

## Allied Health Professionals Workforce Strategy 2022-2025

# **Lancashire Teaching** Hospitals **NHS Foundation Trust**

















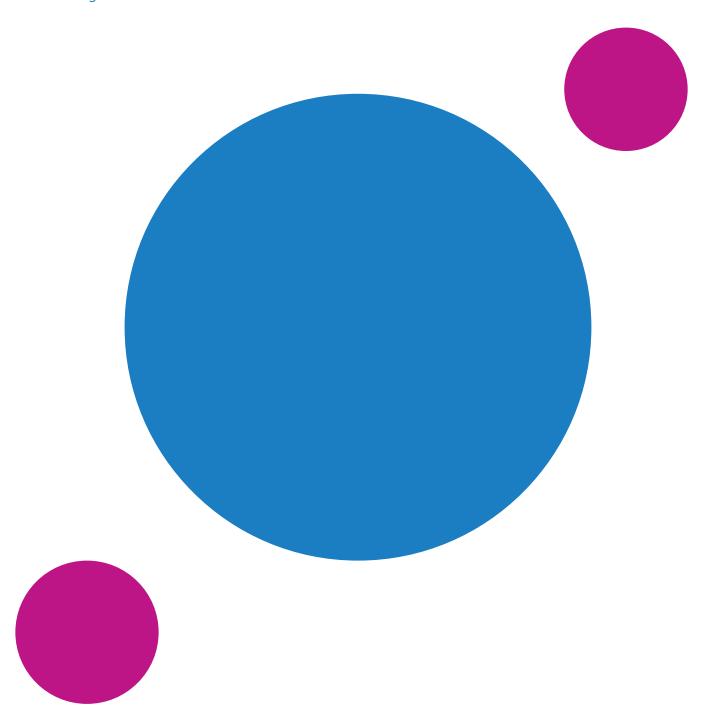
Operating Department
Practitioners





# Contents

Foreword	3
Introduction	
Commitments	
Meet our Allied Health Professionals	
AHP Pathway example	12
Patient feedback	13
Development of the Strategy	14
Strategy Context	
AHP Workforce Strategy 2022–2025	17–26
Acknowledgments	27





## **Foreword**

On behalf of the Allied Health Professional (AHP) leadership team we are proud to introduce our first AHP specific organisational workforce strategy.

This strategy has been developed through a series of engagement activities with both our registered and support workforce. It is important to note that this strategy is specific to workforce and the Trusts Clinical Services Strategy for 2021-2025 still applies to the AHPs.

AHPs are the 3rd largest workforce at Lancashire Teaching Hospitals and are vital in meeting the demands of the NHS. It is therefore essential that there is focus on the current and future AHP workforce to ensure it is equipped with the skills and resources to meet the ever-increasing demands placed upon them. Retention and development of our existing workforce is equally important, it is important that we promote clinical and leadership development at every level and ensure our staff feel valued and supported.

We have identified 6 commitments all with associated objectives that will be delivered over the next 3 years. As your Nursing, Midwifery and AHP Director, Chief AHP and Deputy Chief AHP we look forward to working with you to drive forward our strategy.



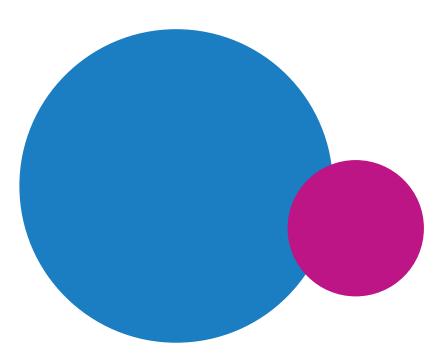
**Sarah Cullen** Nursing, Midwifery & AHP Director



**Claire Granato**Chief AHP



**Hazel Pennington**Deputy Chief AHP



## Introduction

The NHS Long Term Plan indicates over 25, 000 additional AHPs are required by 2024. Nationally there are recognised gaps in the supply of the AHP workforce to meet demand and this is mirrored locally.

In addition, locally there are some profession specific challenges such as ageing workforces, vulnerable roles with solo practitioners delivering a service and limited succession plans for some key roles.

#### There are several reasons for the supply position, these include:

- Higher Education Institution's (HEI) geographical locations (not all AHPs have providers in Lancashire and South Cumbria)
- HEI training numbers not able to meet demand
- Private providers attracting newly qualified AHPs
- Until recently training routes have been limited to traditional undergraduate or postgraduate courses, with little scope for widening participation
- International recruitment has not been widely utilised in the past 10 years

## Along with challenging supply issues there is also predicted increased demand requirements due to the following:

- Integral role of AHPs in post-pandemic recovery and restoration
- Specialist skill set required for ever increasingly acute and complex patients
- Expansion of current roles and creation of new advanced roles
- Increase of cancer incidence and an ageing population, both requiring multiple AHPs
- Introduction of Community Diagnostic Hubs
- Drive for 7-day services
- ICS investment cases resulting in newly established AHP posts
- Right sizing of AHP resources to support the current be base to prevent further expansion
- Integration of Acute and Community AHP services and addressing of current pathway gaps

AHP workforces experience a continual cycle of movement with leavers, promotion/career progression alongside retirement. It is encompassment of us to ensure there are the following:

Retire and return options – to provide flexibility and avoid losing highly skilled AHPs

Advanced clinical practitioner career pathways – to prepare our future workforce

Leadership career pathways – to aid succession planning and ensure profession specific leads for the future.

These cycles/developments along with the supply and demand data create a burning platform for immediate action.

## Commitments

#### **Utilise all supply chain options**

All supply chains will be considered, trialled and evaluated, including, apprenticeships, international recruitment and return to practice alongside the traditional undergraduate and postgraduate routes. As well as initiatives such as over-recruitment agreements, link-grade posts and proactive recruitment strategies.

#### Raise profiles

Internally we will raise the profile and improve understanding of the 10 different registered professional roles and the associated support workforce through various initiatives. Externally we will work with local education providers to promote and raise the profile of AHP careers.

Externally we will work with integrated care system, national partners and local education providers to promote and raise the profile of AHP careers and include a focus on increasing diversity amongst AHP professions.

#### Grow our own

For our support workers who want to further their careers, we will provide career pathway opportunities for internal support workers with apprenticeship options from level 3 up to level 6 (degree).

We will also ensure comparable positions with our ICS peers to prevent losing experienced support workers to other local providers.

#### **Increase development opportunities**

All AHPs will be supported to personally develop and further their careers. There will be ongoing support for the development of new roles and expansion of current roles.

#### Give AHPs the best start to their careers

Identify and actively support all new AHP graduates through robust induction processes, preceptorship programmes, forums and focus groups. Monitor retention and ensure regular surveys are conducted to learn from new graduate experiences and improve where indicated.

#### Value our workforce

The whole AHP workforce should feel valued, this includes support workers, trainees/learners, newly qualified clinicians, experienced clinicians, Advanced Clinical Practitioners, Consultants and leaders. They will feel valued by all having a voice, feeling able to speak up and be assured they will be listened to.

## Meet out Allied Health Professionals

What we do...

Assessing, diagnosing and treating people from new-born to end-of-life

olistic approaches to care to restore function and independence

Planning rehabilitation and recovery and preventing future ill health

Striving to improve quality of life, enabling people to live full and active lives

#### Who we are...

#### The 10 LTH Allied Health Professions are:

- Dietitian
- Diagnostic Radiographer
- Occupational Therapist
- Operating Department Practitioner
- Orthotist

- Orthoptist
- Physiotherapist
- Prosthetis
- Speech and Language Therapist
- Therapeutic Radiographer

We have over **560 AHPS** at LTH

We have over

240 AHP

Support Workers too!

#### How diverse we are...

#### Workplace Locations:

- Royal Preston Hospital
- Chorley & South Ribble Hospital
- Specialist Mobility Rehabilitation Centre
- Regional satellite clinics across
   Lancashire & South Cumbria

#### Ethnic Profile:

19% Black/Asian/Minority Ethnic 80% White

1% undeclared

#### Sexuality:

2% Bisexual2% Gay or Lesbian82% Heterosexual14% undeclared

#### Gender:

80% Female 20% Male

#### Age:

Under 35 = 41% 35-49 = 37% 50 and over = 22%

#### Disability:

4% declared a disability

## **Dietitian**

#### What is a Dietitian?

Dietitians assess, diagnose and treat dietary and nutritional problems at an individual and wider public-health level.

They often work as integral members of multi-disciplinary teams to treat complex clinical conditions such as:

- Diabetes
- Food allergy and intolerance
- IBS syndrome
- Eating disorders
- Chronic fatigue
- Malnutrition
- Kidney failure
- Bowel disorders

#### Where will you find our Dietitians?

Our Dietitians can be found in adult and paediatric services across both in-patient and outpatient pathways at Preston and Chorley.

#### Future aspirations for the profession:

- Develop Assistant Practitioner role for colleagues with nutritional degrees
- Expand and develop the Advanced and Consultant workforce
- Introduce degree apprenticeships



Support workforce: Assistant Practitioners Dietetic Assistants

## **Diagnostic Radiographer**

#### What is a Diagnostic Radiographer?

Diagnostic Radiographers produce and process images of body structures to support the diagnosis of disease and skeletal and soft tissue abnormalities as a result of trauma or disease. They also produce images to support and guide direct interventional treatments, procedures and therapies. Images include:

- X-rays
- Dual-Energy X-ray Absorptiometry (DEXA)
- Computed Tomography (CT)
- Magnetic Resonance (MR)
- ullet Ultrasound
- Nuclear Medicine

#### Where will you find our Diagnostic Radiographers?

You will find our Diagnostic Radiographers across the Trust. They are based in radiology departments at Preston and Chorley, but also work in:

- Imaging facilities in the ED department at Preston
- Theatres at both sites
- Fracture clinic
- Chest clinic
- Cardiac catheter lab

- Central Lancashire Breast unit
- $\bullet \, \mathsf{Mortuary}$
- Sharoe Green Ultrasound Unit
- Mobile CT and MR units located in car parks both sites
- Wards for mobile x-rays

## Future aspirations for the profession:

Expand and develop the Advanced and Consultant workforce in various modalities including:

- Reporting and hot reporting in ED
- Radiographer led discharge in ED
- Community diagnostic centre
- Fluoroscopy e.g. upper and lower gastrointestinal studies
- Sonography breast imaging and biopsies
- Interventional roles
- Research and Education
- Introduce degree apprenticeships



Support Workforce:
Diagnostic Imaging Assistants
Radiographer Assistant
Practitioners

## **Occupational Therapist**

#### What is an Occupational Therapist?

Occupational Therapists (OT's) help patients live their lives to the fullest. They see patients of all ages who find it difficult to carry out daily activities they need or want to do. This could be a result of a disability, illness, trauma, ageing and a range of long-term conditions.

OT's utilise their dual training in physical and mental health to think creatively and work with the patient so they can live as fully and independently as possible. This might involve:

- Understanding what patients want to achieve
- Getting to grips with the issues they face
- Figure out the kind of support they need
- Physical assistance
- Adapting to life after surgery
- Providing adaptations for living and working spaces
- Technological aids
- Psychological support to aid patients to manage everyday tasks

#### Where will you find our Occupational Therapists?

Our OT's can be found in adult and paediatric services across both in-patient and out-patient pathways at Preston and Chorley.

Some of our OT's also have dual roles which combine community and hospital work.

#### Future aspirations for the profession:

- Expand and develop the Advanced and Consultant workforce in specialist areas including mental health
- Introduce degree apprenticeships
- Develop Assistant Practitioner roles across more clinical specialities



Support workforce: Therapy Assistants Assistant Practitioners

## **Operating Department Practitioner**

#### What is a Operating Department Practitioner?

Operating Department Practitioners (ODPs), are a vital part of the multidisciplinary operating theatre team and are concerned with the maintenance and restoration of the physiological and physical status of the patient at all levels of dependency, through assessment, planning and delivery of individualised care.

ODP's are the only non-medical profession specifically educated in perioperative care which can be divided into three interconnected phases. These phases being the anaesthetic phase, the surgical phase and the recovery phase.

### Where will you find our Operating Department Practitioners?

Our ODPs can be found in theatres working in:

- **Scrub** ODPs work alongside the surgeon having prepared all the necessary equipment and instruments for the procedure
- Anaesthetics ODPs work alongside the anaesthetist preparing drugs and equipment including anaesthetic machines, intravenous drips and airway devices
- Recovery ODPs receive, assess and deliver patient care within the recovery unit. They monitor vital signs and provide interventions until the patient has recovered from the effects of the anaesthesia and is stable

#### Future aspirations for the profession:

The ODP role has evolved significantly and includes practice outside the operating theatre environment. During the pandemic, the transferability of the ODP skill set was particularly notable where ODPs were deployed to critical care. Going forwards we would like our ODPs present in the following areas:

- Admission units
- post operative care
- Critical care (with potential to progress to ACP)
- Emergency care (particularly in trauma and resuscitation)
- Endoscopy units
- Pre-operative assessment



Support workforce: Theatre Support Workers

## **Orthotist**

#### What is a Orthotist?

Orthotists are practitioners who provide gait analysis and engineering solutions to patients with problems of the neuro, muscular and skeletal systems. They are competent to design and provide orthoses that modify the structural or functional characteristics of the patient's affected body part enabling them to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent and facilitate healing of ulcers.

They treat patients with a wide range of conditions including:

- Diabetes
- Arthritis
- Cerebral palsy
- Stroke
- Spina bifida
- Scoliosis
- Sports injuries and trauma

#### Where will you find our Orthotists?

You will find our Orthotists in the Special Mobility Rehabilitation Centre (SMRC) and they also work in satellite clinic locations.

#### Future aspirations for the profession:

- Develop the Advanced Practice workforce
- Scope potential for degree apprenticeships and support workforce development



Support workforce: Technicians

# Orthoptist

#### What is an Orthoptist?

Orthoptists are the experts in diagnosing and treating defects in eye movement and problems with how the eyes work together, called binocular vision.

Orthoptists see patients across a wide age range from premature babies to adults many in their 90's with a variety of conditions affecting their vision, vision development and eye coordination. They are trained to offer a range of treatments including eye patches, eye exercises, prisms or glasses. Orthoptists commonly work with the following patient groups/conditions:

- Neurological such as stroke, brain tumours, acquired brain injuries or multiple sclerosis
- Maxilla-facial
- Endocrinology

- Glaucoma
- Low Vision support
- Neonatal screening
- Visual Processing/Perception disorders

#### Where will you find our Orthoptists?

Our Orthoptists are part of the ophthalmology team based at the new Lancashire Eye Centre at Chorley Hospital.

They run clinics both autonomously and jointly with Ophthalmologists and Optometrists at both sites as well as several community clinics.

Orthoptists regularly visit the wards to assess in-patients and are often part of the stroke multi-disciplinary team.

#### Future aspirations for the profession:

- Expand the Advanced and Consultant workforce
- Develop support worker roles
- Develop a funded research orthoptist role



## **Physiotherapist**

#### What is a Physiotherapist?

Physiotherapy encompasses a range of interventions, services and advice aimed at restoring, maintaining and improving people's function and movement and thereby maximising the quality of their lives.

Physiotherapists combine their knowledge and skills to identify an individual patient's functioning needs. They assess and treat a broad range of physical problems associated with different systems of the body:

- Neurological
- Musculoskeletal
- Cardiovascular
- Respiratory

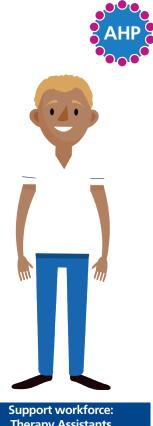
#### Where will you find our Physiotherapists?

Our Physiotherapists can be found in nearly all adult and paediatric inpatient areas at Preston and Chorley. They also have their own out-patient departments and gyms on both sites.

Some of our Advanced Practitioners/Consultant Physiotherapists are found working in specialist pathways such as Orthopaedics, Respiratory and ED.

#### Future aspirations for the profession:

- Expand and develop the Advanced and Consultant workforce in specialist areas
- Introduce degree apprenticeships



**Therapy Assistants Assistant Practitioners** 

## **Prosthetist**

#### What is a Prosthetist?

Prosthetists provide gait analysis and engineering solutions to patients with limb loss. They are competent to design and provide prostheses that replicate the structural or functional characteristics of the patient's absent limb.

They treat patients with congenital loss as well as loss due to diabetes, reduced vascularity, infection and trauma. Military personnel are forming an increasing part of their caseload with the centre holding a Ministry of Defence (MoD) contract.

#### Where will you find our Prosthetists?

You will find our prosthetists in the Special Mobility Rehabilitation Centre (SMRC), the base for their regional service.

#### Future aspirations for the profession:

- Integrate research and innovation into service
- Scope potential for degree apprenticeships and support workforce development (although no supply issue the age profiles of the service indicate this is required for succession planning)



## **Speech and Language Therapist**

#### What is a Speech and Language Therapist?

A Speech and Language Therapist (SLT) provides assessment, diagnosis, treatment, support and care for children and adults who have difficulties with communication, voice, eating, drinking and swallowing. Speech and language therapists work in different settings and benefit people of all ages.

#### **Hospital Setting:**

**Adults**: SLTs support adults with communication, voice and swallowing difficulties as a result of medical conditions, such as stroke, head and neck cancer, Parkinson's disease and dementia.

**Children**: SLTs support premature babies and infants with difficult feeding conditions from birth through weaning to eating and drinking. They also see children in hospital who have communication and/or swallowing difficulties.

#### **Community Setting:**

**Adults**: SLTs support adults who have developmental conditions such as learning disabilities, autism and Down syndrome.

**Children**: SLT's support children with primary speech, language and communication difficulties, such as stammering and developmental delays.

#### Where will you find our Speech and Language Therapists?

Our SLTs can be found in adult and paediatric services across both in-patient and out-patient pathways at Preston and Chorley.

#### Future aspirations for the profession:

- Expand the Advanced and Consultant workforce in specialist areas
- Work with local HEI's on development of a local degree apprenticeship



Support workforce:
Speech and Language Therapy
Assistant
Speech and Language Therapy
Assistant Practitioner

## Therapeutic Radiographers

#### What is a Therapeutic Radiographer?

Therapeutic radiographers are extensively involved at all stages of the patient's radiotherapy journey:

- Consent
- Pre-treatment preparation and planning
- Treatment delivery
- Patient management during treatment
- Follow up after treatment

A growing number of Therapeutic Radiographers undertake tumour site-specific or specialist roles where they are responsible for their own patient load from referral, through to post treatment follow up.

## Where will you find our Therapeutic Radiographers?

You will find most of the Therapeutic Radiographers in the radiotherapy department in the Rosemere Cancer Centre on the Preston site.

You may also find Consultant and Advanced Clinical Practice Therapeutic Radiographers in peripheral out-patient clinics as the radiotherapy service is a regional service.

#### Future aspirations for the profession:

- Expand the Advanced and Consultant workforce including:
   ♦ more disease specific sites
   ♦ recearch
- Introduce degree apprenticeships



Radiotherapy Assistant Practitioner

## Clinical Pathway Featuring All LTH AHPs

The following example is a surgical cancer pathway and the contribution of each AHP, it is the only pathway where a patient may require input from all 10 LTH AHPs.

# Diagnosis

#### Diagnostic Radiographer

Perform, and report on, various x-rays and/or scans to aid diagnosis, inform treatment planning and monitor treatment efficacy.

#### **Operating Department Practitioner**

ODPs are key to any cancer surgery. They assist surgeons in theatre, assist the anaesthetist and care for patients in recovery.



Prehabilitation and Rehabilitation

#### Therapeutic Radiographer

Plan and deliver radiotherapy, and monitor and manage acute side effects. They may also see patients after treatment and support managing late effects.



#### Dietitian

Support with advice on a healthy diet as well as more treatment preparation with



focused interventions and specific cancers.



#### **Occupational Therapist**

Provide physical and psychological assessment and intervention, they also prescribe functional aids to support independence.



Assess and provide bracing and support (orthoses) to aid function and recovery.



#### Orthoptist

Diagnose and treat eye related problems associated with some cancers.



Help prepare patients physically for treatment and support during and after to maintain and improve function.



#### **Prosthetist**

If surgical amputation occurs due to cancer, a prosthetic limb may be provided.



#### **Speech & Language Therapist**

Diagnose, assess and treat patients who have difficulties with communication, voice, eating, drinking and swallowing.

## AHPs the difference that makes the difference

Below is just some of the positive feedback we have received about the difference we make to patients and their families lives.

"I went to Royal Preston for Inducible Laryngeal Obstruction (ILO) management and speech therapy. I had the support of a great respiratory speech and language therapist, and different plans were discussed at my appointments on different options we could try. I felt prepared and involved through every step, and together we gained some resemblance of my normal life back." "Thank you to all the staff in intensive care unit to the staff who looked after my husband so well. He would particularly like to thank the physiotherapy teams for their kindness and support"

"Patient stated that occupational therapist had designed and made him 3 feeding strap arm bands to attach his fork to his upper limb so he could independently eat. Due to an amputation, he could not do this before. He said all 3 straps were perfect. He went out for a meal, and it really made a difference to his life. Once again, he said thank you."

"All the therapeutic radiographers gave wonderful personal service every day. Felt very lucky to be so well looked after in Radiotherapy."

"I am writing to thank the Specialitst Mobility Rehabilitation Centre (SMRC) team for the excellent service I received this week. I recently had an above the knee amputation at RPH. The SMCR team were the most efficient, caring and professional service I have ever experienced via the NHS." "Great skill mix in theatre and nice to see the team all working well to utilise theatre time whilst ensuring training and patient safety at all times."

"I was seen quickly by the doctor, physiotherapist, prosthetic specialist and the gym trainer. They could not have been more helpful in terms of information and arranging suitable appointments." "My mum came for an MR scan last night. She asked for her thanks to be passed to the diagnostic radiographers. She said they were very kind and efficient."

"I recently experienced a remote consultation with an orthoptist for my daughter. I would like to compliment the orthoptist on her outstanding communication skills and professionalism throughout the appointment. I felt the assessment was of high quality and I am more than satisfied with the service that we received. I was a little sceptical of how such an assessment would be delivered remotely, but this experience has transformed my opinion of what is possible."

"The dieticians were very helpful, and they always treated me with respect giving me all the information necessary. I am very pleased with the care they provided."

## Development of the Strategy

Health Education England (HEE) provided funding to support delivery of AHP workforce transformation. The following project team was established to lead the work:

**Anne Tucker:** AHP Workforce Lead

**Sophie McLean:** AHP Project Support Worker

**Alison Higgins: Workforce** Planning Lead

Rochelle Firth: Workforce Information Manager

Together the team conducted a widescale scoping and engagement exercise with all AHPs at the Trust. This included the following tasks:

- Deep dive into Electronic Staff Record (ESR) data and cleansing process
- Review of AHP workforce data (including age profiling, retention, protected characteristics, staff survey)
- Questionnaires and focus groups with the AHP support workers
- Questionnaires for newly qualified AHPs
- Use of HEE Star tool methodology (see below image) (which has 5 domains; supply, up-skilling, new roles, new ways of working and leadership) with all AHP leads/heads of service
- Workforce modelling (demand and capacity) for next 3 years

All the data and responses were then analysed and form the basis of the AHP workforce strategy. This has then been sense checked with the AHP leads and a selection of other AHPs and support workers.

Following the data analysis, a detailed action plan was developed and themed around the following categories:

- Apprenticeships
- AHP support workers
- Education
- Research
- Raising profiles

- Leadership
- Clinical workforce
- Equality, diversity and inclusion
- Workforce supply
- Newly registered workforce

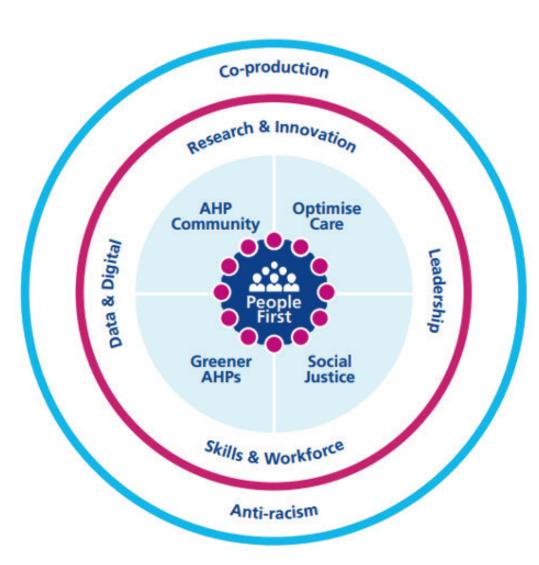
All Trusts in the Lancashire and South Cumbria ICS have completed a similar project and have worked collaboratively. The AHP Faculty will continue to share findings and actions plans to avoid duplication and share learning going forwards as a system.



## Context of the Strategy

AHPs Deliver is the new AHP strategy for England for the next 5 years, the infographic below summarises the components of the strategy and the text underneath describes how they are relevant to the Lancashire Teaching Hospitals AHP workforce strategy:

- **Optimising Care** The AHP community is committed to having the right AHPs, with the right skills, in the right place, at the right time. This needs to be underpinned by supporting and enabling AHPs to make full use of their skills and deliver consistently great care
- AHP Community Progress has been made in raising the profile of the community, but there is still work to do. For the skills and capability of AHPs to be fully realised, people accessing, and commissioning services need to understand each profession and the collective offer of the whole AHP community
- AHP Community Equality, diversity, inclusion and belonging require a focus to ensure our AHPs bring their whole self to work and can then provide the best for those they care for
- **Research and Innovation** Capacity and capability for research and innovation require building for AHPs to allow for transformation of AHP professional identities, culture and roles
- **Skills and Workforce** Priorities include securing the future supply, bridging the gap between education and work and enabling the workforce to deliver and grow by supporting the development of all staff
- **Leadership** AHPs must champion diverse and inclusive leadership, improving representation from those with protected characteristics



## Lancashire Teaching Hospitals – Our Big Plan

To provide outstanding and sustainable healthcare to our local communities

To offer a range of high quality specialist services to patients in Lancashire and South Cumbria

#### To drive health innovation through world class education, training and research

The AHP workforce strategy is closely aligned the Trust's Big Plan. Each section of the strategy is linked clearly to the relevant Big Ambitions.

Segment	Year One Metric	Year Two Metric	Year Three Metric
Sickness Absence	To reduce overall sickness absence to 4.00%	To reduce overall sickness absence to 4.00%	To reduce overall sickness absence to 3.70%
Vacancies	To reduce the number of vacancies by 5%	To reduce the number of vacancies by a further 5%	To reduce the number of vacancies by further 5%
Turnover	To maintain staff turnover between 8% and 11%	To maintain staff turnover between 8% and 11%	To maintain staff turnover between 8% and 11%
Staff engagement and TED	To increase the staff engagement score as measured by the annual staff survey to 7 out of 10	To increase the staff engagement score as measured by the annual staff survey to 7.5 out of 10	To increase the staff engagement score as measured by the annual staff survey to 8 out of 10
Staff engagement and TED	To ensure 60% of our staff would recommend us as a place to work	To ensure 70% of our staff would recommend us as a place to work	To ensure 75% of our staff would recommend us as a place to work
Race equality measure	To increase the number of colleagues from a BAME background in senior roles (8a and above)	To increase the number of colleagues from a BAME background in senior roles (8a and above)	To ensure that the number of BAME colleagues in band 8a and above reflects the demographic make up of the local population



## **Apprenticeships Commitments:** Utilise all supply chain options Grow our own Increase development opportunities **Time Frame** Deliver Fit for the value future for money 2022 2023 2024 Objectives: • Commit to widening participation of AHP careers by increasing opportunities for LTH AHP support workers to access level 6 degree apprenticeships • Standardise AHP degree level 6 application route, terms & conditions, job descriptions and contracts • Standardise bridging course recruitment route, terms & conditions, job descriptions and contracts for existing Band 4's Scope relevant level 3 apprenticeships for support workers and provide development opportunities for those wishing to progress • Explore and influence creation of an AHP module on the existing level 3 healthcare apprenticeship to meet the needs of AHP support workers • Implement a financial model of utilising workforce underspend to fund apprenticeships in high vacancy areas • Explore, and gain approval for, a sustainable funding stream for future investment of AHP degree apprentices, allowing trainees to be supernumerary and their previous position replaced • Influence and collaborate with local HEI's to develop bridging programmes for existing assistant practitioners and/or those with relevant degrees

## **AHP Support Worker Commitments:** Grow our own Increase development opportunities Value our workforce Time Frame Fit for the future 2022 2023 2024 Objectives: • Roll out use of the HEE 'Support Worker Competency, Education and Career Development Framework' in all support worker appraisals • Utilise Trust careers/recruitment events and campaigns to raise the profile of Support Worker careers and current roles • Review mandatory training requirements for all AHP Support Workers to ensure relevance and value added • Develop in-house competency framework for specific support workers with relevant degrees to progress to Assistant Practitioner roles e.g. nutritional degrees • All support workers to have access to a support forum to receive information and give feedback. (For our smaller groups this may be at a regional level) • Promote alignment and identity of the Theatre Support Worker with the ODP workforce to support recruitment and apprenticeships • Roll out of an annual internal Support Worker survey to continue engagement and seek feedback • Review job descriptions and banding of all AHP support workers to ensure standardisation where possible and parity (locally and regionally) • Ensure Support workers have access to CPD funding and development opportunities • Ensure annual attendance of an AHP Support Worker representative and the National Support Worker Voice Event • Enable support workers to access relevant level 3 senior healthcare apprenticeships to support career progression • Develop new Assistant Practitioner' roles to support new ways of working • Continue to annually recruit Trainee Assistant Practitioners (level 5 apprentices) in areas with established pathways and ensure they are backfilled • Scope and develop new support worker roles, in particular those professions who have no or small support worker opportunities

## **Education Commitments:** Raise profiles Grow our own Increase development opportunities Give AHPs the best start to their careers Value our workforce Time Frame Deliver Consistently Fit for the value future 2022 2023 2024 for money **Objectives**: • Gain oversight and understanding of the AHP Learner Tariff • Ensure there is AHP representation on the apprenticeship levy decision making panel • Participate in the Trust's Clinical Educator review project and ensure AHPs are represented • Review AHP specific education posts to ensure there is appropriate support for learners in clinical departments • Explore funding route for an AHP education post • Engage and apply for all HEE grants/bids that are offered for AHPs and support staff • Ensure a sustainable AHP workforce through the provision of quality learning environments • Standardise learner feedback for all AHP areas, using 1 survey method to generate quarterly profession specific reports • Further role out successful innovative placement types to areas not yet engaged

## Research **Commitments:** Raise profiles Increase development opportunities Value our workforce **Time Frame** Deliver Consistently Fit for the value **future** for money 2022 2023 2024 **Objectives**: • Embed research from day 1 in all AHP career pathways by including in preceptorship and encouraging engagement in early career research programmes Develop AHP Clinical Academic roles by exploring funding options, developing job descriptions and agreeing priority areas • Roll out profession specific Lead Research Champion roles • Ensure AHP representation on all appropriate research committees • Increase the number of successful applications to research internship programmes through promotion of programmes on offer and by providing application support and protected time • Monitor and report on year 1 AHP Research KPI's • Implement and embed the 'AHP Research and Innovation Strategy for England'

## **Raising Profiles Commitments:** Raise profiles Value our workforce **Time Frame** 2022 2023 2024 Objectives: • Design and implement AHP celebration corridor boards at RPH, CDH and SMRC • Annually celebrate national AHPs day to raise the profile of the professions • All AHPs to have profession/department Twitter accounts to raise their profiles and attract new recruits in line with Trust social media policy • Create an LTHTR AHPs Twitter account to collaboratively raise the profile and promote vacancies through • Promote nomination opportunities for annual national award programmes e.g. CAHPO & AHA and ensure submissions where relevant • Implement an annual AHP celebratory event, to enable sharing of success, learning from other profession, promoting research activity and include an awards/ recognition programme • Plan and deliver an AHP Support worker media campaign to include role awareness, career opportunities and uniform recognition • Collaborate with relevant teams on AHP career promotion

## Leadership **Commitments:** Raise profiles Grow our own Increase development opportunities Value our workforce Time Frame Consistently Fit for the deliver future excellent 2022 2023 2024 Objectives: • Complete mapping exercise of the NHSi 'Developing AHP Leaders' guide to internal and external development opportunities to be utilised at appraisals to develop current and future leaders • Launch a LTHTR AHP coaching network by training cohorts of AHPs and trialling an online platform to promote the coaches and allow AHPs to access them • Ensure AHP applications and cohort membership on the annual Flow Coaching Academy programme by promoting the course and identifying suitable applicants Complete full benchmarking exercise of ICS AHP leadership structures to draw comparison and make future recommendations Develop and introduce specific stretch/development opportunities for future AHP leaders in addition to the OD Senior Leadership Development Programme • Introduce regular development 'time out' for the AHP senior leadership team • Unite and profile the profession specific leads as one team across the Trust • Ensure leadership development is a priority from day 1, by utilising leadership placements for learners, encouraging access to OD programmes at every level and promoting leadership at every level

## Clinical Workforce **Commitments:** Raise profiles Increase development opportunities Give AHPs the best start to their careers Value our workforce Time Frame Deliver Consistently Fit for the value future for money 2022 2023 2024 **Objectives**: • Ensure all AHPs have equitable access to CPD funds and there is a standardised process in place to access ringfenced AHP money • Increase the number of AHPs in advanced and consultant practice roles by scoping all professional groups, influencing clinical specialities and securing funding for training/posts • Develop rotational clinical posts in our larger professional groups, to aid attraction and retention and offer wider clinical development opportunities Develop link-grade positions in AHP groups with supply/ recruitment challenges To allow band 5's to progress into band 6 positions in a specific time frame with a competency framework Engage and apply for all HEE upskilling funding opportunities that are offered • Review all digital developments as they arise to aid workforce development and innovative ways of working • Complete job planning for all in-scope AHPs and ensure supporting professional activity (SPA) is clearly outlined • Ensure all job descriptions and person specifications consider inclusion of AHPs • Increase the number of AHPs successfully appointed into roles outside their direct professional environment

## **Equality, Diversity and Inclusion Commitments:** Raise profiles Grow our own Increase development opportunities Value our workforce Time Frame Consistently Fit for the future 2022 2023 2024 Objectives: • Increase the diversity of AHP students by supporting local HEI's with careers events and open days and ensure our attendance from the Trust is representative and inclusive • Locally in-reach into schools/colleges who have a higher proportion of students with protected characteristics to promote AHP career pathways • Ensure AHP representation on the Trusts EDI forum • Encourage the AHP workforce to self-report their protected characteristics to enable more accurate understanding of the AHP workforce minority group characteristics • Engage with our AHPs with protected characteristics and understand their requirements for development opportunities • Increase the proportional representation of minority groups at all levels in the AHP workforce • Proactively encourage AHP colleagues to share their lived experience through participating in Inclusion Ambassador Forums, Living Libraries, Reverse Mentoring and Schwartz Rounds • All AHP recruiting managers to participate in recruitment and assessment training to support strengthened recruitment practices and understanding of EDI requirements of panel members • Through talent management and succession planning processes develop an AHP talent pool for individuals from underrepresented groups who are rising stars, taking positive action to support their development through stretch opportunities and participation in Inclusive Leadership at Lancs Programme • All AHP leaders to participate in EDI training opportunities to increase skills and confidence to have conversations with colleagues with protected characteristics about their experience of work

## **Workforce Supply Commitments:** Utilise all supply chain options Raise profiles Increase development opportunities Give AHPs the best start to their careers Time Frame Deliver Consistently Fit for the value future for money 2022 2023 2024 **Objectives**: • Utilise HEE funding and Northwest collaborative approaches for international recruitment Contribute to the international recruitment scoping exercise with the Northwest HEE Lead and participate if the option becomes available for Speech and Language Therapy or ODPs • Actively promote and support return to practice • Standardise the AHP return to practice process by having a specific lead/contact, SOP and HR process • Explore and scope further integration of AHP services with our partners and progress where appropriate • Roll out over-recruitment arrangements for areas with high turnover of band 5's and 6's with no financial risk • Ensure AHP vacancies are marketed appropriately through various networks, social media and included in Trust wide careers and recruitment events • Participate in a Trust wide review of the exit interview process to ensure exit interviews are meaningful, produce the required data and can be acted upon • Undertake succession planning for highly specialist roles, both clinical and leadership where we have 1 person providing or leading a service

# **Newly Registered Workforce Commitments:** Increase development opportunities Give AHPs the best start to their careers Value our workforce Time Frame Fit for the future 2022 2023 2024 **Objectives**: • All new graduates employed from August 2022 to have ESR newly qualified code applied, to ensure they can be identified and retention monitored • Introduce preceptorship to AHP areas currently without and standardise across the professions where appropriate • Ensure all current preceptorship programmes meet the needs of the individual professions and their impact can be measured • Establish newly registered AHP focus groups to gain feedback on a regular basis and maintain engagement • Ensure all newly registered and new starters cover freedom to speak up at induction to ensure concerns can always be raised • Establish new graduate forums in each profession to further support the induction and preceptorship process

# Acknowledgements

This strategy was created by the following people:

Claire Granato - Chief Allied Health Professional

**Hazel Pennington – Deputy Chief Allied Professional** 

We would like to thank our colleagues and stakeholders who led the engagement activities and/or provided input to the development of this strategy:

- Alison Higgins Workforce Planning Lead
- Rochelle Firth Workforce Information Manager
- **Anne Tucke**r AHP Workforce Lead (Occupational Therapist)
- Sophie McLean AHP Project Support Worker
- Pam Coulthurst Head of Dietetics
- Helen Al-Nufoury Head of Speech & Language Therapy
- Joanne Perry Professional Lead Physiotherapist
- Caroline Mee Professional Lead Diagnostic Radiographer
- Alison Brzezinski Matron (Operating Department Practitioner)
- Victoria Bateman Professional Lead Prosthetist
- Gordon Steel Professional Lead Orthotist
- Tom Ramsay Senior Orthotist
- Claire Critchley Head Orthoptist
- Gillian Clarkson Radiotherapy Service Manager
- Sarah Cullen Nursing, Midwifery and AHP Director
- Karen Swindley Education and Workforce Director
- Scott Carey Graphic Designer

