

Document title: **Allied Health Professional Strategy
2021-2026**

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Staff involved in Development (job titles):	Chaplains, Dietitians, Occupational Therapists, Operating Department Practitioners, Physiotherapists, Radiographers, Social Workers, Speech and Language Therapists.
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Department:	Allied Health Professions
For use by:	Allied Health Professionals (AHP), those who deliver AHP services, including trainees and staff who work under the supervision of registered AHP. It will also be of interest to those who work with, educate and develop AHP; as well as commissioners and wider system leaders.
Review due:	April 2022
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Key points of this document

- Presentation of the Royal Papworth Hospital 5 year AHP Strategy
- The 5 detailed AHP ambitions
- Alignment of the AHP ambitions to the Trust Strategy

Royal Papworth Hospital

Allied Health Professions Strategy

2021 – 2026

1. Forward

to be written by Chief Nurse

2. Trust Vision and Values

Our vision, mission and values have been part of the context within which this strategy document has been developed. They will continue to guide us as we move into the future. Our current vision and values are set out below.

Our vision is:

“To bring tomorrow's treatments to today's patients”.

Our mission is:

“To provide excellent, specialist care to patients suffering from heart and lung disease”.

Our values are:

- Leading with care: We put patient care at the heart of everything we do.
- Instilling innovation: We look for every opportunity to innovate and improve.
- Feeling valued: We ensure our staff members feel valued for the work they do.
- Encouraging excellence: We encourage and reward excellence in all aspects of our clinical and non-clinical services.

It is anticipated that these will be reviewed as part of the Trust culture and leadership programme that commenced in 2019 and may be amended over the life of the strategy

3. The Trust and the Strategic Direction of Travel

Royal Papworth Hospital NHS Foundation Trust is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre. As well as being a regional centre for the diagnosis and treatment of cardiothoracic disease, we are also a national centre for a range of specialist services, including pulmonary endarterectomy (PEA) and Extra Corporeal Membrane Oxygenation (ECMO). Royal Papworth Hospital has the largest respiratory support and sleep centre (RSSC) in the UK. Our services are also internationally recognised.

Our clinical services are structured into three clinical Divisions:

- Thoracic Medicine and Ambulatory (includes Thoracic Medicine, Ambulatory services e.g. outpatients and Day Ward).
- Cardiology (includes Cardiology and Cath Labs).
- Surgery, Transplant and Anaesthetics (includes Surgery, Transplant, Theatres and Critical Care, Pathology and Radiology).

These are supported by a Clinical Administration department incorporating the secretarial, bookings teams, ward receptionists and patient flow co-ordinators. We are a founder member of Cambridge University Health Partners (CUHP), a strategic partnership with Cambridge University, Cambridge and Peterborough NHS Foundation Trust, and Cambridge University Hospitals NHS Foundation Trust. CUHP aims to improve patient care, patient outcomes and population health, through innovation and integrating service delivery, research and education across this region and beyond.

In May 2019, we moved into the new Royal Papworth Hospital building on the Cambridge Biomedical Campus, opening up new opportunities for collaboration with partners on the campus as well as offering state-of-the-art facilities. The building includes:

- 240 beds (virtually all in single rooms)
- 6 inpatient wards and a day ward
- A 46-bed Critical Care Area
- 5 theatres and 5 Cath labs, and 2 hybrid theatres/Cath labs
- An outpatient unit, diagnostic and treatment facilities.

The building also delivered significant changes to the way we work digitally and provides a robust infrastructure from which we can further develop our clinical services and efficiencies.

The coronavirus (COVID-19) pandemic that began in the UK in March 2020 has had a considerable impact on the way that we provided services during the first quarter of 2020 and throughout 2020. Our new hospital configuration allowed us to provide single room facilities to all COVID-19 patients and we developed a plan to provide regional surge capacity for critical care to double the usual number of patients that we treat in our critical care department.

We quickly developed new clear infection control guidelines for staff, processes for managing, cleaning and distributing personal protective equipment and this together with the inbuilt air management systems ensured that we were able to treat patients effectively and keep staff safe at the same time. We also mobilised to expand our ECMO service to support our sickest patients from across the country and were a point of escalation of care for COVID patients in the region and in some cases beyond the East of England.

We also took the decision to suspend face-to-face outpatient clinics. However, by accelerating our plans for virtual and telephone clinics were able to continue to provide services to those who needed it. Virtual and telephone clinics will continue to be a core part of our outpatient service in the future.

As part of our response we accelerated many of our investments in digital technology to continue to provide our services or to support new ways of working including supporting staff who switched to working from home at short notice.

Finally, during the pandemic we developed a Clinical Decision Cell (CDC) model, led by the Medical Director, as the key vehicle to support our focus on delivering the best care and prioritising our resources. The CDC continues to operate and is key to shaping our direction of travel in the short term as we anticipate the need to incorporate COVID specific services and challenges alongside our existing services.

As part of the development of the Trust Strategy 2020 – 2025 we reviewed the Strategic context that we were working within and identified the key questions facing the Trust, and the direction in which it wanted to travel. As a result we identified six Strategic Goals that will underpin our work over the period from 2020 to 2025 (Figure 1). These directions of travel remain valid and relevant in the post COVID-19 era.



Figure 1: Strategic Goals 2020 – 2025

4. The Allied Health Professions at Royal Papworth Hospital

The Allied Health Professions (AHP) are the third largest workforce in the NHS. They are highly trained and professionally autonomous practitioners regulated by the Health and Care Professions Council (HCPC).

AHP are integral to the multidisciplinary patient journey. They are skilled in preventing, assessing, diagnosing and treating conditions through a solution-focused, person-centered approach to healthcare, to maximise patients' independence and autonomy.

This is the first AHP strategy for Royal Papworth Hospital and it represents a unified approach to progressing the workforce for the benefit of the patients, staff and the wider system. It is the culmination of AHP galvanising nationally over recent years, and initiated by the launch of 'AHPs into Action' in 2017; a four-year programme led by the AHP leadership team across the four arm's length bodies of NHS England, NHS improvement, Public Health England and Health Education England.¹ Royal Papworth Hospital actively engaged with this program and in 2018 took part in the first National AHP day to improve awareness of AHP roles, celebrate our achievements and demonstrate the impact AHP have on patient care.

Royal Papworth Hospital is in the unique situation of having located to its new site on the Cambridge Biomedical Campus in 2019. This move demonstrated the AHP capacity to facilitate and manage change and seek innovation and more efficient ways of working. As a group, AHP are adept at working collaboratively and in creative and integrated ways across traditional boundaries. These skills must be utilised in the current climate of austerity the NHS is facing and in restoring services following the COVID-19 pandemic.

Ruth May, the Executive Director of Nursing, writes in her forward address for the Leadership of AHP in Trusts' document (2019) "There has never before been such a need to harness [AHP] potential for transforming healthcare. However, [AHP] contributions to outcomes are often poorly understood, resulting in missed opportunities for their collective potential to support the transformation of health and care".

The NHS long term plan (2019) highlights specifically how AHP can "significantly support the demand profile the NHS faces" by "support[ing] flow across the whole system". The demands of Covid-19 on the NHS have also highlighted the specific need for AHP to be "at the centre of shaping the rehabilitation agenda whilst working as part of the wider MDT" (DOH, 2020). The NHS People Plan (2019) specifically supports improving the supply and retention of AHPs to ensure that we have an AHP workforce with the right skills by 2024.

This strategy aims to build upon the national and local momentum to build awareness of the impact AHP can have for our patients and how, through development of the workforce and utilisation of their unique skill set, AHP can influence the transformation of care at Royal Papworth Hospital.

At Royal Papworth Hospital there are currently 6 of the 14 nationally recognised³ Allied Health Profession groups:

- Dietitians
- Occupational Therapists
- Operating Department Practitioners
- Physiotherapists
- Radiographers
- Speech and Language Therapists

In addition we recognise we have AHP, working in other positions across the Trust such as the alert team, R&D and education.

This strategy also recognises that its ambitions reflect those of other professions within Royal Papworth Hospital that are not governed by HCPC and are not included within another strategy. It is therefore inclusive of professions such as Social Workers, Pharmacist and Chaplains.

5. The AHP response to the Trust's Strategic Direction of Travel

This document represents the current consensus and is the culmination of a consultation with AHP across Royal Papworth Hospital and its wider stakeholders, with consideration for the National AHP agenda. It is designed to be inclusive and bring together and support all those who deliver AHP services, including trainees and staff who work under the supervision of a registered AHP. It does not seek to minimise the diversity of the different AHP groups.

It provides an overarching framework upon which to develop more detailed and localised action plans with different professions and stakeholders; transforming our workforce and the way AHP deliver care within the context of wider Trust objectives. The resulting 5 strategic ambitions reflect the AHP priorities and their vision to support the Trust's Strategic direction of travel (Figure 2).

AHP are ready and able to take forward the priorities and commitments within this strategy. They cannot, and must not, do it alone and will work in partnership with colleagues, service users and carers to achieve it. It is also intended that this document will guide constructive conversations within the wider system and support the development of a system wide AHP collaboration.



Figure 2: The 5 Strategic AHP ambitions 2020-2025

Throughout the five AHP ambitions, the six Trust goals are referenced to clarify how the AHP ambitions support the Trust strategy.

1. Offer positive staff experience.
2. Share and educate.
3. Grow pathways with partners.
4. Achieve sustainability.
5. Deliver clinical excellence.
6. Research and innovate.

Develop and retain the AHP workforce

Ambition: Develop and retain the AHP workforce

To develop a sustainable workforce that is fit for purpose and the future

Why is this Goal relevant/important

Adequate AHP staffing resource is vital to ensure the optimisation, recovery and discharge of patients at Royal Papworth Hospital. As a specialist hospital, the retention of our specialist staff is vital to allow our AHP workforce to progress and provide innovation for patient care. We need to invest in the AHP of the future via education to ensure we can retain excellent care in the long term. AHP can undertake new roles within the NHS to utilise AHP skills and pave the way for new career paths to attract and retain staff.

What will we do?

Promotion of AHP careers

- We will promote AHP professions through recruitment days, digital promotion, AHP networking opportunities and biomedical campus recruitment events. (4,3)
- We will support career progression of AHP at all levels and look for opportunities to develop our staff skills across the biomedical campus. (1,3,2,4)
- We will actively promote AHP careers and career development to colleagues from diverse backgrounds. (1,4,5)
- We will promote, signpost and introduce career development opportunities for AHP into roles not traditionally open to AHP before. (6,1)
- We will support the idea of campus careers i.e exploring career opportunities with our campus partners e.g. AstraZenica/CUH (1,3)

Inspiring AHP of the future

- We will establish links with higher educational institutes through collaboration with the new heart and lung research institute and Royal Papworth School. (2,3)
- We will provide continued student placements for AHP and support staff involved with the education of students to enhance their own skills. (2)
- We will support the development of AHP apprenticeships for those professions with a national apprenticeship framework. (2,4)
- We will safely expand our student placement capacity to support the AHP workforce of the future. (2,3,4)

Retention of our staff

- We will develop career pathway frameworks for AHP assistants to registered staff (1,5,6)
- We will update job descriptions and implement job plans to be fit for purpose and reflective of roles. (1,4)
- We will promote CPD as integral to AHP roles. We will support staff development through study leave, discussing educational needs and career progression. (1,2,5,4)

- We will provide competitive pay scales to retain our talented, specialist workforce. (1,3,4)
 - We will ensure we have adequate AHP safe staffing resource for specialist patient care, with support for AHP to time to show innovation and service development. (4,5,1,6)
 - We will improve our data collection of clinical time by utilising ESR in a way similar to our nursing colleagues e.g. safer staffing/ care hours per patient day. (6,4,5)
 - We will introduce Job plans for all AHP as part of the NHSI framework. (6,4,1)
- We will develop an advanced clinical practitioner (ACP) framework for AHP staff. (1,5,6)

Health and wellbeing

- We will celebrate the work of AHP at International AHP Day and Profession specific days. (1,5)
- We will actively promote active reflection, clinical supervision and resilience group work within the AHP teams, allowing protected time for these sessions to take place (1,2,5)
- We will continue to promote staff health and wellbeing through monthly 1:1 meetings with AHP staff, team meetings, coaching and mentoring. (1,4)
- We will continue to promote participation in the 6cs initiative to reward excellent care. (5,1)
- We will equip staff with the tools and techniques needed to help them to build resilience and feel comfortable in having conversations around Health and Wellbeing with colleagues (1,2,4,5).

Development of AHP into other roles

- We will ensure appropriate job roles with matching skills sets are open to AHP including where they have not been historically e.g. non-medical consultant roles, ACP roles, Alert team (3,1,5,6).

Strengthen AHP Leadership

Ambition: Strengthen AHP Leadership

To develop our AHP workforce through promotion of AHP leadership and access to quality learning.

Why this goal is relevant/important:

It is recognised that AHP are a varied group of professions with different pre-registration training. It is therefore essential to provide overarching components of AHP Leadership careers at all levels, offering greater flexibility and opportunity for those looking to build their leadership capability or addressing gaps in an individual's career portfolio. Furthermore, AHP leaders increase AHP visibility and can act as an enabler to the creation of new opportunities and providing credibility to senior leaders and Trust boards.

What will we do?

Develop career pathways

- We will develop a clarity of roles and expectations through job planning. (4)
- We will engage staff at all levels to recognise their value and role in leadership. (1)
- We will support staff to attend relevant leadership training at all levels. (1,5)
- We will widen AHP perspectives and historical boundaries e.g. Advanced Clinical Practitioner role, ward manager, non-medical consultant role, HLRIE AHP Researcher. (4,5,6)
- We will ensure AHP are included and engaged in talent management and succession planning, so they have a range of opportunities to build their operational and strategic leadership skills e.g. secondments, shadowing, coaching and mentoring. (1,2,5)
- We will support CPD through a training needs analysis linked to Individual performance reviews (IPR) and with study leave (1,2,4)

Empower AHP leaders

- We will support AHP in leadership roles to complete in house leadership training and national NHS Leadership Academy programs. (2,5)
- We will have a Chief and Deputy Chief AHP lead for Royal Papworth Hospital. (4,5)
- We will support and encourage diversity of background and views at all levels from student placements to senior leadership roles (1,2,3).

Promote compassionate and collaborative leadership

- We will ensure AHP representation at Trust wide meetings and clinical MDTs (4,5).
- We will engage with the compassionate and collective leadership program and model transformational leadership values. (1,2)
- We will be visible, effective and inspirational role models. (1,5)
- We will demonstrate the Trust values through action and behaviours. (1,5)

- We will demonstrate learning from reflection/ lessons learnt. (5)
- We will demonstrate open and transparent communication throughout all levels. (1)

Continuing Professional Development

- We will provide staff training on conducting 1:1s and active listening. (5)
- We will provide protected time and an environment for productive 1:1 meetings. (1)
- We will provide training for all staff in line with IPR objectives. (5)
- We will outline and review role and value expectations at IPRs. (1)
- We will ensure objectives review development of leadership qualities. (1,5)

Offer post graduate leadership training

- We will signpost and encourage AHP to undertake post graduate training opportunities. (2,5)
- We will work with local HEIs to develop training and research opportunities that meet the needs of Royal Papworth AHP. (3,4)
- We will signpost to appropriate funds for continued learning via education and external sources. (2)
- We will identify evidence of dissemination of learning to teams. (2,5)

Deliver excellent quality care every time

<p>Ambition: Deliver excellent quality care every time</p>
<p>All patients will receive cutting edge care of the highest standard from AHP who are well prepared, educated and at the forefront of their fields.</p>
<p>Why is this Goal relevant/important?</p> <p>As the provision of healthcare is the organisation’s primary function it is logical that the delivery of high quality care should be at the forefront of our aims. By fostering a culture of learning and innovation we can unlock the full potential of our teams allowing them to not just adapt with the ever changing healthcare environment, but to drive it forward.</p>
<p>What will we do?</p>
<ul style="list-style-type: none"> • We will work to ensure all AHP teams are sufficiently staffed to provide effective high quality care with headroom to support AHP CPD and development opportunities. (1,2,4,5,6) • We will encourage AHP to undertake appropriate clinical and academic study to further their existing skill sets and to share new knowledge so that the collective whole may develop for the benefit of our patients. (1,2,5,6) • We will ensure that all AHP have access to high quality supervision and

appraisals to aid their personal and professional development. (1,2,5)

- We will ensure all AHP are familiar with their respective HCPC or equivalent standards of proficiency, conduct, performance and ethics and recognise their responsibilities under these standards. (5)
- We will exemplify the 6C's demonstrating Care, Compassion, Courage, Communication, Commitment and Competence in their practice; placing patient centred holistic care at the heart of what they do. (5)
- We will encourage AHP at all levels to engage with research appropriate to their role. (5,6)
- We will review the quality of AHP services provided through patient surveys, audit and research. (2,5,6)
- We will fully utilise AHP contribution in practice e.g. diagnosis, prevention, maintenance, rehabilitation, re-ablement and psychological support (5)

Strengthen the AHP voice

Ambition : Strengthen the AHP voice

AHP will be a unified workforce, represented fairly and consistently across the Trust with a positive and influential profile.

Why is this Goal relevant/important

AHP are one of the largest clinical workforces within Royal Papworth Hospital. We aim to ensure AHP have an equal voice to other clinical groups, guaranteeing the AHP contribution to Trust priorities is maximised. Through visible AHP representation and leadership at all levels of the Trust, AHP will be able to clearly articulate the workforce's value and contribution to patient care and hospital optimisation

What will we do?

Representation

- We will ensure AHP are represented at all levels of the Trust e.g. clinical forums, governance meetings, business unit meetings, senior leadership meetings, HLRIE. (1,2,4,5)
- We will support AHPs from diverse backgrounds by creating cultures of civility, respect, equal opportunities and safety. (1,2,4,5)
- We will report AHP initiatives and impact through appropriate channels up to board level. (4,5)
- We will include all levels of AHP to ensure that policy and developments are clear on the AHP contribution and how to maximise it in all aspects of service delivery. (4)
- We will establish Chief AHP and Deputy Chief AHP roles within the Trust to represent AHP at Trust, regional and national level. (1,2,3,4,5,6)

Reduce fragmentation

- We will establish a Royal Papworth AHP Council that will feed up to the Clinical Professional Advisory Committee and the Cambridgeshire and Peterborough AHP Council. (1,2,3,4,5,6)
- We will establish regular AHP forums with attendance from representatives of all AHP that will feed into the AHP council where appropriate. (1,4)
- We will support AHP integration, addressing historical service boundaries to reduce duplication and fragmentation. (2,4,5)
- We will ensure AHP are represented in the decision making processes for the ICS to ensure they have a strong voice in the redesign of health, social and the wider care system. (3,4,5)
- We will implement new care pathways to improve quality and productivity; building workforce competence and capability to realise the benefits. (4,5,6)

Increased profile

- We will promote and celebrate AHP professions across the Trust through National AHP day and profession specific events Trust. (1,2)
- We will encourage promotion of AHP good practice and innovation externally to raise the RPH AHP profile including specialist interest groups, roles on committees, journal contributions, conference organisation, editorial boards, national guidelines contributions etc. (2,3,6)
- We will involve AHP in Trust wide projects or Trust wide roles to showcase AHP ability to influence and drive change e.g. (1,5,6)

Demonstrate the impact of AHP contribution

Ambition : Demonstrate the impact of AHP contribution

To be able to present quantitative and qualitative evidence of the impact that AHP have within the organisation and externally.

Why is this Goal relevant/Important

Royal Papworth Hospital prides itself on MDT working, a quality that was recognised by the CQC. It is recognised that the AHP workforce is able to advance specialist services, however the development of AHP roles within the Trust has been slower than nursing and Medical colleagues. There is a need to demonstrate the impact of AHP interventions and the added value of AHP contribution to services and patient care through a uniform data set.

What will we do?

Evidence the effective use of staff resources

- We will use the full capability of Healthroster reporting, with support of the Healthroster team. (4)
- We will use the full capability of Lorenzo contact reporting with support of the Lorenzo team. (4)

- We will ensure ESR is accurate and reportable to capture AHP workforce data. (1)
- We will develop and report safer staffing measures for the AHP workforce. (1,4,5)

Evidence AHP clinical and cost effectiveness

- We will use activity data to provide meaningful and Trust relevant activity reports. (4)
- We will benchmark against comparable services e.g. Model Heath Care and NHS benchmarking. (5)
- We will progress to the use of standardised Key Performance Indicators and outcome measures on scorecards. (5)
- We will encourage and promote AHP to lead on and receive recognition for roles with service and quality improvement projects. (2,5)
- We will report on the above in a standardised and comparable way at Trust level and externally. (2)

Measure the financial impact of AHP within the Trust

- We will realise AHP contributions to patient tariffs. (3,4)
- We will realise Private Patient activity and income created by AHP input. (3,4)
- We will recognise income gained by hosting courses and external lecturing/ consulting in conjunction with the Royal Papworth School. (2,4)

Evidence the quality impact AHP service have with patients and families

We will collect and share widely (2,5):

- Patient Related Outcome Measures.
- Patient satisfaction survey.
- Patient stories.
- Friends and family outcomes.

Compliance with the Digital Framework for AHP

- We will work closely with the AHP digital partner to ensure optimal digital procedures and processes. (6)
- We will recognise and standardise digital opportunities. (6)
- We will develop a digitally mature AHP service by digitalising ways of working across AHP professions. (2,3,4,5,6)

6. How we will know if we are making a difference?

Annual action plans will prioritise the developing focus of the strategy, identifying what success looks like and how this will be measured. This is a living document and will be reviewed regularly. The Allied Health Professions Council will oversee the implementation of this strategy. Progress will be reported back to the Trust's executive team via the Clinical Professional Advisory Committee (CPAC).

7. Monitoring

Quarterly	<ul style="list-style-type: none"> • Quarterly AHP report to Clinical Professional Advisory Committee <ul style="list-style-type: none"> ○ Update on progress against annual action plan ○ Responsibility of Chief AHP, deputy AHP and Senior AHP
Annually	<ul style="list-style-type: none"> • Annual AHP report to Clinical Professional Advisory Committee <ul style="list-style-type: none"> ○ Update on progress against annual action plan ○ Responsibility of Chief AHP, Deputy Chief AHP and Senior AHP • AHP Day <ul style="list-style-type: none"> ○ Update of progress and achievements over the year in form of posters, verbal presentation or report ○ Responsibility of Chief AHP, Deputy Chief AHP and Senior AHP

8. Roles and Responsibilities

Board of Directors	Ratify the strategy and support delivery.
Chief Nurse	Accountable for the delivery of the strategy at board level.
Chief and Deputy Chief AHP	Accountable for the delivery of the strategy and responsible for supporting senior AHP to deliver the strategy. Provide the updates to CPAC and annually at AHP Day.
Clinical Professions Advisory Committee (CPAC)	To monitor the delivery by receiving reports and challenging where required. CPAC will sign off annual reporting and agree changes in application of the strategy.
Senior AHP	To lead on the delivery of the ambitions. Provide updates to CPAC and present progress at AHP Day each year (verbal or poster).
All AHP	To contribute to the overall strategy, supporting AHP leaders in its delivery. Understanding and representing all the AHP professions at Royal Papworth Hospital.

9. References:

1. NHS England 2017 <https://www.england.nhs.uk/ahp/ahps-into-action/>
2. NHS Improvement 2019
[https://improvement.nhs.uk/documents/2904/Leadership of AHPs in Trusts.pdf](https://improvement.nhs.uk/documents/2904/Leadership_of_AHPs_in_Trusts.pdf)
3. NHS England accessed October 2019 <https://www.england.nhs.uk/ahp/role/>
4. NHS long term plan (2019) NHS England. version 1.2 [Available from:
<https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>]
5. Department of Health (2020) Allied Health Professionals' role in rehabilitation during and after COVID-19. Department of health. Version 1. [Available from:
<https://www.health-ni.gov.uk/sites/default/files/publications/health/C0450-AHP-Four-Nations-Statement-on-Rehabilitation.pdf>]
6. Interim NHS People Plan (2019) The future allied health professions and psychological professions workforce. [Available from:
https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/IPP-future-AHP-workforce_2june.pdf]

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The effective implementation of all procedural documents should be monitored as appropriate and this is the responsibility of the author/owner, together with the appropriate manager(s). The process of monitoring must be set out in the document. Where appropriate, the table on the following page should be used to set out the monitoring process.

Guidance for completing table:

This is a step-by-step approach to monitoring. The first row gives instruction on possible content and what to think about for each column. The second row gives possible headings for the final document. This table exists to give clarity for authors/owners on steps to achieve monitoring, how and where monitoring has identified deficiencies and how to demonstrate evidence that resultant recommendations have been actioned through structured plans culminating in changes in practice(s) and the sharing of lessons learned. The third row includes **some suggested generic wording* as particular actions and changes cannot be identified in advance.

What key element(s) need(s) monitoring as per local approved policy/ procedure or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others.	What tool will be used to monitor/check/ observe/assess/ inspect/ authenticate that everything is working according to this key element from the approved policy/ procedure?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report goes to. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared?
Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
<i>Annual action plan to</i>	<i>Pippa Hales Head of AHP</i>	<i>Quarterly and annual reports, staff and patient</i>	<i>Quarterly and annually</i>	<i>CPAC</i>	<i>AHP council, Head of AHP, AHP Service Leads</i>	<i>AHP Council, Reports and CPAC*Required</i>

<p>review progress</p>		<p>feedback, ESR data</p>			<p><i>*Required actions will be identified and completed in specified timeframe.</i></p>	<p><i>changes to practice will be identified & actioned within a specific time frame. A lead member of the team will be identified to take each change forward. Lessons will be shared with all the relevant stakeholders.</i></p>
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Further document information

<p>Approval – this is required for all documents. Approval should be by the relevant committee(s)*. State the name(s) of the committee(s) and the full date(s) of the relevant meeting(s):</p> <p>*In exceptional circumstances only, approval can be by Chair's Action or by appropriate ED or NED – state full date of approval</p>	
<p>Approval date (<i>this version</i>) (Day, month, year):</p>	Dd/mm/yyyy
<p>Approval by Board of Directors or Committee of the Board (required for Strategies and Policies only):</p>	
<p>Date (Day, month, year):</p>	Dd/mm/yyyy
<p>This document supports: <i>standards and legislation – include exact details of any CQC.</i></p>	
<p>Key associated documents:</p>	

<p>Counter Fraud In creating/revising this document, the contributors have considered and minimised any risks which might arise from it of fraud, theft, corruption or other illegal acts, and ensured that the document is robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist (LCFS).</p>	