Kingston, Richmond and Hounslow

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)

Developing our AHPs

4 Pillars:



1. AHP WORKFORCE – SUPPLY & CAREER DEVELOPMENT
2. AHP Voice - Series of AHP Listening events
3. AHP Leadership - Board Assurance
4. AHPs@PLACE - Started with OT

Leading to:

- Recommendations – Q3
- AHP Strategy – Q4

1. AHP Workforce: A. Supply



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

- Expanding student placements – adopting and expanding fair share model across AHP professional groups
- Supporting EDI. Recent review of BAME candidates from application through to success at interview across London - data sample of London trusts. Challenging to read – no. of BAME applicants considerably higher than white but proportionally less shortlisted for interview and less offered a post. Result showed BAME OT applicants had a 1 in 10 chance of being offered an OT post. White OT applicants had a 1 in 3 chance of being offered an OT post
- Considering conversion of B6 AHP vacancies to B5 posts to ensure employment for all new graduates across London
- Developing AHP preceptorship and early career support to reduce retrenchment in first 12/24 months. KHT adopting (*very*) good practice from HRCH
- Leading Return to Practice (RtP) Model - SWL Lead for AHP RtP. Responsible for development of consistent RtP clinical process, recruitment and HR processes. Working in partnership with SWL Recruitment Hub. Next step will be roll out of standardised process across SWL and targeted RtP recruitment campaign
- Early adopter in Capital AHP and NW and SWL ICS international recruitment campaigns – across HRCH, YHC & KHT. Seeking 9 OTs, 3 Podiatrists and 11 Radiographers
- Submission of final AHP Workforce plan to HEE – 27th July

AHP Workforce: A. Alternative Supply Routes



Exploring 3 new initiatives:

Working with education charities: For too many young people in the UK, their start in life is limiting their future. They do not have access to relatable role models to help them understand what they can achieve, nor the networks, knowledge and tools to help them get there.

- Linking with **Future first:**

Education charity tackling social inequality by inspiring young people through a network of role models into accessible jobs and apprenticeships and inspiring the next generation into different careers

Future First's aim is to see every state school and college supported by a thriving and engaged alumni community, which improves students' motivation, confidence and life chances

- Exploring pilot project with **The Princes Trust** - a charity organisation supporting local 18–30year olds into work

'Local people for local jobs' aiming at widening participation and is a potential supply route for AHP support workers. The charity offers training to the individual (similar to care certificate), helps with application forms and gives pastoral support/mentoring for the first 6 months after gaining employment.

Currently exploring opportunity to be part of a SWL pilot

- **AHP Career Fairs** – Successful AHP Careers Fair at Chessington Secondary school - 13th July. Fantastic feedback. Second one planned end of September

- All the above will support us to *increase* diversity and equality across AHP's - as part of the AHP plan

AHP Workforce: B. Development



Build ambition to 'grow our own':

Via apprenticeships at HCSW level 3 /5, AHPs at level 6

Developing AHP Advanced Practice (Level 7 ACPs) and Consultant AHP roles to provide essential clinical career development pathways within KHT and HRCH

- Meeting with Chief Nurse and Chief Medical Officer re Optimising AHPs/clinical career pathways –24th Aug
- Supporting UEC workstream with new clinical roles for AHPs – supporting medical and nursing colleagues
- Piloting Scope for Growth (S4G) with workforce colleagues. Provides a new structured framework to support career development - to better understand an individual's aspiration and potential
- Delivering AHP Support Worker Forums across SWL – first session on 14th July
- Developing 'readiness toolkit' and competency framework for support workforce
- Reviewing AHP Operational Structures – gathering provider structures across SW&NW ICS. Meeting with KHT COO to discuss ideas and opportunities
- Starting to explore the gap in leadership and delivery of AHP Education and Practice Development - recommend future structure to support development of AHP workforce
- Investigate potential for AHP involvement in Research (compelling evidence – staff retention, clinical quality and safety)
- Explore potential for AHP Job planning (evidence – staff retention)

AHP Workforce: B. Development



AHP Education 22/33:

Health Education England (HEE) has been allocated funding to support two new training initiatives that support the upskilling of AHPs and/or the associated support workforce

Programme 1 - will provide training funds to directly upskill AHPs in adult critical care competencies, to support the development of enhanced and advance roles within the critical care environment

Programme 2 - will provide training funds to directly upskill AHPs to support Elective Recovery

The funds are ring fenced and can be used for:

- Buying in training for specific professional skills e.g. To support out-patient services across adult's and children's services.
- Purchasing specific training modules (HEI's or other providers) e.g. Appropriate dietetic prescribing, physiotherapy ventilator training/arterial blood gas training
- Temporarily releasing a staff member to train wider team members e.g. Upskill support worker colleagues; upskill band 5 or band 6 staff to improve decision making and treatment skills

All HEE funding will be disseminated through the regional AHP Faculties who will, in collaboration with their Chief AHP Councils coordinate the bids and allocation processes. Currently at bidding stage.

2. AHP Voice (Listening events)



AHPs being masters of their own destiny

Series of co-planned & co-produced listening events across KHT, HRCH & YHC

- Partnership group formed with reps from all 3 health organisations with HR and Comms team support
- Deep dive into AHP workforce data & sample exit interviews
- Analysis of data to identify themes
- 15 Listening events have taken place in May & June. Additional in July. Well attended by all bands of staff. Constructive, professional and respectful feedback and discussion held. Positive feedback about process and request for regular events

Next Steps:

- Currently reviewing outputs and collating into themes
- Clear that significant challenges exist - especially in AHP clinical education, practice development and career development
- Be prepared that retention of AHP staff will rely on some levelling up (when compared to other clinical colleagues) of AHP career opportunities and the availability of clear career development pathways for AHPs at all levels
- Recommendations to Board – Q3
- Feed 'voice' into AHP strategy – Q4

3. Board Assurance re AHP LEADERSHIP



Completed:

- Interviews with HRCH & KHT Executive and non-Executive Board members – Q1 22/23
- Research into national AHP leadership (Stuart Palmer - Head of Allied Health Professions, Professional and Systems Leadership in NCAHPO leadership team)
- Review of recently published national AHP Strategy – AHPs Deliver
- Dissemination/socialisation of new Strategy throughout July (local event 28th July)

Next steps:

- Arrange interviews with new board members – Q2
- Correlate findings with outputs from AHP Listening events, outputs from discussion with Chief Nurse/Chief Medical Officer (re Optimising AHPs) and outputs from discussion with KHT COO (re acute operational structure) - Q2
- Finalise review of London provider/ICS AHP Leadership structures – Q3
- Recommendations to Board – Q3
- Feed into AHP Strategy – Q4

4. OT @ Place



Enabler for the delivery of the Workforce at Place priorities. Focussed on quality of OT Service delivery

Completed:

- Established OT@Place Steering Group – well attended
- Working in partnership with workforce colleagues and partners (Allocate) re systems to support workforce flexibility
- Joint OT recruitment initiatives and Band 6 OT rotation KHT, YHC & HRCH (HRCH/KHT B5 Physio rotation started 22nd June)
- Linking and sharing of learning/ideas with ECIST, LGA and other acute DGHs - ongoing
- KHT Acute OT Time in Motion (TiM) study completed April 22. Results analysed (detailed overleaf)
- Proposed new OT Service delivery model – operationalised through Patient Flow Steering Group
- Pilot of new model agreed and started May/June 22
- Regular PDSA cycles and changes made to process

Next Steps:

Repeat acute TiM study – July 22 - and review patient experience

Compare outcomes with April study and share learning with partners

Partners preparing to implement TiM throughout September 22

Align OT model to support KHT Winter Plan

OT @ Place continued



- **TIM study outcomes:**

OTs spending time completing non-specific OT tasks and organising meetings and visits. E.g Arranging best interest meetings with MDT and NoK, organising access visits, chasing equipment orders, arranging safeguarding meetings

OTs operating a back door reactive service and gathering collateral information on every admission. Skills not being used productively

OTs not making best use of own OT Support Workforce (SW) and other support workforce – HCAs etc

OTs not spending enough time on *light touch* direct clinical contact. E.g. *Early* functional assessment, starting treatment *early*, advising nursing staff *early*, working alongside MDT *earlier* in pathway

- **Implementation plan: 4 steps**

- Introduced OT referral criteria and MDT ward resource
- Developed a plan to improve utilisation of Support Workforce
- Imminent restructure of department to shift OT senior staff to front door (ED & AAU). Aim is to move OT intervention to *earlier* in the patient pathway
- Working in conjunction with patient flow steering group to streamline non-clinical administration tasks (electronic D2A, electronic white boards, DSW, ToC hub etc)

Co-produced place based AHP Strategy



Planned for Q4

Bringing together:

- HEE AHP Workforce Supply Project
- SWL & NWL AHP Council Strategies
- New AHP National Strategy – AHPs Deliver
- ICS Strategy and purpose:
 1. Improving outcomes in population health and healthcare (AHPs - reduce deconditioning)
 2. Tackling inequalities in outcomes, experience and access
 3. Enhancing productivity and value for money
 4. Supporting broader social and economic development
- Kingston and Richmond - Workforce at Place aims
- Placed based Quality priorities
- KHT & HRCH new joint Objectives 22/23