

# Allied Health Professional Strategy 2021-2026



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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.
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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

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# Royal Papworth Hospital

## Allied Health Professions Strategy

### 2021 – 2026

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#### 1. Forward

We at Royal Papworth Hospital NHS Foundation Trust are committed to keeping patients at the centre of everything we do and providing high quality specialist services for every one of our patients is at the heart of our organisation.

Allied Health Professionals (AHP) employed by the Trust play a critical role in the planning and delivery of specialist care every day, contributing to the excellent outcomes for our patients.

This strategy provides an opportunity to build on the foundations of excellent work delivered by these professions and sets priorities and a vision that are aligned to the Trust values and priorities.

The strategy has had input from all AHP groups as well as stakeholders from across the professions and is supported by the Trust Board of Directors.

Thank you to all our AHPs for everything you do for our patients and I fully support and wish you every success for the delivery of your ambitious strategy.



Maura Screator

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:

- **Compassion**  
Recognises and responds to the needs of patients and colleagues
- **Excellence**  
Makes a difference with each small improvement and by being open to new ways of working
- **Collaboration**  
We achieve more together

It is anticipated the Trust values 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.<sup>1</sup> 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 recognised<sup>3</sup> 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).

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.

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

**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 this goal is 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?**

**How will we measure success?**

Promotion of AHP careers (1,2,3,4,5,6)  
e.g. Recruitment days, digital promotion, AHP networking opportunities. Support career progression of AHP at all levels. Actively promote AHP careers and career development to colleagues from diverse backgrounds. Promote career development opportunities for AHP into roles not traditionally open to AHP before. Support campus careers.

Record of engagement with promotional events and AHP faculty subgroups.  
Recruitment and retention rates, apprentice and preceptorship numbers.  
New roles open to AHP.

Inspiring AHP of the future (2,3,4)  
e.g. Establish links with higher educational institutes. Provide continued student placements for AHP. Support the development of AHP apprenticeships. Expand our student placement capacity where possible.

Placement / student numbers from education. Apprenticeships and return to practice. Increase in capacity evidenced across AHP.

Retention of our staff (1,2,3,4,5,6)  
e.g. Develop career pathway frameworks for all AHP, inc. assistants. Update job descriptions and implement job plans. Promote and support CPD as integral to AHP roles. Provide competitive pay scales. Have adequate AHP safe staffing resource. Improve our data collection of clinical time. Develop an advanced clinical practitioner (ACP) framework for AHP staff.

Documentation of study leave requests. Study requirements identified in IPR. Benchmarking review. Leavers interviews. Vacancies. Datix. Risk. Pulse and National Survey. Headroom data. ESR data 100% accurate. Job planning in non-medical professions supported at a trust level. ACP framework developed.

<p><u>Health and wellbeing (1,2,4,5)</u> e.g. Celebrate International AHP Day and Profession specific days. Promote active reflection, clinical supervision and resilience group work within the AHP teams. Promote staff health and wellbeing. Promote participation in the 6cs initiative. Equip staff with the tools to build resilience and feel comfortable in having conversations around Health and Wellbeing with colleagues.</p> <p><u>Development of AHP into other roles (1,3,5,6)</u> e.g. Ensure appropriate job roles with matching skills sets are open to AHP including where they have not been historically.</p>	<p>All professions specific days promoted and celebrated across Trust. Evidence of regular reflective and resilience sessions and training. Supervisions recorded. IPR 100%. 1:1 documented. Team Meetings minutes. Evidence of coaching and mentoring across AHPs. Monthly 6cs reported to CPAC. Training evidenced. Reflective practice attendance. AHP Wellbeing champions.</p> <p>HR evidence of new job role boundaries with AHP inclusivity</p>
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### 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 (1,2,4,5,6)

e.g. Develop a clarity of roles and expectations. Engage staff at all levels to recognise their value and role in leadership. Support staff to attend relevant leadership training at all levels. Widen AHP perspectives and historical boundaries e.g. ACP role. Ensure AHP are included and engaged in talent management and succession planning. Support CPD through a training needs analysis and with study leave.

#### How will we measure success?

Job planning. Minutes from support worker forum. Benchmarking roles and career pathway. Evidence of AHP staff from all disciplines accessing local and external leadership courses. Evidence of broader AHP role opportunities. Evidence of opportunities available to AHP and take up of secondments, shadowing, coaching & mentoring. TNA completed.

<p><u>Empower AHP leaders (1,2,3,4,5)</u> e.g. Support AHP in leadership roles to complete in house and national leadership programs. Have a Chief and Deputy Chief AHP lead for RPH. Support and encourage diversity of background and views at all levels.</p> <p><u>Promote compassionate and collaborative leadership (1,2,4,5)</u> e.g. Ensure AHP representation at Trust wide meetings and clinical MDTs. Engage with the compassionate and collective leadership program and model transformational leadership values. Be visible, effective and inspirational role models. Demonstrate the Trust values. Demonstrate learning from reflection/ lessons learnt. Demonstrate open and transparent communication.</p> <p><u>Continuing Professional Development (1,5)</u> e.g. Provide staff training on conducting 1:1s and active listening. Provide protected time and an environment for 1:1 meetings. Provide training for all staff in line with IPR objectives. Outline and review role and value expectations at IPRs.</p> <p><u>Offer post graduate leadership training (2,3,4,5)</u> e.g. Signpost and encourage AHP to undertake post graduate training opportunities. Work with local HEIs to develop training and research opportunities. Signpost to appropriate funds for continued learning. Identify evidence of dissemination of learning to teams.</p>	<p>Evidence of leadership needs discussed at IPR with leadership objectives set. Evidenced attendance at In-house leadership across all teams and bands. Evidenced attendance at national NHS Leadership Academy programs. Substantive AHP leadership structure embedded in trust structure. Minutes from AHP EDI working group and actions brought back to AHP teams.</p> <p>Minuted AHP representation at appropriate Trust meetings and clinical MDTs. Monthly caremaker awards evidenced. AHP engaged with development of Trust Values. AHP engaged with development of Leadership programme. 360 IPR feedback. Laudit. 6Cs. Service/quality improvements evidenced in response to reflections/lessons learnt. Pulse survey. Staff survey.</p> <p>Evidence of IPR completion, study leave and TNA.</p> <p>Evidence of training needs discussed at IPR with objectives set. Evidenced attendance at In-house and external courses. Number of apprenticeships. Education update in newsletter. TNA. Evidence of disseminated feedback from courses within and across teams.</p>
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**Deliver excellent quality care every time**

**Ambition: Deliver excellent quality care every time**  
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.

**Why this goal is relevant/important:**  
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.

What will we do?	How will we measure success?
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The workforce has the right skill mix and capacity is deployed to deliver maximum impact (1,2,4,5,6)  
e.g. Work to ensure all AHP teams are sufficiently staffed. Ensure all AHP are familiar with their respective HCPC or equivalent standards of proficiency, conduct, performance and ethics. fully utilise AHP contribution in practice.

Research and innovation (5,6)  
e.g. Encourage AHP at all levels to engage with research appropriate to their role.

Secure future workforce supply (2,3,5)  
e.g. Establishment reviews, working with AHP faculty, promotion of career pathways and job planning

Continuous Professional Development (1,2,5,6)  
e.g. Encourage AHP to undertake appropriate clinical and academic study to further their existing skill sets and to share new knowledge. Ensure that all AHP have access to high quality supervision and appraisals.

ESR data, vacancy rates. IPR and CPD documentation.

CIP/SIP spreadsheet, feedback to teams

Job planning. Leavers interviews. Vacancies. Pulse and National Survey. Record of engagement with promotional events and AHP faculty subgroups.

Evidence of training needs discussed at IPR with objectives set. Evidenced attendance at In-house and external courses. Study leave and TNA.



<p><u>Addressing Healthcare inequalities (2,5,6)</u> e.g 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. Review the quality of AHP services provided through patient surveys, audit and research.</p>	<p>6Cs. Service/quality improvements evidenced in response to reflections/lessons learnt. Friends and Family survey. SIP. Patient stories. Use of QOL measure. Audit management plan.</p>
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### 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 this goal is 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 (1,2,3,4,5,6)

e.g. Ensure AHP are represented at all levels of the Trust. Support AHPs from diverse backgrounds. Report AHP initiatives and impact through appropriate channels up to board level. Include all levels of AHP to ensure that policy and developments are clear on the AHP contribution. Establish Chief AHP and Deputy Chief AHP roles within the Trust to represent AHP at Trust, regional and national level.

##### Reduce fragmentation (1,2,3,4,5,6)

e.g. Establish a Royal Papworth AHP Council. Establish regular AHP forums with attendance from representatives of all AHP. Support AHP integration. Ensure AHP are represented in the decision making processes for the ICS. Implement new care pathways to

#### How will we measure success?

Minuted attendance at trust meetings. Minutes from AHP EDI working group and actions brought back to AHP teams. PSS newsletter, CPAC and QRMG reports. Attendance at directorate business unit meetings. GIRFT. Substantive AHP leadership structure embedded in trust structure.

Minuted AHP Council meetings. Quarterly report to CPAC. Evidence of AHP forums and workstreams. Minutes, representation and feedback at AHP Council. AHP contributing to ICS discussions at local and regional level.

<p>improve quality and productivity.</p> <p><u>Increased profile (1,2,3,5,6)</u> e.g. Celebrate International AHP Day and Profession specific days. Encourage promotion of AHP good practice and innovation externally. We will involve AHP in Trust wide projects or Trust wide roles to showcase AHP ability.</p>	<p>Evidence of all professions and collaborative celebrated. AHP Governor feedback at AHP council. Minuted AHP representation at appropriate Trust meetings and clinical MDTs.</p>
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### 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 this goal is 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?	How will we measure success?
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<p><u>Evidence the effective use of staff resources (1,4,5)</u> e.g. Use the full capability of Healthroster reporting. Use the full capability of Lorenzo contact reporting. Ensure ESR is accurate and reportable to capture AHP workforce data. Develop and report safer staffing measures for the AHP workforce.</p>	<p>Acute Therapies NHS benchmarking data. AHP Dashboard - routine reporting of AHP activity. Job planning.</p>
<p><u>Evidence AHP clinical and cost effectiveness (2,4,5)</u> e.g. Use activity data to provide meaningful and Trust relevant activity reports. Benchmark against comparable services. Progress to the use of standardised Key Performance Indicators and outcome measures on scorecards. Encourage and promote AHP to lead on and receive recognition</p>	<p>Acute Therapies NHS Benchmarking data submitted. CIP / SIP tracker. PSS on a page. Scorecards.</p>

<p>for roles with service and quality improvement projects and report on in a standardised and comparable way.</p> <p><u>Measure the financial impact of AHP within the Trust (2,3,4)</u> e.g. Realise AHP contributions to patient tariffs. Realise Private Patient activity and income created by AHP input. Recognise income gained by hosting courses and external lecturing etc.</p> <p><u>Evidence the quality impact AHP service have with patients and families (2,5)</u> e.g. Collect and share widely Patient Related Outcome Measures.</p> <p><u>Compliance with the Digital Framework for AHP (2,3,4,5,6)</u> e.g. Work with the AHP digital partner to ensure optimal digital procedures and processes. Recognise and standardise digital opportunities. Develop a digitally mature AHP service.</p> <p><u>Actively consider and reduce the environmental impact of the things we procure and prescribe as part of our practice (4, 6)</u> e.g. Supporting AHPs to maximise the sustainability of their practice. Supporting innovation of greener practices and service models. Sustainable procurement. Adoption of technology to benefit users and reduce carbon footprint.</p>	<p>AHP private patient activity. Establishment reviews. AHP dashboard.</p> <p>Friends and Family survey. SIP. Patient stories. Use of QOL measure.</p> <p>Meet Digital maturity criteria.</p> <p>Procurement data. Evidence of virtual clinics.</p>
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## **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

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

## 8. Roles and Responsibilities

<b>Board of Directors</b>	Ratify the strategy and support delivery.
<b>Chief Nurse</b>	Accountable for the delivery of the strategy at board level.
<b>Chief AHP</b>	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.
<b>Clinical Professions Advisory Committee (CPAC)</b>	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.
<b>Senior AHP</b>	To lead on the delivery of the ambitions. Provide updates to CPAC and present progress at AHP Day each year (verbal or poster).
<b>All AHP</b>	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:

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2. NHS England Leadership of AHPs in Trusts 2019  
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7. The Allied Health Professions (AHP) Strategy for England: AHPs Deliver 2022-2027 [Available from: <https://www.england.nhs.uk/wp-content/uploads/2022/06/allied-health-professions-strategy-for-england-ahps-deliver.pdf> ]

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

<p><b>Annual action plan to review progress</b></p>	<p><b>Pippa Hales Head of AHP</b></p>	<p><b>Quarterly and annual reports, staff and patient feedback, ESR data</b></p>	<p>Quarterly and annually</p>	<p>CPAC</p>	<p>AHP council, Head of AHP, AHP Service Leads *Required actions will be identified and completed in specified timeframe.</p>	<p>AHP Council, Reports and CPAC*Required changes to practice will be identified &amp; 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.</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>AHP Council CPAC</p>
<p>Approval date (<i>this version</i>) (Day, month, year):</p>	<p>AHP Council – 08/11/23 CPAC</p>
<p>Approval by Board of Directors or Committee of the Board <b>(required for Strategies and Policies only):</b></p>	<p>Board</p>
<p>Date (Day, month, year):</p>	<p>01/07/21</p>
<p>This document supports: <i>standards and legislation – include exact details of any CQC.</i></p>	<p>Trust Strategy <a href="http://papsvrintra/papworthonline/communications/userfiles/files/pdfs/Royal_Papworth_Strategy_2020_25.pdf">http://papsvrintra/papworthonline/communications/userfiles/files/pdfs/Royal_Papworth_Strategy_2020_25.pdf</a></p>

Key associated documents:	
<p><b>Counter Fraud</b> 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>	



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