



# Golden Jubilee National Hospital

Patients at the heart of progress



## Allied Health Professionals Strategy 2017-20

**'Enabling AHP's to enable the people of Scotland'**

This strategy promotes enablement, empowering staff and patients to think differently and achieve their full potential.

# Foreword

by Acting Chief Health Professions Officer

Scotland has a dynamic health and care policy environment that focuses on our ambitions to deliver integrated health and social care, reduce or remove the damaging impacts of health inequalities and ensure the provision of safe, effective and person-centred care for everyone accessing health and care services. We have in place a co-ordinated policy response to meeting the needs of the whole population, including the National Clinical strategy, Realistic Medicine, Health and Social Care Delivery Plan and the Active and Independent Living Programme (AILP).

AILP was developed following a wide ranging public engagement exercise and it sets out the broad strategic direction on how to drive significant culture change in how people can access and receive AHP support for self-management, prevention, early intervention, rehabilitation and enablement services.

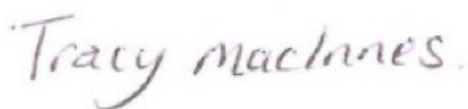
Its vision is that Allied Health Professionals will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing.

The themes of this Strategy align well with the key ambitions of AILP, which are:

- Health and Wellbeing
- Access
- Awareness
- Partnership Working
- Research and Innovation
- Workforce

I am particularly pleased to see the focus on developing the health and well being of staff (as well as patients) in this document. AILP recognised the need for commitment to staff and team development, training and education to prepare the workforce for change and to support the development of extended professional roles to support the development of a competent, skilled and knowledgeable workforce that is flexible and responsive to the needs of the population.

I take great encouragement from the range, variety and versatility of the initiatives AHPs are taking forward to realise not only the potential of patients but also of AHPs themselves. I hope this Strategy gives the AHP Workforce in the Golden Jubilee National Hospital the focus they need to flourish and improve outcomes for people who use services, their families and carers.



Tracy MacInnes  
Acting Chief Health Professions Officer





# Foreword

by Nurse Director

Supporting people to be healthy, active and independent as a national NHS Board delivering services for patients across Scotland, the Golden Jubilee Foundation is committed to achieving the NHSScotland quality ambitions of safe, effective and person-centred care.

Due to our unique position, we are well placed to influence and ensure the delivery of the Active and Independent Living Programme (AILP) which was announced by the Minister for Public Health in May 2015 and launched in June 2017. The aims of the programme were clear;

“Allied Health Professionals will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing.”

Allied Health Professionals (AHPs) have a significant role to play as part of our overall care team. Their expertise brings a different perspective to the planning and delivery of services.

As the Executive responsible for providing professional leadership for the Allied Health Professionals within our organisation, I am delighted to introduce our strategy which describes how we will enable and motivate patients to fully optimise their rehabilitation, recovery and ongoing health & wellbeing.

The strategy is intended to provide clarity about the roles and contributions made by the diverse and highly skilled professionals collectively known as AHPs, whilst recognising that multi-disciplinary team working is central to the way in which all healthcare professionals come together to deliver care

We recognise that our workforce is our most valuable resource. Here at the Golden Jubilee Foundation we are committed to promoting staff experience through a supportive environment, ongoing education and professional development.

Our Board vision is to be ‘Leading quality, research & innovation’ and this can only be fulfilled with a continued emphasis on this at both an operational and strategic level. This strategy will act as a framework that brings together the values, beliefs and vision of our AHP workforce.

Much success has already been achieved through the development of AHPs, and as policies may change we will, of course, review the strategy to reflect these and any other major changes. By establishing a shared understanding through our AHP strategy, we are making the most of an important opportunity for all of us to work together to our mutual benefit to make our NHS even better, for everyone, now and into the future.



Anne Marie Cavanagh  
Nurse Director



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# Introduction

## Who we are

The Allied Health Professionals; (AHP) workforce is a highly skilled group of staff who make a vital contribution across every patient pathway within the Golden Jubilee National Hospital (GJNH). Our interventions begin before surgery and continue through the patient journey to discharge and, when appropriate, onward referral to community based services. We share a common set of principles which focus around early intervention, prevention and enablement. Our collective ambition through the development of this AHP strategy is to achieve the best possible outcomes for patients using innovative practice.

**The Golden Jubilee Foundation AHP Strategy is intentionally short and concise as its success relies on staff engagement. It is a live document created from the beginning with AHP staff involvement. It refers to 'us' and 'we' throughout emphasising that staff opinions and ideas have been listened to.**

## Why we are doing this?

### National Drivers

The AHP National Delivery Plan 2012-15 encouraged AHP's to be agents of change. Key priorities of the plan included self management, enablement and health improvement interventions.

Building on the success of this plan, the Active and Independent Living Programme (AILP) was announced by the Minister for Public Health in May 2015 and launched in June 2017. This supersedes the National Delivery Plan (NDP), but continues to focus on prevention, enablement, early intervention and rehabilitation requiring our AHP workforce to be change ready.

The AILP was informed by feedback from various sources including service users, the third sector, education and social care which was captured at engagement events throughout Scotland at the end of 2015.

The feedback came from three powerful questions:

1. What matters to you as an individual to keep you healthy, active and independent?
2. Thinking of what AHPs could do in Health and Social Care in the future, what should we focus on to make services the best they can be?
3. Thinking of what AHPs could do in Health and Social Care in the future, what should we prioritise?

Following the national AHP engagement exercise, the overall vision and key ambitions of the AILP were developed.

## Vision

**“Allied Health Professionals will work in partnership with the people of Scotland to enable them to live healthy, active and independent lives by supporting personal outcomes for health and wellbeing.”**

## Ambitions

- AHPs who promote health and wellbeing, prevention and early intervention.
- AHP services that are easily accessible.
- Informed stakeholders who are aware of the full range of AHP Services.
- AHPs working in Partnership.
- AHPs delivering excellence through research and innovation.
- An AHP workforce equipped to contribute to the health and social care needs of the population.

A key aim of the AILP is to enable allied health professionals to contribute to National Health and Wellbeing Outcomes. This strategy will concentrate on making our AHP workforce truly innovative agents of change. It will support them to think differently and deliver excellent models of care while recognising the unique patient profile within this Board.

The National Clinical Strategy for Scotland (2016) describes a number of changes which need to take place including:

**‘Producing outcomes that matter to patients in a way that is as safe as possible and minimises the disruption to their lives’.**

### **A National Clinical Strategy for Scotland (2016)**

This AHP strategy shifts away from the approach of ‘doing to’ patients and towards ‘doing with’ patients by focussing on personal outcomes rather than the process which treats their condition.

The Quality Strategy emphasises the importance of care which is person-centred, safe and effective. It is supported by the Staff Governance Standard which states high performance is inextricably linked with staff who are engaged, feel valued and are supported within their role.

A report published by West and Dawson in 2012 highlighted the direct impact that positive staff experience has on mortality, patient safety, staff turnover and absenteeism. The success of this strategy is underpinned by staff engagement which will ensure staff are supported and have the space to think creatively and identify areas in their practice with the potential for development and improvement.

**‘Enablement is a paradigm shift away from professional dependency towards resilience and an asset-based approach that builds personal capabilities’.**

### **The Healthcare Quality Strategy for NHS Scotland (2010)**

## Local Drivers

The Golden Jubilee Foundation (GJF) has an ambitious 2020 vision to be 'Leading Quality, Research and Innovation' on behalf of NHS Scotland. Key objectives to support delivery of this include building a culture of continuous improvement, with innovation, research and improvement at its core.

The GJF, AHP Strategy aligns with this vision and supports staff to test their ideas and think creatively. It also supports the Board's clear ambition to develop our workforce through the Golden Jubilee Foundation Leadership Framework which identifies the benefits of staff who are:

**'Empowered through personal development to think and act differently, to achieve the highest quality of care, a truly person-centred approach'.**

## Golden Jubilee Foundation Leadership Framework

This strategy will acknowledge patients as the 'expert' in their own treatment goals and actively encourage staff to think differently about patient care. It will ensure the expert skills and knowledge of the AHP workforce support patients' personal outcomes.

## How we developed this strategy

Work on this Strategy began at the end of 2015 when approval for its development was sought from the Senior Management Team. To help inform and shape its content, an extensive engagement exercise was undertaken. This included seeking feedback from our key stakeholders.

The feedback came from our own three questions:

1. What do we do well?
2. What could we do better?
3. What should we prioritise?

## What do we do well?

The overall response was very positive with feedback from clinicians suggesting that we currently deliver a high quality service that is easily accessible with excellent response times. There was also a strong theme emerging from patient feedback that suggested they felt well prepared and confident, which supported their recovery.

## What we could do better?

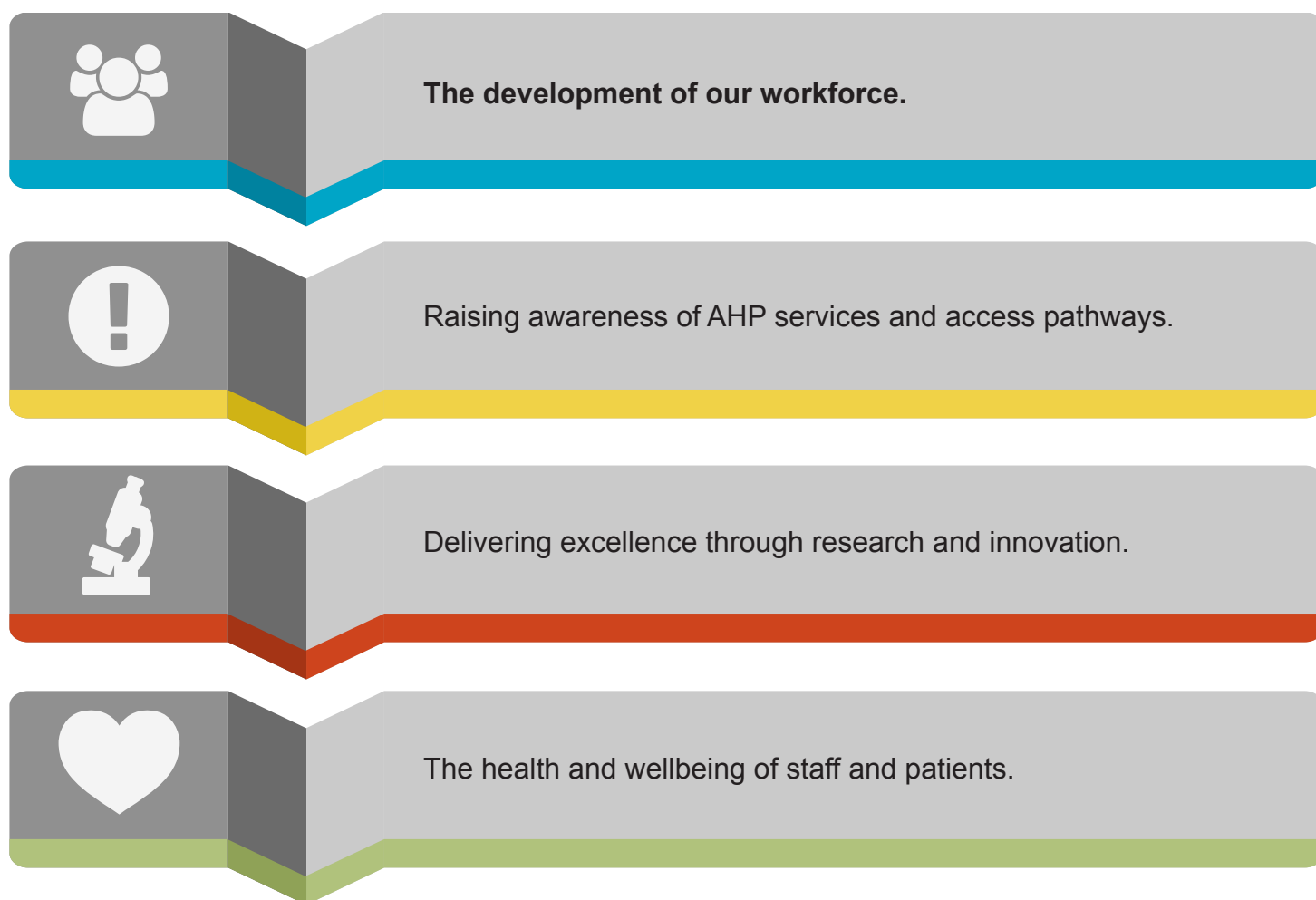
There were a range of constructive responses including:

- Strengthening our networks with other Boards.
- Increasing health promotion and self management in the workplace.
- Improving AHP data collection.
- Using prehabilitation to optimise patients in preparation for surgery.
- Enabling those who are restricted by their condition to maximise their potential.
- Reducing national waiting times for Computerised Tomography appointments.

## What we should prioritise?

Having reviewed the Golden Jubilee stakeholder feedback in conjunction with the national direction set by the AILP we have identified our key priorities as development of the AHP workforce and the health and wellbeing of staff and patients.

The Golden Jubilee Foundation AHP strategy therefore focuses on four themes:



To help understand 'what matters' to individual AHP staff and identify their learning needs, feedback was gathered via an anonymous Drop Box and a Survey Monkey questionnaire. This feedback informed the development of the strategy during 2016 and will be repeated each year to evaluate progress and set future priorities.



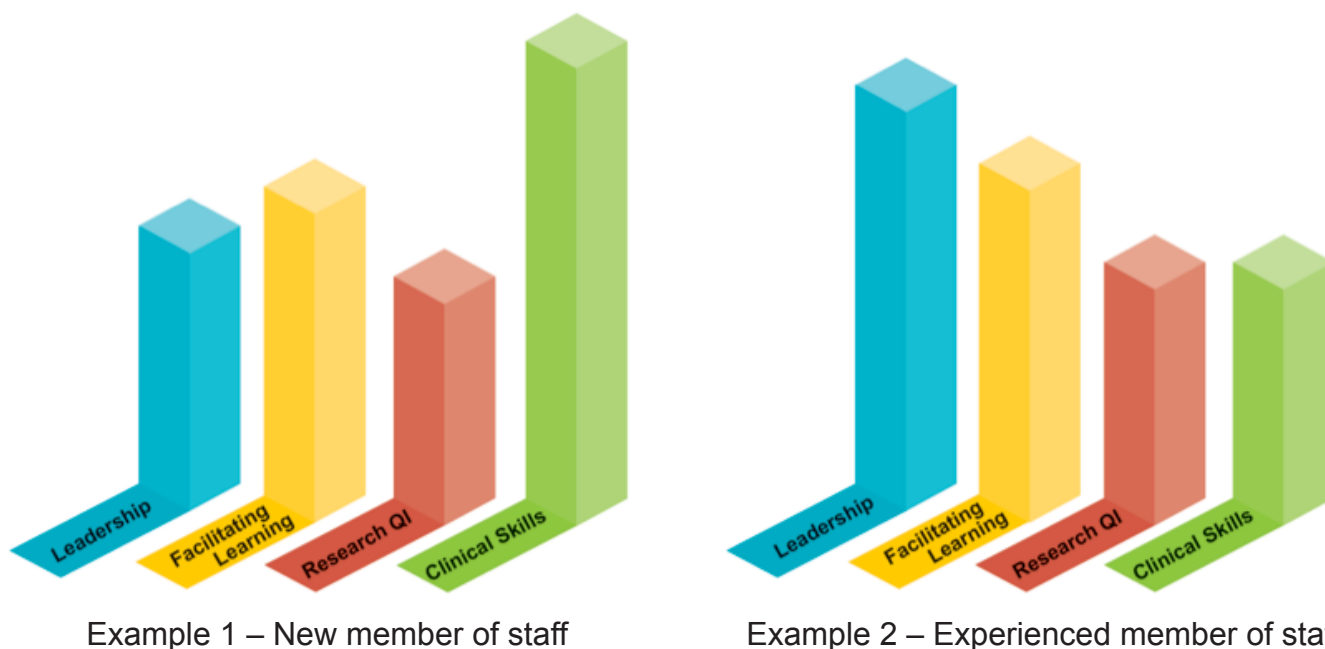
## The model we will use

National Education Scotland (NES) developed the four pillars of practice concept to emphasise that a clinician needs to demonstrate competence in areas that extend beyond their clinical skill set. The model is flexible and allows staff to focus on their development within a particular pillar dependent on their role, experience and ability (Figure 1).

This strategy uses the four pillars model to describe how the AHP workforce will continue to develop the knowledge and skills necessary to transform the way we deliver our services within the Golden Jubilee National Hospital.

We believe that by focusing support on development across the pillars of Leadership; Research and Quality Improvement (QI); and Facilitating Learning this will deliver the skills of best practice which are core to the fourth Clinical Skills pillar (Figure 1).

Originally developed for therapists and nursing staff this model will be adapted and used flexibly to support all members of the AHP workforce. It will enhance and extend their skills relevant to their role and identified learning needs over the next three years.



**Figure 1: Using the four pillars model to develop knowledge and skills depending on stage of learning and experience**

Encouraging a culture of learning and enablement is at the core of this AHP Strategy. We recognise that to enable patients and improve their experience it is vital that we start by enabling our AHP workforce. This strategy will support the AHP workforce to be curious and to start thinking differently.

# Enabling model of service

We believe that by listening to what makes our staff feel valued and equipping them with new skills then we will improve their experience and build capacity. This will result in the delivery of an ‘enabling’ model of service which will improve the workplace experience and empower patients while aligning with all local and national drivers (Figure 2).

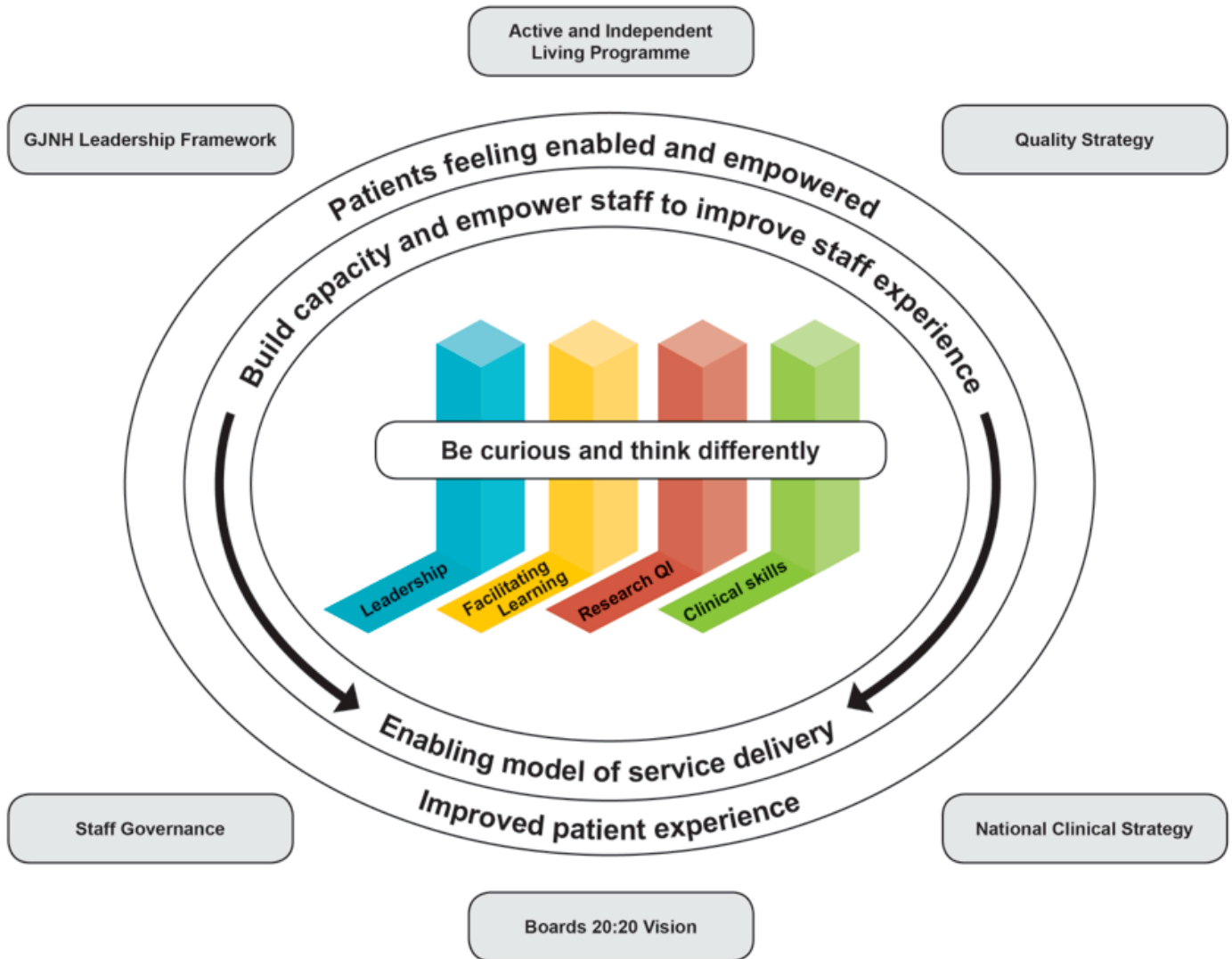


Figure 2: Enabling Model of Service

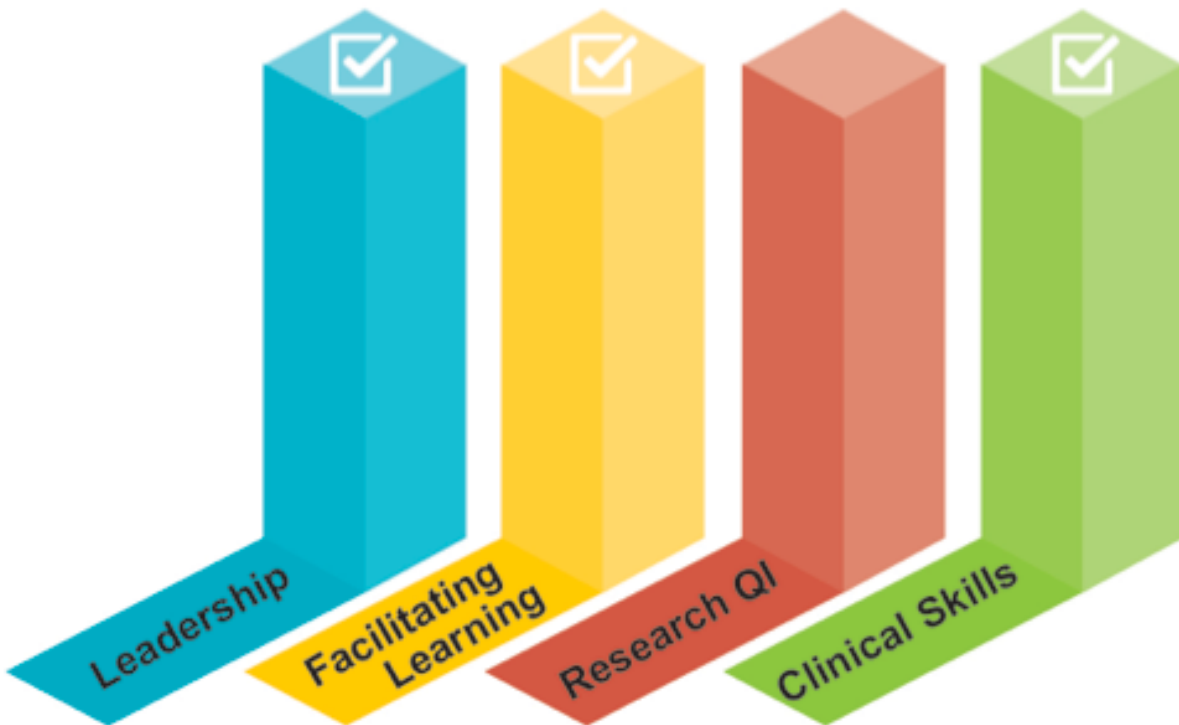
## What success will look like

Key milestones in the delivery and success of this strategy are set out in the accompanying status report (Appendix C). These will be reported through the senior management team twice yearly.

The priority in year one will be re-engagement with the AHP workforce, baseline measurement, identifying leads for each theme and establishing trajectories against which progress will be measured in years two and three.

# Our Themes

## 1. Developing our AHP workforce



During the engagement exercise, the AHP workforce were invited to reflect on what makes them feel valued and to identify their development needs in relation to the four pillars of practice. The feedback highlighted that basic aspects of daily work such as understanding roles, responsibilities and processes are not always communicated effectively.

Staff also suggested they would benefit from:

- More constructive feedback through timely reviews/appraisals/ peer and 1:1 support.
- Improved team working.
- Protected time to think creatively and for continual professional development (CPD).
- Equal access to appropriate training.

As a result the following ambition, actions and measures have been created and will be achieved working in collaboration with the Education Practice Leads and the Learning and Organisational Development team.

**Ambition:** To have a well informed collaborative AHP workforce who feel enabled to think differently, be innovative agents of change and continually improve the service they provide.

**Action 1:1** We will ensure that staff are well informed by:

- a) Developing a structured AHP induction programme.
- b) Supporting regular team meetings for all groups that support effective communication.
- c) Hosting regular 'cafe catch ups' to facilitate effective multi-professional communication.

Measurement – how will we know if this is a success?

- AHP induction programme will be established.
- Learnpro module will be made available to support induction.
- All new AHP staff will complete the AHP induction plan within three months of taking up post.
- Staff will report an increase in how well informed they feel.

**Action 1:2** We will ensure that staff feel enabled to think differently and be innovative agents of change by:

- a) Developing the necessary tools and training opportunities which enable staff to progress within their role.
- b) Establishing an AHP policy to support CPD and protect study time.
- c) Using the leadership framework to develop staff across the AHP workforce.

Measurement – how will we know if this is a success?

- AHP training calendar related to the four pillars of practice will be established.
- Percentage of staff successfully applying for appropriate training will increase.
- An increase in the percentage of staff who are supported to follow policy guidelines regarding protected study time.
- An increase in the percentage of staff that have completed levels 1 and 2 Quality Improvement.
- An increase in the percentage of staff that have completed levels 1 and 2 Human Factors Training.

**Action 1:3** We will ensure that staff feel supported to think differently and are able to work collaboratively by:

- a) Ensuring all staff receive constructive feedback and are supported to learn and develop.
- b) Ensuring all staff have a structured review which celebrates achievement, provides constructive feedback and looks forward to the coming year.
- c) Developing structured competency, appraisal and review documentation.
- d) Developing a 'buddy' system across the AHP workforce to share learning and experience.

Measurement – how will we know if this is a success?

80% of the AHP workforce will:

- Have an initial review within three months of coming into post.
- Have a six month and yearly documented appraisal.
- Have a six month and yearly review.
- Use a competency document / Development Needs Analysis Tool (DNAT) incorporating the four pillars of practice.

There will be an established 'buddy' system to support achievement of agreed objectives.



## 2. Health and wellbeing of staff and patients



Following feedback from patients and clinicians, we will concentrate on:

1. 'Prehabilitation' to optimise patients in preparation for surgery.
2. Early interventions to increase patient confidence and support post surgery rehabilitation.
3. Increasing health promotion and self management activities in the workplace.

Feedback from AHP staff indicated that having a good work-life balance was important and made them feel valued. We recognise that in order to be able to balance the normal stresses of everyday life with working productively and effectively, we need to build resilience and provide a safe, supportive and proactive environment to work in. This will be supported through the development of an optional, quarterly health and well being programme of events incorporating key topics (Figure 3).



Figure 3: Quarterly health and well being programme topics

As a result, the following ambition, actions and measures have been created and will be achieved by working in collaboration with the Health Promoting Health Service Committee, Staff Side, Spiritual Care, Human Resources, Occupational Health and the Occupational Health Musculoskeletal Physiotherapy Team.

**Ambition:** The AHP workforce will be inspired to take a proactive approach to managing both their own and their patient's health and wellbeing.

**Action 2:1** We will develop a culture of personal responsibility and create opportunities that encourage staff to invest in each patient's health and wellbeing by:

- a. Focussing our resources on early intervention to maximise patient engagement.
- b. Exploring the potential of a prehabilitation model of care for patients at GJNH.
- c. Introducing self management options at every appropriate opportunity.
- d. Asking patients the 'what matters to you' question to support person centred intervention.
- e. Enabling staff to have a 'good conversation' with patients about personal outcomes.

Measurement – how will we know if this is a success?

- Percentage of people undergoing surgery who attend a pre operative education class will increase.
- Percentage of people who feel prepared for their patient journey will increase.
- An increase in the percentage of people whose Physiotherapy length of intervention is reduced following prehabilitation.
- An increase in the percentage of people who report a benefit from self management advice.
- Percentage of people who report AHP services have addressed 'what matters to them' as part of their stay/visit will increase.
- An increase in the number of AHP staff trained at foundation level to have 'good conversations' and work with individuals to identify and achieve their personal outcomes.

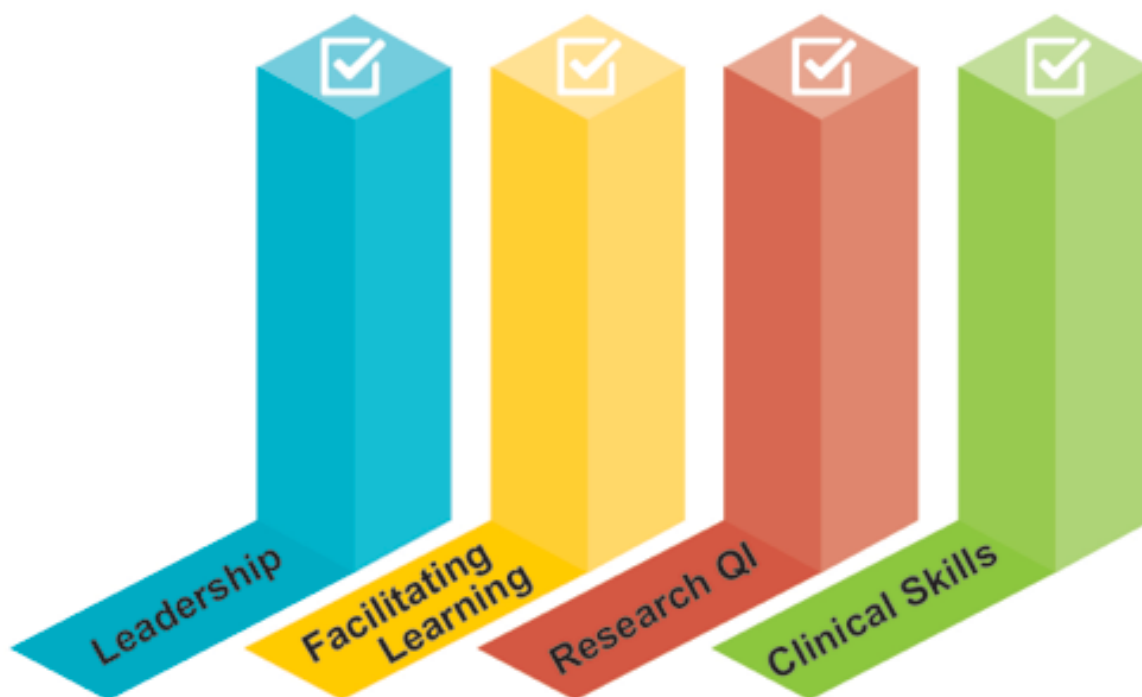
**Action 2:2** We will develop a culture of personal responsibility and create opportunities that encourage staff to invest in their own health and wellbeing by:

- a. Introducing new staff to the systems in place to support their wellness as part of the AHP induction programme.
- b. Developing informative resources/activities which change every three months, support health and wellbeing and increase staff engagement.
- c. Working collaboratively to strengthen the Golden Jubilee Foundation (GJF) AHP community.

Measurement – How will we know if this is a success?

- A health and wellbeing topic will be included within the Learnpro induction module.
- An annual programme of activities that link to four health and wellbeing topics will be established.
- Percentage of the AHP workforce accessing the activities will be monitored.

### 3. Access and awareness of AHP services



Within the Golden Jubilee National Hospital we have five groups of Allied Health Professionals who deliver a wide range of services across the different patient pathways (Appendix A).

Feedback suggests that our patient population are aware of the AHP services we offer and are pleased with the access they have within GJNH. Recognising, however, that positive patient outcomes are associated with early intervention, prevention, enablement and self management, we need to ensure that patients are aware of the full range of AHP options available to them both at GJNH and in the wider health and social care environment.

Taking this into consideration, our AHP services need to be flexible enough to accommodate an extended pathway whilst recognising the different needs of our patient group. Current population demographics mean that AHPs will have an increasing role in:

- Supporting timely and safe discharge for our older patients.
- Liaising closely with our colleagues in primary care.
- Supporting the increasing number of patients of working age to return to employment.
- The management of patients with complex and long term conditions.

Working within a special health board with such a wide geographical remit creates a significant challenge. In order to support safe, effective and person centred discharge we need to understand what AHP, social care and third sector services are available in the community and have appropriate access to referral pathways. We will address this by ensuring that AHPs work collaboratively with National AHP Leads and are represented on local groups.

As a result the following ambition, actions and measures have been created.

**Ambition:** To have collaborative AHP services which are visible at all levels of the organisation and are flexible enough to respond to the evolving health and social care landscape.

**Action 3:1** We will ensure that we maximise access to AHP services to meet the needs of the organisation by:

- a) Ensuring the hours AHPs are available align wherever possible with service demand.
- b) Optimising skill mix and flexibility to maximise quality of care.
- c) Establishing professional networks that support the seamless delivery of services.
- d) Signposting patients appropriately to local resources.

Measurement – how will we know if this is a success?

- Increase in patient satisfaction with the hours of service.
- An increase in the number of staff trained in each modality/area.
- GJF, AHPs are visible in all relevant work streams.
- Availability of current information relating to local services.

**Action 3:2** We will improve our visibility within the organisation and raise awareness of the services we offer by:

- a) Ensuring there is consistent AHP representation on relevant GJF groups.
- b) Fostering strong links with regional and national groups.
- c) Providing a six monthly status report on the AHP strategy through Senior Management Team meetings.
- d) AHPs learning more about each other's roles in the patient journey through buddying and learning together as opportunities arise.
- e) Developing a consistent way to record and manage AHP data in order to demonstrate impact locally and nationally.
- f) Ensuring we have adequate information, advice and education to enable patients.

Measurement – how will we know if this is a success?

- Attendance of AHP staff representatives on relevant committees/ working groups will increase.
- An increase in the number of links registered with regional and national groups.
- An increase in the percentage of actions in strategy achieved within stated timescale.
- An increase in the number of opportunities for shared learning/buddying.
- Clinical IT systems will support the collection and reporting of national AHP operational measures.
- Number of people accessing information relating to AHP services will increase.

#### 4. Delivering excellence through Research, Innovation and Quality Improvement



The AILP and feedback from our local engagement events highlights that AHPs want to be supported in and enabled to contribute to Research and Quality Improvement (QI) initiatives. This activity will help ensure that AHP processes and practices are both effective and innovative and result in the best possible outcomes for patients.

To enable our AHP workforce to achieve the best outcomes for patients they will need the skills and confidence to make changes to their practice that are innovative and creative using tested models and tools. The GJF Leadership Framework supports staff development through the introduction of in-house level one and two Quality Improvement training which aligns closely to the, now well established, national improvement programmes.

It is a strategic ambition of the Organisation to have a dedicated resource to facilitate and support a growing portfolio of research and innovation. AHP activity is currently supported by the Golden Jubilee Research and Development Department, however further work will be needed to sustain our predicted level of activity, and develop an appropriate infrastructure.

As a result the following ambition, actions and measures have been created and will be achieved working in collaboration with the Performance and Planning and Research and Development departments.



**Ambition:** The AHP workforce will develop models of care tailored to deliver best possible practice, through research, innovation and improvement.

**Action 4:1** We will ensure that staff feel enabled to introduce changes which improve practice by:

- a) Developing Staff across the AHP workforce to level one/two (foundation/practitioner) levels in Quality Improvement methodology.
- b) Providing support and mentorship to carry out improvement work.

Measurement – how will we know if this is a success?

- 70% of staff will have attended level one: Quality Improvement training.
- 25% of staff will be developed to level two: Quality Improvement.
- Number of staff carrying out improvement work that have a designated mentor will increase.
- An improvement in the number of Quality Improvement initiatives completed within recommended time scale.

**Action 4:2** We will ensure that staff have the skills and capability to deliver excellence through research by:

- a) Developing an infrastructure that supports and values a research environment for the AHP workforce.
- b) Raising the profile of research conducted by AHPs.
- c) Increasing AHP involvement in multi disciplinary research.
- d) Using AHP staff with existing research skills and experience to support others.

Measurement – how will we know if this is a success?

- Development of specific research training within the Learning Menu (appendix B).
- An increase in percentage of staff who are able to access training relating to research.
- An increase in the number of AHP research projects which have 'expert' support.
- An increase in the number of research projects which are completed each year.
- An increase in the number of posters/presentations at national and international conferences.
- An increase in the number of AHP staff who are registered as chief investigators.
- A register of AHP's involved in multi disciplinary research will be monitored.
- Register of AHP's with research skills and experience who are supporting colleagues will be monitored.

## What patients told us

The extended hour's service provided by dietetics at GJNH allowed me to get the support I needed without taking time off work and I lost 12% of my body weight prior to surgery.

Going to joint school meant I knew what to expect after my operation and was less anxious about how I would manage at home.

I want to do anything that will benefit me before my surgery and may help others in the future so I am looking forward to taking part in a physiotherapy study.

Before I had the swallow test I was not allowed to eat or drink anything which was very worrying. But after the test the therapist explained that my swallowing was fine and I was able to choose things from the ward menu.

The information and support I received as part of my pre-operative assessment helped me understand the importance of managing my diabetes. It helped my post op recovery and improved my condition in general.

The staff I met at the INSPIRE programme listened to me and worked with me on the things that mattered, like getting my confidence back after a long hospital stay.



## References

- The National Delivery Plan for Allied Health Professionals in Scotland 2012-2015  
Scottish Government 2012 ISBN 9781785443817
- Active and Independent Living Programme (AILP) 2017
- A National Clinical Strategy for Scotland 2016  
Scottish Government 2012 ISBN 9781786520012
- NHS Scotland Quality Strategy- putting people at the heart of our NHS  
Scottish Government 2012 ISBN9780755993239
- 20:20 Vision for Health and Social Care
- Staff Governance Standard
- West and Dawson 2012: Employee Engagement and NHS Performance, Kings Fund 2012

## Appendix A



Our diagnostic Radiographers provide safe and accurate imaging examinations using a variety of imaging modalities and techniques so that appropriate management and treatment of patients can proceed.



Our Occupational Therapy team use everyday occupations (activities) that are meaningful to the patient to prevent loss of ability and enable independence.



Our Dietetic team aim to improve the nutritional status of all patients by providing nutritional support strategies and dietary advice.



Our Speech and Language Therapy team assess and support patients with swallowing difficulties and impaired communication.



Our Physiotherapy team provide a service to patients and employees to enable independence and maximise functional recovery.

# Appendix B - AHP Education Menu

AHP Education Menu	Leadership	Facilitating Learning	Research and QI	Clinical Practice
<p>Got an appetite for learning?</p> <p><b>*open programmes</b> <b>Toolkits</b></p>	<p>Self Awareness</p> <p>Roles and responsibilities</p> <p>Assertiveness</p> <p><b>Managing Change toolkit</b></p> <p>Adaptive Leadership</p> <p>Belbin Team Roles</p> <p>iSupervise</p> <p><b>Effective Teamwork (Aston)</b></p> <p><b>Values toolkit</b></p> <p>Human Factors Training Level 1</p> <p>*HR policy workshops</p> <p>Leadership 3</p> <p>Please tick your choice(s) ✓</p>	<p>Action learning values based reflective practice</p> <p>Feedback – SBIC</p> <p>Coaching conversations – using the GROW model</p> <p>*Challenging Conversations</p> <p>Train the Trainer</p> <p>Being a skilled appraiser</p> <p>Being a Flying Start mentor</p> <p>Using Effective Practitioner</p> <p>Dementia Awareness Level 1</p> <p>Dementia Awareness Level 2</p> <p>CBAS Training</p> <p>Please tick your choice(s) ✓</p>	<p>QI Level 1</p> <p>QI Level 2</p> <p>Carrying out a literature review</p> <p>Developing a research question</p> <p>Developing a research protocol</p> <p>Roles and Responsibilities within a research project</p> <p>Analysing and understanding data input</p> <p>Writing a research paper and publishing your results</p> <p>Please tick your choice(s) ✓</p>	<p>Clinical knowledge and practice – Orthopaedic</p> <p>Clinical knowledge and practice – MSK</p> <p>Clinical knowledge and practice – Cardiac</p> <p>Clinical knowledge and practice – Thoracic</p> <p>Clinical knowledge and practice – Intensive care</p> <p>Working with people affected by Dementia</p> <p>F.R.A.T. The falls risk functional assessment tool</p> <p>Vocational rehabilitation</p> <p>Please tick your choice(s) ✓</p>



# Appendix C – Status Report

Year 1 April 2018 – March 2019



Year 2 April 2019 – March 2020



Year 3 April 2020 – March 2021




## Theme 1 – Developing our AHP workforce

**Ambition:** To have a well informed collaborative AHP workforce who feel enabled to think differently, be innovative agents of change and continually improve the service they provide.

Action 1:1 We will ensure that staff are well informed by:			
Action	Measure	Due date	Status
a. Developing a structured AHP induction programme.	AHP induction programme established.	Green	
	Learnpro module available to support induction.	Green	
	100% of new AHP staff will complete AHP induction within three months of taking up post.	Yellow	
b. Ensuring regular communication meetings are in place for all groups.	Percentage of staff who feel more informed (staff feedback).	Yellow	
c. Scheduling a programme of 'cafe catch ups' to improve communication.	Annual programme of cafe catch ups.	Green	
	Staff feedback on the effectiveness of cafes.	Yellow	

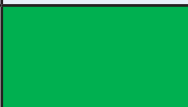





Action 1:2 We will ensure that staff feel enabled to think differently and be innovative agents of change by:			
Action	Measure	Due date	Status
a. Developing the necessary tools and training opportunities which enable staff to progress in their role.	AHP training calendar related to the four pillars of practice established.	Green	
	Percentage of staff able to access relevant training will increase year on year.	Yellow	
b. Establishing an AHP policy to support CPD and protect study time.	Percentage of staff who follow policy guidelines regarding protected CPD time will increase year on year.	Yellow	
c. Using the Leadership Framework to develop staff across the AHP workforce.	Percentage of staff who have completed level 1 and 2 Quality Improvement training.	Green	
	Percentage of staff who have completed level 1 Human Factors Training.	Green	

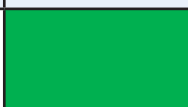



Action 1:3 We will ensure that staff feel supported to think differently and are able to work collaboratively by:			
Action	Measure	Due date	Status
a. Ensuring all staff receive constructive feedback and are supported to learn and develop.	80% of the workforce will have a documented three month review in their first year of employment and six month and yearly reviews thereafter.	Green	
b. Ensuring all staff have a structured review which celebrates achievement, provides constructive feedback and looks forward to the coming year.		Green	
c. Developing structured competency, appraisal and review documentation.	80% of the workforce will use a competency document / Development Needs Analysis Tool (DNAT) incorporating the four pillars of practice.	Yellow	
d. Developing a 'buddy' system across the AHP workforce to share learning and experience.	There will be an established 'buddy' system to support achievement of agreed objectives.	Yellow	

Year 1 April 2018 – March 2019	
Year 2 April 2019 – March 2020	
Year 3 April 2020 – March 2021	

## Theme 2 – Health and wellbeing of staff and patients

**Ambition:** The AHP workforce will be inspired to take a proactive approach to managing both their own and their patient’s health and wellbeing.

<b>Action 2:1 We will develop a culture of personal responsibility and create opportunities that encourage staff to invest in each patient’s health and wellbeing by:</b>			
<b>Action</b>	<b>Measure</b>	<b>Due date</b>	<b>Status</b>
a. Focussing our resources on early intervention to maximise patient engagement.	Percentage of people undergoing surgery who attend a pre operative education class.		
	Percentage of people who report they feel prepared for their patient journey (Patient Reported Outcome Measure (PROMs)).		
b. Exploring the potential of a pre-habilitation model of care for patients at GJNH.	Percentage of people whose Physiotherapy length of intervention is reduced following prehabilitation.		
c. Introducing self management options at every appropriate opportunity.	Percentage of people who report a benefit from self management advice (PROMs).		
d. Asking patients the ‘what matters to me’ question to support person centred intervention.	Percentage of people who report AHP services have addressed ‘what matters to them’ as part of their stay/visit (PROMs).		
e. Enabling staff to have a ‘good conversation’ with patients’ about personal outcomes.	Number of AHP staff trained at a foundation level to have ‘good conversations’ and work with individuals to identify and achieve their personal outcomes.		

<b>Action 2:2 We will develop a culture of personal responsibility and create opportunities that encourage staff to invest in their own health and wellbeing by:</b>			
<b>Action</b>	<b>Measure</b>	<b>Due date</b>	<b>Status</b>
a. Introducing new staff to the systems in place to support their wellness as part of the AHP induction programme.	A health and wellbeing topic is included within the Learnpro induction module.		
b. Developing informative resources /activities which change every three months and support health and wellbeing and increase staff engagement.	An annual programme of activities that link to four health and wellbeing topics will be available.		
	Percentage of the AHP workforce accessing the activities.		
c. Working collaboratively to strengthen the GJNH AHP community.	Percentage of the AHP workforce reporting benefit from accessing activities. Staff reported outcome measure.		

Year 1 April 2018 – March 2019



Year 2 April 2019 – March 2020



Year 3 April 2020 – March 2021



### Theme 3 – Access and awareness of AHP services

**Ambition:** To have collaborative AHP services which are visible at all levels of the organisation and are flexible enough to respond to the evolving health and social care landscape.

#### Action 3.1 We will ensure that we maximise access to AHP services to meet the needs of the organisation by:

Action	Measure	Due date	Status
a. Ensuring the hours AHPs are available align wherever possible with service demand.	Patient satisfaction with the hours of service.	Blue	
b. Optimising skill mix and flexibility to maximise quality of care.	Number of staff trained in each modality/area.	Yellow	
c. Establishing professional networks that support the seamless delivery of services.	GJF, AHPs are visible in all relevant work streams.	Green	
d. Signposting patients appropriately to local resources.	Percentage of patients who are appropriately signposted to local services.	Blue	

#### Action 3.2 We will improve our visibility within the organisation and raise awareness of the services we offer by:

Action	Measure	Due date	Status
a. Ensuring there is consistent AHP representation on local GJNH groups.	Attendance of AHP staff representatives on relevant committees/working groups.	Green	
b. Fostering strong links with regional and national groups.	Number of links registered with regional and national groups.	Yellow	
c. Providing a six monthly status report on the AHP strategy through Senior Management Team meetings.	Percentage of strategy actions achieved within stated timescale.	Green	
d. AHP's learning more about each other's roles as part of the patient journey through buddying and learning together as opportunities arise.	Number of opportunities for shared learning/buddying.	Blue	
e. Developing a consistent way to record and manage AHP data in order to demonstrate impact locally and nationally.	Clinical IT systems will be able to record and report AHP data.	Yellow	
f. Ensuring we have adequate information, advice and education to enable patients.	Uptake of people accessing information relating to AHP services	Yellow	

Year 1 April 2018 – March 2019



Year 2 April 2019 – March 2020



Year 3 April 2020 – March 2021



#### Theme 4 – Delivering excellence through Research, Innovation and Quality Improvement (QI)

**Ambition:** The AHP workforce will develop models of care tailored to achieve best possible practice, through research innovation and improvement.

Action 4.1 We will ensure that staff feel enabled to introduce changes which improve practice by:			
Action	Measure	Due date	Status
a. Developing staff across the AHP workforce to level 1/2 (foundation / practitioner) levels in Quality Improvement methodology.	70% of staff will have attended level 1: Quality Improvement training.	Green	
	25% of staff will be developed to level 2: Quality Improvement training.	Blue	
b. Providing support and mentorship to carry out improvement work.	Number of staff carrying out improvement work that have a designated mentor.	Yellow	
	Number of Quality Improvement initiatives completed within recommended time scale.	Yellow	

Action 4.2 We will ensure that staff have the skills and capability to deliver excellence through research by:			
Action	Measure	Due date	Status
a. Developing an infrastructure that supports and values a research environment for the AHP workforce.	Research specific training is available within the Learning Menu.	Green	
	Percentage of staff able to access training relating to research.	Green	
	Number of AHP research projects which have 'expert' support.	Blue	
b. Raising the profile of research conducted by AHPs.	Number of research projects which are completed each year.	Blue	
	Number of posters/presentations at national and international conferences.	Green	
c. Increasing AHP involvement in multi disciplinary research.	Number of AHP staff who are registered as chief investigators.	Blue	
	Register of AHP's involved in multi disciplinary research.	Yellow	
d. Using AHP staff with existing research skills and experience to support others.	Register of AHP's with research skills and experience who are supporting colleagues.	Yellow	

# Acknowledgements

- A special thank you to Christine Divers, Service Manager for Surgical Services (former Head of Rehabilitation and AHP Lead) for her vision to create a bespoke AHP Strategy which promotes the delivery of an 'enabling' model of service to improve workplace experience and empower patients through engaging with our AHP workforce.
- Shirley McCourt, Enhanced Recovery Lead (former Head of Rehabilitation and AHP Lead) for her commitment to completing the strategy and identifying key measures to demonstrate its progress and impact.
- Anne Marie Cavanagh, Nursing Director for her foreword and ongoing support in the development and implementation of the strategy.
- Tracey MacInnes, Acting Chief Health Professions Officer for providing her foreword and endorsing this local strategy whilst recognising our ongoing contribution to the Active Independent Living Programme through its implementation.
- And finally to all our Allied Health Professionals, and support staff, across the organisation who have and will continue to contribute to this strategy through staff engagement and feedback.

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