

## AGENDA

**87<sup>th</sup> Meeting of the Public Health Agency board to be held on  
Thursday 15 September 2016, at 2:30pm,  
Conference Room, Ormeau Avenue, 18 Ormeau Avenue  
Belfast, BT2 8HS**

No	Time	Item	Paper	Sponsor
1.	2.30	Welcome and Apologies		Chair
2.	2.30	Declaration of Interests		Chair
3.	2.30	Minutes of previous meeting held on 18 August 2016		Chair
4.	2.35	Matters Arising		Chair
5.	2.35	Chair's Business		Chair
6.	2.40	Chief Executive's Business		Chief Executive
7.	2.50	Finance Update <ul style="list-style-type: none"> <li>• PHA Financial Performance Report</li> </ul>	<b>PHA/01/09/16 (for Noting)</b>	Mr Cummings
8.	3.00	Presentation on Connected Health		Chief Executive
9.	3.30	Presentation on Palliative Care		Mrs Hinds
10.	4.00	AHP Strategy – Final Implementation Report	<b>PHA/02/09/16 (for Noting)</b>	Mrs Hinds
11.	4.20	Any Other Business		
12.		<b>Date, Time and Venue of Next Meeting</b> Thursday 20 October 2016 1:30pm Conference Rooms 3+4		

12/22 Linenhall Street  
Belfast  
BT2 8BS

**Public Health Agency board Meeting**

**2:30pm, Thursday 15 September 2016**

**Conference Rooms, Ormeau Baths, Ormeau Avenue  
Belfast, BT2 8HS**

# **Public Health Agency**

## **Finance Report**

**2016-17**

**Month 4 - July 2016**



**Public Health Agency**  
**2016-17 Summary Position - July 2016**

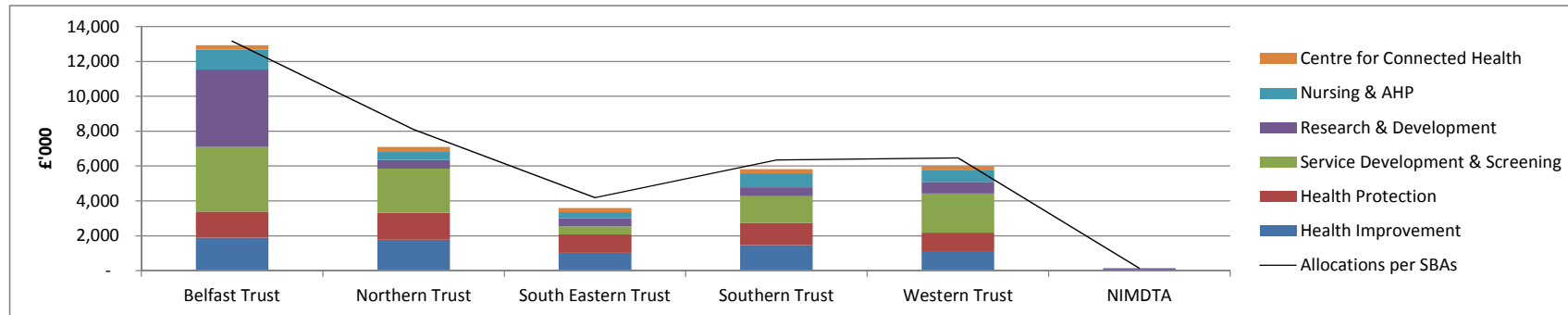
	Annual Budget				Year to Date			
	Programme		Mgt & Admin	Total	Programme		Mgt & Admin	Total
	Trust	Non-Trust			Trust	Non-Trust		
£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
<b>Available Resources</b>								
Departmental Revenue Allocation	28,941	48,838	18,176	<b>95,955</b>	9,462	10,057	5,819	<b>25,337</b>
Revenue Income from Other Sources	-	14	348	<b>361</b>	-	14	112	<b>126</b>
Capital Grant Allocation & Income	6,621	5,751	-	<b>12,372</b>	2,207	395	-	<b>2,602</b>
<b>Total Available Resources</b>	<b>35,562</b>	<b>54,603</b>	<b>18,524</b>	<b>108,689</b>	<b>11,669</b>	<b>10,465</b>	<b>5,931</b>	<b>28,065</b>
<b>Expenditure</b>								
Trusts	35,562	-	-	<b>35,562</b>	11,854	-	-	<b>11,854</b>
Non-Trust Programme *	-	54,603	-	<b>54,603</b>	-	9,324	-	<b>9,324</b>
PHA Administration	-	-	18,524	<b>18,524</b>	-	-	5,993	<b>5,993</b>
<b>Total Proposed Budgets</b>	<b>35,562</b>	<b>54,603</b>	<b>18,524</b>	<b>108,689</b>	<b>11,854</b>	<b>9,324</b>	<b>5,993</b>	<b>27,171</b>
<b>Surplus/(Deficit) - Revenue</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(150)</b>	<b>1,118</b>	<b>(62)</b>	<b>906</b>
<b>Surplus/(Deficit) - Capital Grant</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(35)</b>	<b>23</b>	<b>-</b>	<b>(12)</b>

\* Non-Trust Programme includes amounts which may transfer to Trusts later in the year

As advised in the opening Budget paper, revised Departmental guidance means the vast majority of PHA's Research & Development (R&D) expenditure will now be funded from a DoH capital grant rather than a revenue budget (RRL) as was previously the case. Total capital grants received for R&D now total £11.4m, with additional capital receipts of £1.0m bringing the total capital funding for R&D to £12.4m. As a result of this change the majority of the R&D programme will no longer form part of PHA's revenue breakeven requirement. However, total funds and expenditure will be shown within the Finance Reports in a combined manner, but the individual capital grants and RRL breakeven targets will be monitored and highlighted separately as shown above.

The year to date financial position for the PHA shows an underspend against profiled budget of just under £0.9m, which primarily relates to Revenue Budgets (RRL) with a small overspend against the R&D capital grants profiled to date. As detailed on page 3 of this report, this is mainly due to lower than anticipated expenditure in Non-Trust Programme budgets. It is currently anticipated that the PHA will breakeven on its full year budget.

## Programme Expenditure with Trusts

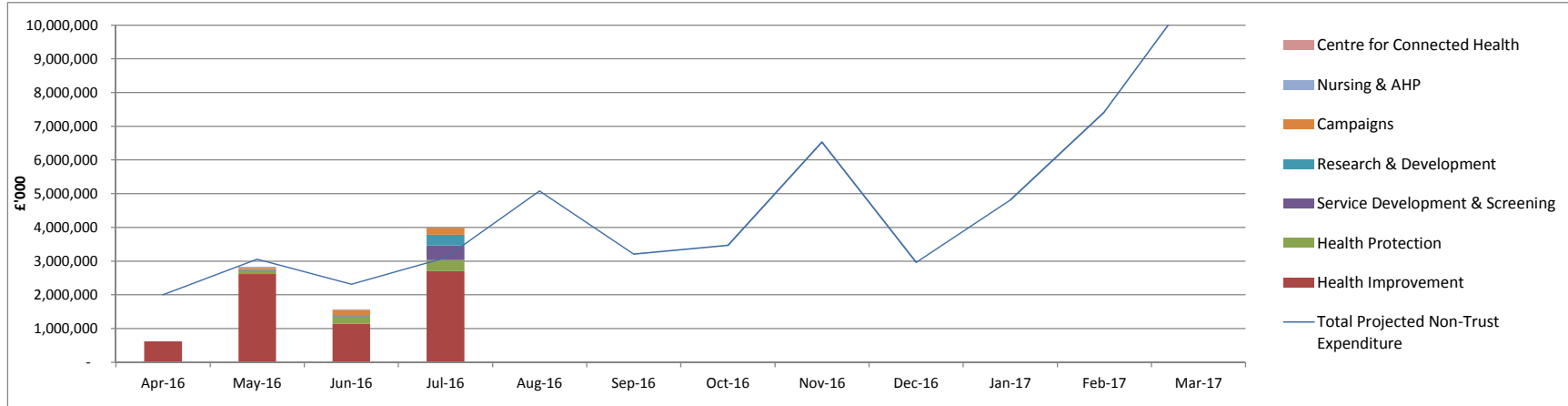


	Belfast Trust	Northern Trust	South Eastern Trust	Southern Trust	Western Trust	NIMDTA	Total Current Expenditure	YTD Budget	YTD Expenditure	YTD Surplus / (Deficit)
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Current Trust RRLs</b>										
Health Improvement	1,884	1,780	1,030	1,470	1,081	-	7,244	2,284	2,415	(131)
Health Protection	1,510	1,534	1,044	1,268	1,101	-	6,457	2,133	2,152	(19)
Service Development & Screening	3,698	2,545	467	1,536	2,253	-	10,498	3,499	3,499	0
Research & Development	4,452	489	477	517	660	132	6,728	2,207	2,242	(35)
Nursing & AHP	1,129	462	343	784	696	-	3,416	1,139	1,139	(0)
Centre for Connected Health	252	282	227	240	220	-	1,220	407	407	0
<b>Total current RRLs</b>	<b>12,926</b>	<b>7,092</b>	<b>3,587</b>	<b>5,815</b>	<b>6,010</b>	<b>132</b>	<b>35,562</b>	<b>11,669</b>	<b>11,854</b>	<b>(185)</b>
<b>Planned Further Allocations</b>	<b>237</b>	<b>1,010</b>	<b>593</b>	<b>541</b>	<b>454</b>	<b>-</b>	<b>2,835</b>			

The above table shows the current Trust allocations split by budget area. These amounts are primarily Revenue Resource Limits (RRL) but also include capital grant commitments for Research and Development.

The opening SBAs provided Trusts with an initial confirmed allocation (both revenue and capital) and an indicative allocation to enable them to prepare Trust Delivery Plans. During the year some elements of this indicative allocation have been issued to Trusts. The Planned Further Allocations above show the balance of these indicative amounts which have yet to be formally allocated by budget holders.

### Non-Trust Programme Expenditure



	Apr-16 £'000	May-16 £'000	Jun-16 £'000	Jul-16 £'000	Aug-16 £'000	Sep-16 £'000	Oct-16 £'000	Nov-16 £'000	Dec-16 £'000	Jan-17 £'000	Feb-17 £'000	Mar-17 £'000	Total £'000
<b>Projected Expenditure</b>													
Health Improvement	1,246	2,368	1,389	1,582	2,673	1,412	1,557	3,711	682	2,893	3,347	2,308	25,168
Lifeline	225	225	225	225	225	225	225	225	225	225	225	225	2,700
Health Protection	27	29	25	275	611	693	1,011	1,012	1,012	1,017	2,016	1,383	9,111
Service Development & Screening	217	148	392	157	102	375	102	112	374	126	168	422	2,693
Research & Development	8	8	8	372	997	19	8	948	132	8	1,147	5,129	8,783
Campaigns	115	115	115	115	115	115	115	115	115	115	115	115	1,384
Nursing & AHP	4	4	4	214	198	198	236	198	212	218	198	337	2,021
Safeguarding Board	-	-	-	-	-	12	-	-	-	-	-	12	24
Centre for Connected Health	157	157	157	157	157	157	157	157	157	157	157	157	1,889
Other	-	-	-	-	-	-	50	50	50	50	50	580	830
<b>Total Projected Non-Trust Expenditure</b>	<b>1,999</b>	<b>3,054</b>	<b>2,314</b>	<b>3,097</b>	<b>5,079</b>	<b>3,207</b>	<b>3,461</b>	<b>6,529</b>	<b>2,960</b>	<b>4,809</b>	<b>7,424</b>	<b>10,669</b>	<b>54,603</b>
<b>Actual Expenditure</b>	<b>620</b>	<b>2,914</b>	<b>1,663</b>	<b>4,127</b>	-	-	-	-	-	-	-	-	<b>9,324</b>
<b>Variance</b>	<b>1,379</b>	<b>140</b>	<b>651</b>	<b>(1,029)</b>	-	-	-	-	-	-	-	-	<b>1,141</b>

The budgets and profiles are based on the opening budgets with adjustments made as a result of additional allocations received subsequently. Expenditure is behind the profiles set by Budget Managers for the year to date, mainly due to slippage in Health Improvement (£409k), Service Development & Screening (£327k), and the Centre for Connected Health (£629k), offset by expenditure ahead of profile in Health Protection (£540k). The PHA is still projecting a breakeven position for the full year on these Programme budgets.



**PHA Administration**  
2016-17 Directorate Budgets

	Nursing & AHP £'000	Operations £'000	Public Health £'000	PHA Board £'000	Centre for Connected Health £'000	SBNI £'000	Total £'000
<b>Annual Budget</b>							
Salaries	2,457	3,339	8,865	454	315	507	15,937
Goods & Services	97	1,287	386	482	49	287	2,587
<b>Total Budget</b>	<b>2,554</b>	<b>4,626</b>	<b>9,251</b>	<b>935</b>	<b>364</b>	<b>794</b>	<b>18,524</b>
<b>Budget profiled to date</b>							
Salaries	814	1,113	2,946	149	105	150	5,276
Goods & Services	32	434	111	10	16	51	655
<b>Total</b>	<b>846</b>	<b>1,546</b>	<b>3,057</b>	<b>159</b>	<b>121</b>	<b>201</b>	<b>5,931</b>
<b>Actual expenditure to date</b>							
Salaries	945	1,100	3,019	88	107	150	5,408
Goods & Services	46	401	103	(9)	3	41	584
<b>Total</b>	<b>991</b>	<b>1,501</b>	<b>3,122</b>	<b>78</b>	<b>110</b>	<b>191</b>	<b>5,993</b>
<b>Surplus/(Deficit) to date</b>							
Salaries	(131)	13	(73)	61	(2)	0	(132)
Goods & Services	(14)	33	8	19	13	10	70
<b>Surplus/(Deficit)</b>	<b>(145)</b>	<b>46</b>	<b>(65)</b>	<b>80</b>	<b>11</b>	<b>10</b>	<b>(62)</b>

The total PHA allocation from the DoH in 2016-17 has been reduced by 10%, which equates to £1.6m. Although this reduction has initially been set against Commissioning funds by the DoH as an interim measure, the PHA Investment Plan requires the Administration budgets to deliver a contribution towards this reduction to enable PHA to achieve breakeven in-year.

The Administration savings target is based on anticipated savings as a result of restructuring following the 2015-16 VES process, the implementation of which is estimated to generate a net £0.45m after funding other pressures and priorities. Salaries budgets have been updated to reflect these plans.

The year-to-date salaries budgets of both Nursing and Public Health are under some pressure. This is due to a combination of incremental drift and in-year costs of VES posts only vacated at the end of quarter 1. The position is expected to improve over the coming months as VES savings are realised.

## PHA Prompt Payment

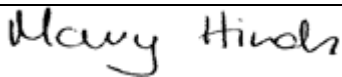
### Prompt Payment Statistics

	July 2016 Value	July 2016 Volume	Cumulative position as at 31 July 2016 Value	Cumulative position as at 31 July 2016 Volume
Total bills paid (relating to Prompt Payment target)	£3,240,507	374	£12,945,794	1,817
Total bills paid on time (within 30 days or under other agreed terms)	£3,204,928	356	£12,567,021	1,731
<b>Percentage of bills paid on time</b>	<b>98.9%</b>	<b>95.2%</b>	<b>97.1%</b>	<b>95.3%</b>

Prompt Payment performance for the year to date shows that on value paid (97.1%) and volume (95.3%) the PHA is meeting the 30 day target of 95%. PHA has made excellent progress on ensuring that high value invoices are processed promptly, as evidenced by July figures showing 98.9% of invoices by value were paid within 30 days or terms.

In addition, 10 day prompt payment performance was 90% by value for the year to date, which significantly exceeds the 10 day DHSSPS target for 2016-17 of 60%.

**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	15 September 2016
<b>Title of Paper</b>	AHP Strategy – Final Implementation Report
<b>Agenda Item</b>	10
<b>Reference</b>	PHA/02/09/16
<b>Summary</b>	
<p>The PHA is responsible for the implementation of the AHP Strategy. Bi annual reports are submitted to the DoH Implementation Board and at the last Implementation Board meeting the CNO requested a final overarching implementation report.</p> <p>This final report has been developed in partnership with the Lead AHPs in NI.</p>	
<b>Equality Screening / Equality Impact Assessment</b>	N/A
<b>Audit Trail</b>	This report was noted by AMT on 30 August 2016.
<b>Recommendation / Resolution</b>	For Noting
<b>Director's Signature</b>	
<b>Title</b>	Director of Nursing, Midwifery and AHPs
<b>Date</b>	7 September 2016

**DRAFT**

**AHP Strategy Implementation Report**

**AUGUST 2016**

**Improving Health and**

**Well-being through Positive Partnerships:**

**A Strategy for Allied Health Professions  
in Northern Ireland**

**2012-17**

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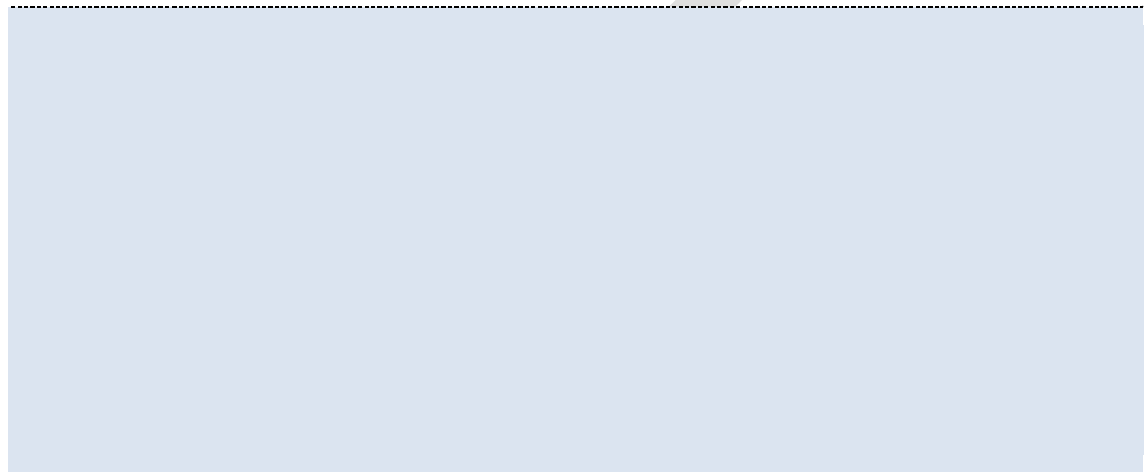
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## 1. Section 1

### 1. Strategic Context

Improving Health and Well-being through Positive Partnerships: A Strategy for the Allied Health Professions (AHP) in Northern Ireland 2012-2017 was launched by the Department of Health, Social Service and Public Safety (DHSSPS) in February, 2012. The strategy was developed primarily for 12 AHP groups working in the statutory sector, however, it is recognised that the principles equally apply into the voluntary, community and independent sectors and in education. The 12 AHP groups covered are:



The strategy recognises the increasingly important role AHPs play in optimising and supporting the health and well-being of the population. This role is translated in practice by:



Four themes were identified by the DHSSPS and provided for the basis for the Year 1 Action Plan within the *Improving Health & Well-being through Positive Partnerships: A Strategy for Allied Health Professionals 2012-2017*. These four themes were:

1. Promoting person-centred practice and care;
2. Delivering safe and effective practice and care;
3. Maximising resources for success, and
4. Supporting and developing the AHP workforce.

These themes continued to be the central focus of the Year 2 and 3 Action Plans for AHPs, while also taking cognisance of the key areas highlighted in the findings of the Mid Staffordshire NHS Foundation Trust Public Report, the PHA AHP Francis Workshop (April, 2014) and supported by the new DHSSPS AHP Regional Supervision Policy for N. Ireland (launched in April 2014). These areas are:

<b>Trust underpinned by quality</b>	<ul style="list-style-type: none"> <li>• Listening and hearing patients and service users</li> <li>• Openness</li> <li>• Staff respected and trusted</li> <li>• The right sort of performance accountability</li> <li>• Evidence based outcomes</li> </ul>
<b>Transforming culture</b>	<ul style="list-style-type: none"> <li>• Changing culture</li> <li>• Safety culture</li> <li>• Open culture</li> </ul>
<b>Strengthening the workforce</b>	<ul style="list-style-type: none"> <li>• Staff are heard and listened to</li> <li>• Strong teams</li> <li>• Managers and clinicians equal in delivering service</li> <li>• Leadership skills at every level</li> </ul>
<b>Measuring improvement</b>	<ul style="list-style-type: none"> <li>• Development of high quality data and measures</li> <li>• Using data to measure improvement</li> <li>• Standardised and robust data</li> <li>• Responsibility for all individual staff to provide accurate timely data</li> </ul>
<b>Raising standards</b>	<ul style="list-style-type: none"> <li>• Practice is evidenced based</li> <li>• Accessible services</li> <li>• Models developed in partnership</li> <li>• Equitable service care and treatment</li> </ul>
<b>Integrated care</b>	<ul style="list-style-type: none"> <li>• Building trust between different professionals</li> <li>• Joint learning</li> <li>• New models of service – TYC skill mix</li> <li>• Trust partnerships work together – learn together</li> </ul>



## **2. Methodology**

### **Ensure the effective implementation of the AHP Strategy**

The DHSSPS under the direction of the CNO and AHP Lead Officer established a DHSSPS AHP Strategy Regional Implementation Board which included HSC Trust and PHA Directors with executive responsibility for the implementation of the Strategy and then established the Regional Implementation Steering Group to progress the Strategy led by the PHA.

The PHA supported by the Leadership Centre, carried out an in-depth scoping exercise in 2013 to determine the regional status of the 40 recommendations outlined within the AHP strategy under the 4 key themes:

- Promoting person-centred practice and care
- Delivering safe and effective practice and care
- Maximising resources for success
- Supporting and developing the AHP workforce

This exercise ensured that a baseline was developed to help measure progress on each of the actions following full implementation of the strategy. To help organisations establish a meaningful operational plan a regional action plan was developed. This included a set of key standards to enable each organisations progress work across all 40 overarching recommendations. Organisations were then required to develop a local implementation plan, and provide regular biannual reports to the PHA who led on the regional implementation. The PHA then presented a summary regional progress report biannually to the DOH Regional Implementation Board for approval outlining key achievements and plans for the incoming 6 months throughout the 3 years involved in implementing this strategy.

## **3. Report Structure**

Section 2 of this final report includes the initial regional baseline and RAG status of the 40 recommendations outlined within AHP Strategy in 2013. It also includes the current position and RAG status of each individual organisation at 2016 to provide ease of reference on progress within each recommendation. This will provide a visual demonstration of progress across the region from the 2013 starting position until now.

Within section 3 of this final report there is a detailed update on the current achievements across the 4 key themes within the AHP Strategy. This includes an in-depth analysis of initiatives which have been achieved throughout the 3 years in

implementing this Strategy.

In section 4 there is a visual proforma which details a final collective RAG status and analysis to demonstrate the current regional position in each of the 40 recommendations. This details achievements and developments since 2013 and outline areas which require further progress to help determine future priorities.

Section 5 of the report provides a summary of future actions required across the AHP workforce to help meet current strategic priorities and address health and social care pressures. This will enable senior DOH staff to determine any necessary actions required for the effective delivery of AHP care in the future.

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Section 2: 2016 Individual Organisational RAG Status

PROMOTING PERSON CENTRED PRACTICE AND CARE										
PPCC/A:ENGAGEMENT				2016 Individual Organisations RAG Status						
Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
1	Secure the effective engagement of service users and the public in shaping health policy and participating in decisions about the planning, commissioning, and delivery of health and social care services	<i>Strategic</i> - The DOH AHP Lead, PHA Director of NS & AHPs, and AD of AHP & PPI	Completed	On target	On target	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced
2	Ensure that principles of personal and public involvement are continuously embedded within AHP practice	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Not commenced	On target	On target	On target	On target	On target	On target	On target
3	The AHP workforce will engage effectively with service users as partners in the planning and delivery of their practice and care	<i>Individual</i>	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Completed
On target	On target
Not commenced	Not commenced
N/A	N/A

PROMOTING PERSON CENTRED PRACTICE AND CARE										
PPCC/B:IMPROVING THE PATIENT AND CLIENT EXPERIENCE				2016 Individual Organisations RAG Status						
	Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
4	Support the DOH and PHA to oversee the regional implementation and monitoring of "Improving the Patient Client Experience" standards.	<i>Strategic</i> - The DOH AHP Lead and the PHA AD for AHPs & PPI	Not commenced	On target	On target	Completed	Completed	Completed	Completed	Completed
5	Ensure appropriate actions are in place within AHP practice to ensure the delivery of the "Improving the Patient and Client Experience" standards.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed	Completed
6	The AHP Workforce will continue to work colleagues to deliver services which improve the outcomes for, and experience of, service users in line with the "Improving the Patient and Client Experience" standards.	<i>Individual</i>	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey

PROMOTING PERSON CENTRED PRACTICE AND CARE										
PPCC/C: SUPPORTING SELF-MANAGEMENT				2016 Individual Organisations RAG Status						
	Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
7	Ensure that supporting self-management becomes integrated within the development of policy standards and the commissioning and design of AHP practice.	<i>Strategic</i> - The DOH AHP Lead, the PHA Director of NS & AHPs and AD for AHPs & PPI	On target	On target	On target	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced
8	Ensure that the AHP workforce promotes and supports self-management as an integral part of their practice.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	On target	Not commenced	Not commenced	Completed	Completed	Completed	Completed	Completed
9	The AHP workforce will engage and work with people as partners to support them to self-manage their own health and well-being	<i>Individual</i>	On target	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey

PROMOTING PERSON CENTRED PRACTICE AND CARE										
PPCC/D: PARTNERSHIP				2016 Individual Organisations RAG Status						
	Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
10	Develop and further promote partnership working arrangements across relevant Government Departments and other key stakeholders to enhance the health and social well-being of service users.	<i>Strategic</i> – DOH AHP Lead	Not commenced	Completed	N/A	N/A	N/A	N/A	N/A	N/A
11	Promote and support effective partnership working within AHP services and across other agencies and organisations.	<i>Strategic</i> - The PHA Director of NS & AHPs, the PHA AD for AHPs & PPI	On target	N/A	Completed	N/A	N/A	N/A	N/A	N/A
12	Engage with relevant stakeholders to ensure effective policy development and inter-agency working with other statutory, independent and voluntary and community sector organisations	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Completed	N/A	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey

PROMOTING PERSON CENTRED PRACTICE AND CARE										
PPCC/D: PARTNERSHIP				2016 Individual Organisations RAG Status						
	Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
13	Ensure that any barriers to good partnership working, both within and outside the organisation, are identified and addressed.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	On target	Completed	Completed	Completed	Completed	Completed	Completed	Completed
14	The AHP workforce, with appropriate professional support, will work effectively in multi-disciplinary and multi-agency teams to deliver co-ordinated and integrated practices and care.	<i>Individual</i>	On target	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey

DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE										
DESC/A:RISK MANAGEMENT			2016 Individual Organisations RAG Status							
Recommendation	Led By	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
15	Contribute to the development of policy to support good practice and ensure that effective risk management processes for AHP practices are in place and that lessons are learned and applied from complaints, adverse incidents, "near misses" and reviews.	<i>Strategic</i> - The DOH AHP Lead, PHA Director of NS & AHPs and AD AHPs & PPI	Completed	Completed	On target	Not commenced	Not commenced	Not commenced	Not commenced	
16	Provide an assurance to HSC Trust Board that effective risk assessment and management processes for AHP practices are in place and implemented and that lessons are learned and applied from complaints, serious adverse incidents, "near misses" and reviews.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	On target	Not commenced	Completed	Completed	Completed	Completed	Completed	
17	The AHP workforce will be supported to continue to work to recognised standards, guidelines, policies and procedures for the identification of risk for service users. This will include uni-disciplinary and collaborative approaches appropriate to their scope of practice.	<i>Individual</i>	On target	Not commenced	Completed	Completed	Completed	Completed	Completed	

Completed	Completed
On target	On target
Not commenced	Not commenced
N/A	N/A



DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE										
DESC/B: GOVERNANCE AND ACCOUNTABILITY				2016 Individual Organisations RAG Status						
	Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
18	Establish a regional accountability framework for AHPs.	<i>Strategic</i> – The DOH AHP Lead in partnership with relevant stakeholders	On target	Completed	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced
19	Establish a mechanism that provides leadership, support and guidance for AHP governance and accountability arrangements.	<i>Strategic</i> - The PHA Director of NS & AHPs and the AD for AHPs & PPI	Not commenced	Completed	Completed	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced
20	Develop, support and monitor AHP workforce compliance with agreed accountability and governance frameworks.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	On target	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Completed
On target	On target
Not commenced	Not commenced
N/A	N/A

DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE										
DESC/B: GOVERNANCE AND ACCOUNTABILITY				2016 Individual Organisations RAG Status						
	Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
21	The AHP workforce will be supported to use relevant standards, guidelines, protocols and procedures and or report and escalate issues of concern regarding poor practice or poor performance of others in line with organisational, professional body and regulatory guidance.	<i>Individual</i>								

Completed	
On target	
Not commenced	
N/A	

MAXIMISING RESOURCES FOR SUCCESS										
MRFS/A: SERVICE DESIGN				2016 Individual Organisations RAG Status						
Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
22	Contribute to, and lead as required, the development of policy and strategies to promote the commissioning, design and delivery of evidence based best practice and service improvement	<i>Strategic</i> - The DOH AHP Lead	Completed	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced	
23	Ensure effective service design and delivery models are commissioned and in place which allow for more innovation in the provision of accessible, flexible and responsive services to ensure improved clinical outcomes, user satisfaction and value for money	<i>Strategic</i> - The PHA Director of NS & AHPs and AD AHPs & PPI	Not commenced	Completed	Not commenced	Not commenced	Not commenced	Not commenced	Not commenced	
24	Ensure that services are in line with strategic policy and principles, are accessible, flexible and responsive to the needs of service users and carers, and make the most effective use of the AHP workforce	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Completed	Not commenced	Completed	Completed	Completed	Completed	Completed	

Completed	Completed
On target	On target
Not commenced	Not commenced
N/A	N/A

MAXIMISING RESOURCES FOR SUCCESS										
MRFS/A: SERVICE DESIGN				2016 Individual Organisations RAG Status						
Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
25	Work with HSCB/PHA to ensure identification of effective service design and delivery models which allow for more innovation in the provision of accessible, flexible and responsive services to maximise performance and ensure improved clinical outcomes, user satisfaction and value for money.	<i>Organisational</i> - The Accountable Executive Director, AHP Leads and Professional HOS	On target	On target	On target	On target	On target	On target	On target	
26	The AHP workforce, in conjunction with Professional Heads of Service, will continue to review their practice and consider innovative ways in which the services they deliver can be modernised and improved to the benefit of service users and carers.	<i>Individual</i>	Completed	Completed	Completed	Completed	Completed	Completed	Completed	

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey

MAXIMISING RESOURCES FOR SUCCESS										
MRFS/B: PROFESSIONAL LEADERSHIP				2016 Individual Organisations RAG Status						
Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
27	Provide effective professional leadership for the AHP workforce, working in partnership with relevant groups and other key stakeholders.	<i>Strategic</i> - The DOH AHP Lead and PHA AD of AHPs & PPI	Completed	Completed	On target	On target	On target	On target	On target	
28	Provide effective professional leadership and act as positive role models for staff by demonstrating commitment to the innovation and modernisation of AHP practices, the development of staff and the delivery of high quality care this is safe effective and focused on best outcomes for service users.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	On target	Completed	Completed	Completed	Completed	Completed	Completed	
29	The AHP workforce will take personal ownership of, and demonstrate a high level of commitment to, the delivery of high quality, innovative practices and care leading to improved clinical outcomes, service user satisfaction and value for money.	<i>Individual</i>	Completed	On target	Completed	Completed	Completed	Completed	Completed	

Completed	Completed
On target	On target
Not commenced	Not commenced
N/A	N/A

SUPPORTING AND DEVELOPING THE AHP WORKFORCE										
SDTW/A: WORKFORCE PLANNING				2016 Individual Organisations RAG Status						
Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
30	Continue to ensure that a strategic approach is taken to regional workforce planning to meet identified service needs and take into account the workforce implications of the modernisation of HSC services.	<i>Strategic</i> - The DOH AHP Lead	On target	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed
31	Carry out, influence and contribute to workforce reviews for individual Allied Health Professions and for multi-disciplinary and multi-professional programmes of care as appropriate	<i>Strategic</i> – The DOH AHP Lead, PHA Director of NS & AHPs, AD AHPs & PPI and Trust AHP Leads & HOS	On target	Completed	Completed	Completed	Completed	Completed	Completed	Completed
32	Ensure appropriate input to organisation level workforce planning, as well as representation and participation to inform regional workforce planning.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
33	The AHP workforce will use their experience and specialist expertise to inform workforce planning.	<i>Individual</i>	Not commenced	Completed	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Completed
On target	On target
Not commenced	Not commenced
N/A	N/A

SUPPORTING AND DEVELOPING THE AHP WORKFORCE										
SDTW/B: LEARNING AND DEVELOPMENT			2016 Individual Organisations RAG Status							
Recommendation	Led By:	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	
34	Inform and support the commitment to the learning and development of AHPs.	<i>Strategic</i> - The DOH AHP Lead, PHA Director of NS & AHPs and AD AHPs & PPI, Trust AHP Leads and Professional HOS	On target	Completed	Completed	Completed	Completed	Completed	Completed	Completed
35	Support the commitment to the learning and development of the AHP workforce through mentorship and ensuring that staff are supported in the acquisition of new skills and competencies as necessary to respond to emerging needs of the service.	<i>Organisational</i> - The Accountable Executive Director in conjunction with Trust AHP Leads and Professional HOS	On target	Completed	Completed	Completed	Completed	Completed	Completed	Completed
36	AHPs, in conjunction with their Professional Heads of Service and managers as appropriate, are responsible for their continued professional development and meeting the requirements for their on-going professional registration	<i>Individual</i>	On target	Completed	Completed	Completed	Completed	Completed	Completed	Completed

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey

SUPPORTING AND DEVELOPING THE AHP WORKFORCE										
SDTW/C: WORKFORCE DEVELOPMENTS				2016 Individual Organisations RAG Status						
	Recommendation	Lead	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
37	Advise DOH of workforce developments in consultation with the relevant groups and other key stakeholders and commission appropriate training and development which aligns with service needs.	<i>Strategic</i> - The DOH AHP Lead, the PHA Director of NS and AHPs and the AD for AHPs & PPI, Trust AHP Leads and Professional HOS								
38	Ensure that appropriate induction, preceptorship and supervision are in place to support transitions along the career pathway.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS								
39	Inform and influence the commissioning of appropriate training and development to align with service needs.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS								

Completed	
On target	
Not commenced	
N/A	



SUPPORTING AND DEVELOPING THE AHP WORKFORCE										
SDTW/C: WORKFORCE DEVELOPMENTS				2016 Individual Organisations RAG Status						
	Recommendation	Lead	2013 Regional RAG Status	DOH	PHA	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT
40	The AHP workforce, in conjunction with Professional Heads of Service and their managers as appropriate, will identify their training and development needs and build on their core competencies, adding additional knowledge and skills through life-long learning and accepting responsibility for improving their own practice through continuing professional development.	<i>Individual</i>								

Completed	
On target	
Not commenced	
N/A	

## Section 3: Key Achievements

### 1. Promoting Person Centered Practice and Care

#### 1.1 Engagement

There are a wide range of examples across the region at all levels which indicate significant progress in embedding Personal and Public Involvement (PPI) into Allied Health Professional (AHP) practice. There is PPI representation in key strategic AHP regional and local forums including the AHP Strategy Regional Implementation Board and the Department of Health (DOH) Strategic Workforce Development Group. In trusts PPI is included on agendas of staff meetings, team briefings, professional meetings and forums. In addition AHP staff are involved in PPI structures and processes established within the relevant organisations and in interdisciplinary processes.

Service users are actively involved in service evaluations and developments and there are posters displayed in public areas supporting and encouraging PPI in practice. There are a range of examples of patient stories, questionnaires and patient information being recorded and utilised as part of the monitoring process across all Health and Social Care organisations.

PPI regional responsibility sits with the Assistant Director of AHPs in the Public Health Agency (PHA), which provides strong leadership to the wider Health and Social care sector. AHPs contribute to the regional PPI monitoring processes at designated timescales to ensure regular progress in this area.

Patient experience and PPI activity is embedded in strategic regional AHP and Multi-disciplinary pathways led by the PHA and HSCB e.g. palliative care, review of AHP support for children with Special Educational Needs (SEN), Direct Access Physiotherapy etc. This has helped shape service models and interventions at both local and regional commissioning levels to help meet service needs and views.

AHPs continue to seek improvements in their PPI practice by being fully engaged in relevant PPI forums. Such involvement has led to more enhanced engagement with service users at each stage of their care e.g.

- engagement with service users on how to improve communication with families and children
- development of health promotion messages for children
- in the development of palliative, acute and community care
- promotion of self-management for clients across all programmes of care

The PHA has provided PPI training to under-graduate AHP students at Ulster University (UU) to help enhance knowledge and application of PPI principles in students whilst on clinical placement and also develop awareness PPI early on in their professional career.

Organisations have developed regional and local engagement plans to enhance AHP awareness, e.g. newsletters, professional events, campaigns and application for awards. Further development of promotional materials has been developed by the PHA which included engagement with a wide range of stakeholders across all organisations, including service users.

Excellent submissions, which demonstrated innovative, patient centered practice and high standards of care, were presented at the regional 2015 and 2016 AHP Conferences. Key note speakers delivered presentations to delegates at the conference which included AHP clinicians, managers and senior staff from the Health and Social Care Trusts, senior AHP colleagues from England and Scotland and Ulster University , which help drive AHPs to deliver more innovative and evidenced based models of care.

## **1.2 Improving the Patient Client Experience**

AHPs across all organisations are dedicated to improving patient, client and carer experiences.

This is facilitated and evident from AHP involvement in a wide range of forums:

- Equality, Engagement and Experience Steering Group
- Multi-disciplinary Patient Client Experience Groups
- 10,000 Voices Forums
- Regional and Trust Complaints Groups
- Regional and Trust Serious Adverse Incident (SAI) Review Teams

All organisations have AHP representation on key health promotion /improvement forums e.g. SAIs, Northern Ireland Cancer Network (NICAN), Transforming Your Care (TYC), Falls and Stroke. The PHA has representation on strategic regional forums; Older people, Children and Young People, Cancer awareness groups, Macmillan work, Prison Services, Unscheduled Care, and the Support and Vocational Rehab Steering Group.

Learning from regional and local forums is shared with professional and undergraduate staff to help communicate identified views and shape and improve future patient/client experiences. Access to relevant supervision and adherence to Health and Care Professions Council (HCPC) clinical and code of conduct requirements ensures practitioners strive to improve service user experience and clinical outcomes. In line with AHP governance arrangements systems are put in place to deal and learn from complaints, compliments and SAIs.

### **1.3 Self-Management**

Self-management is integral to the ethos and professional practice of AHP models of care and post-graduate training. As part of the implementation of the AHP Strategy a regional scoping exercise has been completed to capture examples of current self-management programmes which are delivered across the health and social care sector.

Self-management training has been commissioned as part of the 2016-'17 Education

Commissioning Group to further enhance self-management as part of everyday AHP practice which includes;

- Lifestyle Management
- Motivational interviewing
- Adult Weight Management
- Cardiac Rehab

Supervision and performance management is in place to monitor the delivery of self-management approaches with clients, and there are a number of successful self-management initiatives with local councils to ensure the delivery of sustainable models of care which meets the client and carer's needs, e.g.

- Exercise, lifestyle, leisure and falls programmes
- Condition Management programmes
- Parent training programmes to support children and young people
- Training programmes for Early Years and education staff
- Department of Employment and Learning of self-management approaches

AHPs played a central part in the DoH Regional 'Making Life Better Workshop' which took place on the 4/3/16. AHP staff gave presentations on their innovative public health initiatives which were addressing the public health needs of service users across the region e.g. the Belfast Health and Social Care Trust (BHSCT) Staff Health and Wellbeing service and the Northern Health and Social Care Trust (NHSCT) Global Positioning Systems initiative for clients with dementia.

#### **1.4 Partnership**

Senior AHP staff sit on regional forums to enhance better partnership working across services, agencies, organisations and departments. The DOH has established a Strategic Workforce Development Group (SWDG)/AHP Business Meetings to enhance partnership working and

address any barriers to effective integration. Through this forum there has been several task and finish groups focusing on specific issues with partners such as Macmillan ,CAHPR and Ulster University to support undergraduate placements for AHP students. PHA AHP staff continue to sit on Regional Commissioning forums and Local Commissioning Group. Senior AHP staff in Health and Social Care Trusts sit on local Integrated Care Partnerships (ICPs) and there regular meetings with external agencies on a regional and local basis e.g. Northern Ireland Housing Executive (NIHE), Department for Communities (DfC), Surestart, Education Authority (EA) etc., to consider how best to work together to support client and carer needs.

The PHA hosts a regional AHP Lead AHP Forum where senior AHP Leads work in partnership to drive forward areas of work that require a regional approach.

The PHA Review of AHP support for children with SEN has been completed with active involvement and partnership working with Department of Education (DE) and is with DOH for consideration. This work includes recommendations to help standardize support and improve outcomes for children with SEN.

DfC and DoH have worked closely in developing the inter-departmental housing review to help streamline services for service users through effective partnership between departments and organisations. The effective partnership working between these two departments has led to discussions on the potential for the development of a pilot Housing Occupational Therapy (OT) post in the Western region. This aims to further support and enhance partnership working between agencies at a local level to improve service pathways for clients and evidences the significant contribution AHPs are and can make to other department and agency service models.

Partnership working continues to progress in many areas including in the implementation of the regional Sure Start SLT model with DE and Child Care Partnerships (CCP) and work with Department of Justice (DOJ). These forums have assisted in developing innovative and integrated models of care including the regional Sure Start Speech and Language Therapy (SLT)

model which is currently being implemented and successful involvement of AHPs as Registered Intermediaries (RIs) with DOJ.

## **2. Delivering Safe and Effective Practice and Care**

### **2.1 Risk Management**

Senior AHP staff sit on regional and local SAI and Risk Management groups and systems are in place to learn from SAIs and incidents to share learning with AHP staff to enhance safe practice. This information is shared through established governance risk management protocols across AHP professional groups which will further enhance governance as per recommendations outlined within the recent Regional Quality Improvement Agency (RQIA) 'Review of HSC Trusts' readiness to comply with an AHP Professional Assurance Framework' (2016).

Senior AHP staff participate in thematic reviews, e.g. choking by food review, and commit to sharing any subsequent learning from these.

Professional AHP governance arrangements, which are established across all organisations, are supported and monitored via induction, appraisal and supervision processes in line with regional guidelines. The DoH 'Regional Supervision Policy for AHPs' (2014) has been launched, and is currently being implemented through the Clinical Education Centre to ensure supervision is standardized across all AHP professions.

### **2.2 Governance and Accountability**

Each organisation has established consistent governance and accountability frameworks for all 12 AHP professions to ensure there is a robust mechanism to provide the necessary governance requirements (*See appendix 1 for organisational accountability maps*).

The current AHP governance infrastructure across each of the Health and Social Care Trusts (HSCTs) includes an AHP Lead and Professional Heads of Service (HOS) who provide assurance through the Executive Director with accountability for AHP governance. This is further supported by robust governance processes for AHPs within the DOH and PHA. AHP governance and accountability is currently supported by a PHA AHP assurance Framework which provides a benchmark of professional compliance e.g. risk management processes, HCPC registration, appraisals and statutory training requirements. The Public Health Agency uses its PHA Assurance Framework to seek assurances from HSCT Trusts on AHP practice in order to provide assurances to the DoH. Following an RQIA Review of HSC Trusts' Readiness to comply with an Allied Health Professions Professional Assurance Framework (2016), the DoH will publish a regional DOH AHP Assurance Framework that will replace the PHA AHP Assurance Framework.

All organisations have an established personal development process which sits alongside existing organizational policies such as capability, verification of registration and disciplinary policies. This provides assurances that the regulatory requirements outlined with HCPC are met. This also includes a process to share correspondence from HCPC to provide necessary updates and enhance learning. Additionally AHP staff work to organizational policies and procedures e.g. whistleblowing, supervision policy, HR policies etc.

The DoH has just issued two guidance's in August 2016 to all organisations to support good governance arrangement for AHPs :

- DoH -Guidance for Allied Health Professions Managers Forums
- NMAHP Guidance on Raising a concern about an Allied Health Professional's (AHPs) fitness to practice

To support governance arrangements for all 12 AHP professions standards and processes have been set and shared with the relevant commissioning organisations including the Health and Social Care Board (HSCB) and Procurement and Logistics Service (PALs). This ensures rigorous



processes are in place to support effective clinical and social care governance for AHP services contracted externally or on a regional basis. This has been an important development and has enhanced engagement with all relevant groups to share practice and establish a stronger identity of the wider AHP groups. In addition standards are developed and in place across all trusts for AHPs who are directly employed with HSCTs. Assurance of governance and accountability is also achieved across the AHP professions through professional and corporate governance processes which are regularly monitored and reported on through a range of Quality Improvement (QI) reports.

### **3. Maximising Resources for Success**

#### **3.1 Service Design**

There is a range of established fora which assist in ensuring development of service design in line with key strategic service priorities required to meet service user needs at an operational, professional managerial, commissioning and policy level. Some of the key developments achieved from the implementation of the AHP Strategy includes the development of standardised regional AHP care pathways which works to ensure effective use of resources, timely access to AHP support and reduced variation in the delivery of high quality, safe and effective care.

The agreement and implementation of regional outcome measures will ensure greater consistency and will enable AHP services to be benchmarked across the region. In addition data definitions for AHP elective services have been updated to enhance standardisation of data collection in line with the ministerial elective targets. An in-depth demand and capacity analysis of core elective AHP services has been completed by the PHA, HSCB and Trusts and outcomes shared with the relevant organisations. A number of Trusts have carried out internal workforce reviews to help future proof the workforce model for AHPs to help ensure there is the relevant levels of skill mix to meet current and future health and social care needs, including assistant support.

The PHA and BSO have carried out a number of regional workshops to review the current regional band 5 AHP recruitment process to help determine any barriers to access to AHP staff to meet service pressures and development. Some of the trusts are in the process of considering Supernumerary AHP posts to address short-term recruitment issues which was identified as challenging from the recruitment review.

There have been a number of service developments which have ensured enhanced practice amongst AHP professionals enabling clients to receive a more holistic and access to more timely models of care which incorporates evidence based practice. This includes initiatives led by the HSCB and PHA, e.g. Direct Access Physiotherapy, the implementation of a Diabetic Foot Care Pathway, Acute Care at Home, Plain film reporting, 7 day working, AHP support in Emergency Departments (ED), Neonatology, early support for clients with Dementia.

The developments within supplementary and independent prescribing have enabled the relevant AHP professions to enhance their scope of practice, which will when fully implemented will make a significant impact on service delivery for clients with complex and co-morbid conditions.

A regional e-health workshop hosted by the PHA has been carried has identified key themes and an action plan has been created from the workshop and post event survey. From this workshop an e-health network has been established to further progress work in this area amongst AHP practice, at all levels. Work continues across the region in implementing Clinical Communication Gateway (CCG) in line with the regional implementation plan. AHP groups being actively involved in pilot sites to shape the future of the CCG regional implementation programme.

Outcome Measures utilized by AHP professionals have been scoped across the region and uni-professional AHP groups have commenced a regional implementation programme to enhance

standardization across the region which includes data collection.

### **3.2 Professional Leadership**

All AHPs are required to work to the highest standard of leadership and professionalism. Staff are supported to achieve this by regional and local leadership and development processes and via appraisal and supervision processes. Sharing of best practice is routinely undertaken at staff meetings and via team briefs. Each Professional HOS produces an annual management / development plan, which identifies key objectives and required actions on how these will be taken forward. This is integral to AHP work, taking account of on-going developments across the region and in Trust to modernise and improve service models.

The need for relevant AHP programmes to support effective leadership is important, considering the diverse and complex aspects of the AHP professions. To support this 2 senior AHP Leadership Programmes have been successfully delivered which will help ensure AHPs are equipped with the necessary leadership for the future. This will also assist in developing a succession plan across the AHP Workforce across all organisations and on a regional basis. Both the Permanent Secretary and Chief Nursing Officer attended the 1st and final session of the Leadership courses to give AHPs a strategic context and provide guidance to those attending on what the future of the Health and Social Care sector may look like and would need to allow attendees to consider the skill set and models required from AHPs. As part of these programmes AHP staff were required to develop innovative leadership initiatives to help shape and modernize AHP practice to help meet current pressures and trends and further progress developments within the AHP workforce. These programmes have facilitated the development of a regional AHP professional Alumni which will enhance AHP workforce developments to meet current and future requirements.

There is evidence of a strong commitment from all AHP Leads, Senior AHP staff and professional HOS in developing and leading AHP practice locally and regionally through the a range of AHP success and achievement at local, Regional and National awards. This included

successful achievements in a range of quality improvement initiatives which showcase effective and innovative AHP practice at strategic platforms, e.g. The Southern Health and Social Care Trust (SHSCT) Radiography led Hysterosalpingogram Service (HSG) for women with Fertility problems.

New media channels have been developed to communicate the achievements of the 2016 NI AHP Conference and Awards event and other key AHP developments e.g. AHP Top Tips which were shared via Knowledge Exchange, use of Twitter etc, this ensures AHP are utilizing effective modes of communication necessary for the 21<sup>st</sup> century to develop awareness amongst service users, professionals and the general public on the significant contribution they are making.

## **4. Supporting Developing the AHP Workforce**

### **4.1 Workforce Planning**

The DOH plans to take forward an AHP workforce review to help determine the undergraduate and service workforce requirements for the future in Northern Ireland. Planning is ongoing to progress this using the 6 step tool. In order to support the development of appropriate skills and commissioning of training for the AHP workforce the DoH also plans to create an AHP Advanced Practitioner Framework supported through the leadership centre. A Steering Board will be established to take this work forward.

To support the DoH AHP workforce review The PHA completed an AHP Workforce report for the DOH (2015), which includes an analysis of staffing trends and pressures to support decisions about the future AHP workforce requirements. The DOH has identified that Workforce plans in Occupational Therapy, Physiotherapy, Speech and Language Therapy and possibly Therapeutic Radiography will commence shortly as part of the AHP Workforce Review. Within each Health and Social Care organization Senior AHP staff and professional HOS are

involved in and contribute to workforce planning processes on an ongoing basis, both within the region and in each of the HSCTs.

A PHA regional workshop was carried out with a wide range of stakeholders in relation to band 5 AHP regional recruitment. An E-survey has been carried out with AHP graduates who have undergone recent regional recruitment processes to seek views on the current process and shape the future recruitment provision. An action plan has been drafted and work is progressing to further enhance appropriate and timely recruitment of band 5 AHP staff with ongoing engagement with Shared Services in the Business Support Organisation (BSO), AHP Leads and professional AHP HOS. This work has led to a better understanding of issues impacting on the recruitment of band 5 AHP staff across each organisation. Actions to address this are currently being worked through by the PHA, BSO and HSCT professional HOS. This will ensure required band 5 staff are available to meet a range of contracts across all organisations.

#### **4.2 Learning and Development**

In February 2013 the DHSSPS established the Strategic Workforce Development Group to provide a regional forum and strategic leadership to take forward AHP workforce issues and AHP Education Commissioning so that it is responsive to current and future service demand to ensure the workforce has the skills and competencies to deliver high quality services that are fit for purpose and meet service need.

The DHSSPS issued guidance 'Supporting and Developing the AHP workforce' in relation to these two forums: Strategic Workforce Development Group and the AHP Educational Commissioning Group in 2013 and reviewed it again in 2015.

There has been a number of AHP Programmes delivered by the Clinical Education Centre (CEC) annually to enhance the learning and development needs of AHP staff. These programmes are robustly monitored and helps ensure practitioners focus on the impact and outcome of input to service users and carers.

CEC continues to deliver a number of programmes with a specific emphasis on behaviour change and health promotion to enhance patient/client empowerment in all aspects of AHP support:

- Lifestyle Management of Arthritis
- Acquired Brain Injury
- An Introduction to Supporting Self- Management
- Motivational Interviewing
- Behaviour Change Skills for Dietitians
- Adult Weight Management Programme
- Cardiac Rehab.

Significant work has taken place in the form of 'Think Tanks' led by DOH to consider the future training needs of AHPs in key strategic clinical areas, to address new and emerging areas within the Health and Social Care system:

- Unscheduled care
- Dementia
- Reablement
- Support for children with Special Educational Needs.

Training identified from this work has been taken forward and embedded into the AHP Education Commissioning process. Future training and development needs have also been identified from the DoH Macmillan AHP Group to help determine the current and future remit of AHP practitioners to address the needs of Cancer patients and their carers.

CEC have linked with the Research and Development (R&D) office to source information on the availability of programmes to increase awareness & knowledge of research amongst AHP staff. As part of the AHP SWDG the DOH AHP Lead agreed to establish a group to support the new

local Council for Allied Health Professional Research (CAHPR) group to progress the development of a research hub to scope and develop research roles in the AHP professions.

### **4.3 Workforce Developments**

A wide range of cost effective AHP initiatives was presented as poster and oral presentations at the regional AHP Awards ceremony hosted by DOH in January 2016. The work presented was assessed through a robust judging process and award finalists demonstrated a wide range of excellent work across all organisations and Programmes of Care (POCs).

Funding has been secured to appoint an AHP post within CEC to roll out the regional AHP supervision policy and an e-learning training programme has been developed and piloted and a regional steering group is currently being developed to progress this across all trust areas.

Section 4: Summary Action Plan – Regional RAG Status

PROMOTING PERSON CENTRED PRACTICE AND CARE PPCC/A:ENGAGEMENT					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
1	Secure the effective engagement of service users and the public in shaping health policy and participating in decisions about the planning, commissioning, and delivery of health and social care services	<i>Strategic</i> – The DOH AHP Lead, PHA Director of NS & AHPs and the AD for AHPs & PPI			Whilst PPI is actively embedded into AHP practice there have been significant developments regionally in the area of PPI, which will require AHPs to contribute towards e.g. completion of PPI training modules.

Completed	
On target	
Not commenced	
N/A	



PROMOTING PERSON CENTRED PRACTICE AND CARE PPCC/A:ENGAGEMENT					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
2	Ensure that principles of personal and public involvement are continuously embedded within AHP practice	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			There are a wide range of examples where PPI principles are embedded into AHP practice and an AHP initiative in BHSCCT was awarded a regional recent PPI award PPI activity. Continued focus on this area will further enhance PPI integration into AHP practice.
3	The AHP workforce will engage effectively with service users as partners in the planning and delivery of their practice and care	<i>Individual</i>			AHP practitioners actively engage with service users as part of everyday practice and service development. The implementation of the AHP Supervision training will further enhance more active PPI

Completed	
On target	
Not commenced	
N/A	

PROMOTING PERSON CENTRED PRACTICE AND CARE PPCC/B:IMPROVING THE PATIENT AND CLIENT EXPERIENCE					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
4	Support the DOH and PHA to oversee the regional implementation and monitoring of "Improving the Patient Client Experience" standards.	<i>Strategic</i> - The DOH AHP Lead and the PHA AD for AHPs & PPI			AHPs continue to provide for the support and monitoring of Patient Client Standards  AHPs have scoped and identified a range of outcome measures to support the delivery and ultimately improve the patient's experience. These will be implemented across all trust areas. Further analysis of outcome measures is required to determine improvements which can be supported by IT processes.
5	Ensure appropriate actions are in place within AHP practice to ensure the delivery of the "Improving the Patient and Client Experience" standards.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			AHPs are represented on Patient client experience forums across a number of organisations and learning is shared to improve patient client experiences.
6	The AHP Workforce will continue to work with colleagues to deliver services which improve the outcomes for, and experience of, service users in line with the "Improving the Patient and	<i>Individual</i>			There is good evidence that AHPs are focused on working to deliver services to improve outcomes for service users and carers.

Completed	
On target	
Not commenced	
N/A	

	Client Experience" standards.				
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**PROMOTING PERSON CENTRED PRACTICE AND CARE  
PPCC/B:IMPROVING THE PATIENT AND CLIENT EXPERIENCE**

	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
7	Ensure that supporting self-management becomes integrated within the development of policy standards and the commissioning and design of AHP practice.	<i>Strategic</i> - The DOH AHP Lead, PHA Director of NS & AHPs and the AD for AHPs & PPI			Self-management practice is supported through the Education Commissioning Group to ensure this is incorporated across all models of service delivery
8	Ensure that the AHP workforce promotes and supports self-management as an integral part of their practice.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			Self-Management programmes are considered to be central to the AHP model in everyday practice. Organisations have processes in place through supervision and performance monitoring to ensure overall compliance.
9	The AHP workforce will engage	<i>Individual</i>			There are a wide range of examples where the AHP

Completed	
On target	
Not commenced	
N/A	

	and work with people as partners to support them to self-manage their own health and well-being					workforce have engaged with people as partners to support their own health and well-being. Ongoing delivery of self-management programmes and monitoring of impact will continue to support this further
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PROMOTING PERSON CENTRED PRACTICE AND CARE					
PPCC/D: PARTNERSHIP					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
10	Develop and further promote partnership working arrangements across relevant Government Departments and other key stakeholders to enhance the health and social well-being of service users.	<i>Strategic</i> – DOH AHP Lead			There is strong partnership working evident across Government Departments. Further development within new Government Departments is necessary to progress this further
11	Promote and support effective partnership working within AHP services and across other agencies and organisations.	<i>Strategic</i> - The PHA Director of NS & AHPs and AD for AHPs & PPI			Senior AHP staff have developed effective partnership working with a wide range of agencies, organisations and departments. Ongoing development of key partnerships across the region is required

Completed	
On target	
Not commenced	
N/A	

12	Engage with relevant stakeholders to ensure effective policy development and inter-agency working with other statutory, independent and voluntary and community sector organisations.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			AHP staff actively engage with relevant with relevant stakeholders. This could be strengthened through regional policy directions, i.e., SLA with NIHE, outcomes of regional reviews
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**PROMOTING PERSON CENTRED PRACTICE AND CARE  
PPCC/D: PARTNERSHIP**

	<b>Recommendation</b>	<b>Led By:</b>	<b>2013 Regional RAG Status</b>	<b>2016 Regional Overall Status</b>	<b>Comments</b>
13	Ensure that any barriers to good partnership working, both within and outside the organisation, are identified and addressed.	<i>Organisational</i> - The Accountable Executive Director, AHP Leads and Professional HOS			Each organisation has processes in place to highlight and address barriers to good partnership working. Further developments are necessary to ensure continued good partnership working e.g. DE and EA re SEN review
14	The AHP workforce, with appropriate professional support, will work effectively in multi-disciplinary and multi-agency teams to deliver co-ordinated and integrated practices and care.	<i>Individual</i>			There are a range of excellent examples of multi-disciplinary and multi-agency working across all organisations. Work is ongoing with and across teams and agencies to ensure arrangements are robust.

Completed	
On target	
Not commenced	
N/A	

DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE					
DESC/A:RISK MANAGEMENT					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
15	Contribute to the development of policy to support good practice and ensure that effective risk management processes for AHP practices are in place and that lessons are learned and applied from complaints, adverse incidents, "near misses" and reviews.	<i>Strategic</i> - The DOH AHP Lead, the PHA Director of NS & AHPs and the AD AHPs & PPI			A range of processes are in place to shape policy direction to ensure effective risk management within AHPs. Further development is required to keep abreast of any new processes.
16	Provide an assurance to HSC Trust Board that effective risk assessment and management processes for AHP practices are in place and implemented and that lessons are learned and applied from complaints, serious adverse incidents, "near misses" and reviews.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			Processes are in place across all organisations to ensure effective risk management, which includes the assurance mechanism provided by the PHA Assurance document.  The launch and implementation of the DoH AHP Assurance Framework will further enhance risk management across AHP practice.

Completed	
On target	
Not commenced	
N/A	

DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE DESC/A:RISK MANAGEMENT					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
17	The AHP workforce will be supported to continue to work to recognised standards, guidelines, policies and procedures for the identification of risk for service users. This will include uni-disciplinary and collaborative approaches appropriate to their scope of practice.	<i>Individual</i>			Organisations have established practices to support and monitor compliance with standards, guidelines, policies and procedures.




Completed	
On target	
Not commenced	
N/A	

DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE DESC/B: GOVERNANCE AND ACCOUNTABILITY					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
18	Establish a regional accountability framework for AHPs.	<i>Strategic</i> - The DoH AHP Lead in partnership with relevant stakeholders	Yellow	Red	Following the RQIA review recommendations need to be integrated into the DoH AHP Assurance Framework.
19	Establish a mechanism that provides leadership, support and guidance for AHP governance and accountability arrangements.	<i>Strategic</i> - The PHA Director of NS & AHPs and the AD for AHPs & PPI	Red	Yellow	A PHA AHP Governance Framework is in use to provide assurances to the DoH. This will be superseded by the DoH AHP Assurance Framework. Forums and mechanisms have been established across organisations. Further development is required to enhance governance and accountability arrangements with external contracted AHP services.
20	Develop, support and monitor AHP workforce compliance with agreed accountability and governance frameworks.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Yellow	Yellow	The PHA has completed an AHP Workforce report to the DoH detailing service developments and staffing trends. The DoH plans to complete AHP professional workforce reviews.

Completed	Green
On target	Yellow
Not commenced	Red
N/A	Grey



DELIVERING SAFE AND EFFECTIVE PRACTICE AND CARE DESC/B: GOVERNANCE AND ACCOUNTABILITY					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
21	The AHP workforce will be supported to use relevant standards, guidelines, protocols and procedures and or report and escalate issues of concern regarding poor practice or poor performance of others in line with organisational, professional body and regulatory guidance.	<i>Individual</i>			Standards and processes have been established for the 12 AHP professions including AHP external contracting arrangements. The DOH has issued guidance on 'Raising a concern about an Allied Health Professional's (AHPs) in August 2016.

Completed	
On target	
Not commenced	
N/A	

MAXIMISING RESOURCES FOR SUCCESS					
MRFS/A: SERVICE DESIGN					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
22	Contribute to, and lead as required, the development of policy and strategies to promote the commissioning, design and delivery of evidence based best practice and service improvement	<i>Strategic</i> - The DOH AHP Lead			There is evidence of policy and strategy developments to promote evidenced based and service improvement practice in AHP services. Further work is required on an ongoing basis to ensure the development of AHP models which are evidence-based in light of any new evidence.
23	Ensure effective service design and delivery models are commissioned and in place which allow for more innovation in the provision of accessible, flexible and responsive services to ensure improved clinical outcomes, user satisfaction and value for money	<i>Strategic</i> - The PHA Director of NS & AHPs and AD of AHPs & PPI			There has been the development of numerous regional initiatives which ensure the delivery of accessible, flexible and responsive services. Ongoing development required in line with service priorities which meet trends and pressures

Completed	
On target	
Not commenced	
N/A	

MAXIMISING RESOURCES FOR SUCCESS					
MRFS/A: SERVICE DESIGN					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
24	Ensure that services are in line with strategic policy and principles, are accessible, flexible and responsive to the needs of service users and carers, and make the most effective use of the AHP workforce	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			SWDG is in place to support workforce developments on a regional and local basis. Elective care pathway work has commenced which support effective use of resources. A workforce paper has been completed by the PHA which has been submitted to DoH.  Ongoing development is required in this area in line with service priorities which meet trends and pressures
25	Work with HSCB/PHA to ensure identification of effective service design and delivery models which allow for more innovation in the provision of accessible, flexible and responsive services to maximise performance and ensure improved clinical outcomes, user satisfaction and value for money.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			A range of service models have been established to ensure the delivery of innovative AHP care which enhances patient performance and outcomes. This has led to greater user satisfaction and effective use of resources. On-going work is required to further develop and implement outcome measures and care pathways including relevant data collection.

Completed	
On target	
Not commenced	
N/A	




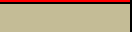
MAXIMISING RESOURCES FOR SUCCESS					
MRFS/A: SERVICE DESIGN					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
26	The AHP workforce, in conjunction with Professional Heads of Service, will continue to review their practice and consider innovative ways in which the services they deliver can be modernised and improved to the benefit of service users and carers.	<i>Individual</i>			This is integral to AHP work with on-going developments across the region to modernise and improve service models. Ongoing development is required in this area in line with service priorities which meet trends and pressures

Completed	
On target	
Not commenced	
N/A	





MAXIMISING RESOURCES FOR SUCCESS					
MRFS/B: PROFESSIONAL LEADERSHIP					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
27	Provide effective professional leadership for the AHP workforce, working in partnership with relevant groups and other key stakeholders.	<i>Strategic</i> - The DOH AHP Leads and the PHA AD of AHPs & PPI			2 AHP Leadership programmes have been commissioned by DoH and delivered in 2015/'16 with senior AHP staff. Future AHP Leadership programmes are being developed to enhance overall leadership skills and succession plan to meet future professional pressures and needs.
28	Provide effective professional leadership and act as positive role models for staff by demonstrating commitment to the innovation and modernisation of AHP practices, the development of staff and the delivery of high quality care this is safe effective and focused on best outcomes for service users.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			All AHPs are required to work to the highest standard of leadership and professionalism, e.g. appraisal and supervision etc. Management/plans are developed annually across all organisations. This area needs to continue to be a focus for future AHP practice.

Completed	
On target	
Not commenced	
N/A	

MAXIMISING RESOURCES FOR SUCCESS					
MRFS/B: PROFESSIONAL LEADERSHIP					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
29	The AHP workforce will take personal ownership of, and demonstrate a high level of commitment to, the delivery of high quality, innovative practices and care leading to improved clinical outcomes, service user satisfaction and value for money.	<i>Individual</i>			Governance processes and clinical and operational lines of accountability will support development in this area alongside implementation of the AHP Supervision Policy. Ongoing development is required in this area in line with service priorities which meet trends and pressures

Completed	
On target	
Not commenced	
N/A	

SUPPORTING AND DEVELOPING THE AHP WORKFORCE					
SDTW/A: WORKFORCE PLANNING					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
30	Continue to ensure that a strategic approach is taken to regional workforce planning to meet identified service needs and take into account the workforce implications of the modernisation of HSC services.	<i>Strategic</i> - The DOH AHP Lead	On target	Not commenced	The DOH will lead on a regional AHP Workforce Review for each AHP professional group which will ensure there is the necessary AHP workforce to meet current and future needs.
31	Carry out, influence and contribute to workforce reviews for individual Allied Health Professions and for multi-disciplinary and multi-professional programmes of care as appropriate	<i>Strategic</i> - The DOH AHP Lead, PHA Director of NS & AHPs and the AD for AHPs & PPI, Trust AHP Leads and Professional HOS	On target	On target	Examples are evident across organisations where lead AHPs are contributing to workforce planning processes. On-going work is required to complete the regional AHP workforce reviews.
32	Ensure appropriate input to organisation level workforce planning, as well as representation and participation to inform regional workforce planning.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS	Completed	On target	AHP staff within the Health and Social Care system across DOH, PHA and HSCT contribute to workforce reviews and plans to help inform the required future AHP workforce to meet needs and demands across the region  The completion of the DoH AHP Workforce Reviews will help inform future workforce needs.

Completed	
On target	
Not commenced	
N/A	

SUPPORTING AND DEVELOPING THE AHP WORKFORCE					
SDTW/A: WORKFORCE PLANNING					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
33	The AHP workforce will use their experience and specialist expertise to inform workforce planning.	<i>Individual</i>			Numerous examples are available to inform workforce developments both on a uni, multi and multi-agency basis. Involvement of service users will be required when completing the AHP workforce reviews led by the DOH.

Completed	
On target	
Not commenced	
N/A	



SUPPORTING AND DEVELOPING THE AHP WORKFORCE					
SDTW/A: WORKFORCE PLANNING					
	Recommendation	Led By:	2013 Regional RAG Status	2016 Regional Overall Status	Comments
34	Inform and support the commitment to the learning and development of AHPs.	<i>Strategic</i> - The DOH AHP Lead, the PHA Director of NS & AHPs and AD for AHPs & PPI, Trust AHP Leads and Professional HOS			The AHP workforce learning and development needs are achieved through the regional AHP Education Commissioning Group (ECG) and within local organisational arrangements.
35	Support the commitment to the learning and development of the AHP workforce through mentorship and ensuring that staff are supported in the acquisition of new skills and competencies as necessary to respond to emerging needs of the service.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			Workforce development and necessary mentorship programmes are supported by involvement of senior AHPs in regional Education Commissioning Group and through regional professional AHP Heads of Service forums. Ongoing development is required in this area, which will be assisted through the implementation of the AHP Supervision Policy
36	AHPs, in conjunction with their Professional Heads of Service and managers as appropriate, are responsible for their continued professional development and meeting the requirements for their on-going professional registration	<i>Individual</i>			AHP professional development is supported through supervision, appraisal processes, workforce reviews and service developments. Further development in this area will be supported through the implementation of the AHP Supervision Policy

Completed	
On target	
Not commenced	
N/A	

SUPPORTING AND DEVELOPING THE AHP WORKFORCE					
SDTW/C: WORKFORCE DEVELOPMENTS					
	Recommendation	Lead	2013 Regional RAG Status	Regional Overall Status	Comments
37	Advise DOH of workforce developments in consultation with the relevant groups and other key stakeholders and commission appropriate training and development which aligns with service needs.	<i>Strategic</i> - The DOH AHP Lead, the PHA Director of NS & AHPs and the AD for AHPs & PPI, Trust AHP Leads and Professional HOS			Senior AHPs attend a range of regional AHP forums which helps inform the DoH workforce developments, e.g. SWDG, AHPFNI, PHA AHP Leads Forum, DoH AHP Business meeting etc. The newly established AHP Professional Manager Forum led by the DoH will further enhance communication on AHP strategic developments including training.
38	Ensure that appropriate induction, preceptorship and supervision are in place to support transitions along the career pathway.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			There are a range of examples evident across all organisations where AHP staff have robust induction and preceptorship programmes to help support transitions along the career pathway. The roll out and implementation of the regional AHP supervision policy will enhance this development alongside the establishment of CAPRE, advanced practice and clinical academic roles across AHPs.

Completed	
On target	
Not commenced	
N/A	

SUPPORTING AND DEVELOPING THE AHP WORKFORCE					
SDTW/C: WORKFORCE DEVELOPMENTS					
	Recommendation	Lead	2013 Regional RAG Status	Regional Overall Status	Comments
39	Inform and influence the commissioning of appropriate training and development to align with service needs.	<i>Organisational</i> - The Accountable Executive Director, Trust AHP Leads and Professional HOS			There is relevant AHP representation within the Education Commissioning group and regional professional forums which inform and influence training and development needs for AHP staff to ensure this aligns with service needs. AHP staff within the DoH and PHA play a central part in ensuring this is driven at a strategic level and is reflected in future plans and strategies.
40	The AHP workforce, in conjunction with Professional Heads of Service and their managers as appropriate, will identify their training and development needs and build on their core competencies, adding additional knowledge and skills through life-long learning and accepting responsibility for improving their own practice through continuing professional development.	<i>Individual</i>			The Learning & Development needs of the AHP workforce are determined through supervision and appraisal processes and workforce reviews / service developments etc. All staff are reminded of their responsibility and requirement to maintain their professional registration. This is supported by organisational policies and procedures. Continued development of the governance and accountability processes with external contracted AHP professions will further support this recommendation.

Completed	
On target	
Not commenced	
N/A	

## Section 5

### Conclusion and Summary of Future Actions

#### 1. Promoting Person Centered Practice and Care

##### 1.1 Engagement

There has been ongoing development in 'Promoting Person Centred Practice and Care' across the AHP professional Groups. The wider roll out of new PPI initiatives e.g. e-learning and Face to Face **PPI training courses** will further assist AHP staff to embed PPI into practice and help them meet the regional PPI standards and statutory requirements.

Access and continued utilization of PPI forums which consist of service users at a local and regional level will ensure PPI views and wishes are incorporated in service developments, reviews and amendments.

##### 1.2 Improving Patient/Client Experience

AHP professional groups have identified suitable outcome measures across each of the 12 professional groups. AHP staff employed within Health and Social Care Trusts are currently **implementing outcome measures** regionally within each professional group. This will provide evidence of impact and outcomes to help shape services on a consistent regional basis. The need for appropriate **access to relevant IT systems** to collate data associated with these outcome measures will ensure patient/client outcomes and service user experience will be readily available to determine impact.

The AHP groups employed through external or regional contracting processes have also identified suitable outcome measures within their clinical sphere. Further work is required to **influence contracting arrangements** which fall within contracting requirements and stipulations. to request that these are implemented and collected at a local and regional basis.

### **1.3 Self-Management**

There are a number of self-management models being delivered across AHP services which are supported by regional training programmes. This needs to continue to be prioritized alongside specialist intervention to ensure AHPs adopt self-management effectively. **Information on the various types of programmes delivered and outcomes associated** with these need to be gathered on an ongoing basis and the impact communicated to share good practice in a range of forums.

**Further support from Ulster University** at under-graduate and post-graduate level will assist in gathering the necessary evidence on self-management programmes to help determine future models of AHP care.

### **1.4 Partnership**

AHP staff at all levels have developed effective partnerships with a range of services, agencies and departments to integrate models of care and improve patient and client outcomes and experiences. **Further work is required with the newly established Government Departments** to progress work in this area alongside further development of alliances with **Local Councils** and the **Community and Voluntary sector**. This will help develop new integrated models and pathways which will improve the delivery of holistic and seamless models of care. This includes further partnership working with DE and the EA to meet the requirements of inter-departmental and inter-agency co-operation and address any barriers to this.

Further partnership working is necessary across DfC, DoH, PHA and HSCTs to ensure effective implementation of the Inter-departmental Housing Review.

## 2. Delivering Safe and Effective Practice and Care

### 2.1 Risk Management

AHP Senior staff should continue to represent AHP practitioners on local and regional forums which monitor and review risk management issues e.g. SAIs, complaints, thematic reviews etc. Continued communication is necessary to ensure learning across the AHP professional groups and to ensure amendments to practice are actioned as necessary to reduce risks to service users, staff and the general population. Ongoing adherence of organisational and regional policies will further assist in managing risk and the **implementation of the AHP Supervision policy** will support this further

### 2.2 Governance and Accountability

Significant progress has been made from the launch of the AHP Strategy in developing necessary governance and accountable processes. Further work is required to agree a regional approach to seek **professional assurances from externally contracted professions**.

The PHA developed an AHP Assurance Framework to assist the provision of assurance to the DoH. The DoH is progressing the development of a **DOH AHP Assurance Framework** which will supersede the PHA framework and the final agreement and implementation will assist in ensuring and monitoring AHP governance across the region. In addition an action plan will be required to implement recommendations within the **RQIA review** of AHP.

Guidance from the DOH on 'Raising a concern about an Allied Health Professional's (AHPs) fitness to practice' has been issued in August 2016 to ensure the delivery of safe and effective AHP practice and care.

### 3. Maximising Resources for Success

#### 3.1 Service Design

A range of services have been developed to help address service pressures and meet the needs of service users since the launch of the AHP Strategy. Ongoing service design and redesign is necessary to ensure timely access to AHP support which effectively addresses the range and changing of needs of service users, their carers and the general population.

Some examples of **other initiatives** which could be developed include AHP support in: Podiatric Surgery, Primary Care, Elective Out-Patient services, Challenging Behaviour, Prison Healthcare etc. These initiatives need careful planning at a strategic and local level to determine the required model.

The further **development of Supplementary and Independence Prescribing** in line with legislative frameworks, and access to relevant training programmes across the remaining AHP professional groups will enhance Advanced AHP Practice roles.

Further **implementation of the AHP Elective Care Pathways** will ensure standardization of services on a regional basis. Additional work is required to develop Care Pathways for the remaining AHP Elective services, Non-elective, Multi-disciplinary and Multi-agency models of care through partnership working with other professional groups and agencies.

**Preventative and early intervention approaches** are key to ensure clients receive timely access to services to address areas of need and reduce long-term issues. AHPs are central in the

delivery of these approaches and to achieve this early and preventative approaches should be developed across all Programmes of Care with a particular focus on older people and children.

### **3.2 Professional Leadership**

Two **AHP Conferences and Awards Ceremonies** have been successful delivered over the past 2 years. This has instilled confidence and promoted leadership skills within practitioners at all levels. There has been great learning opportunities in the planning and delivery of these events and it is hoped future events will be organized, which further enhance leadership skills across all 12 AHP professions. Applications from these events for both oral and poster presentations enabled Senior AHP staff in the DoH, PHA and HSCTs learn about effective AHP models of care. This enabled regional acknowledgement of these excellent initiatives some of which are being rolled out on a regional basis through the Commissioning process e.g. the SLT model with Adults with a Learning Disability.

In addition two **AHP Leadership courses** have been delivered by the Leadership Centre which has further enhanced leadership skills of AHP staff at band 7 and 8 AHP. The AHP leadership programmes have been further developed into professional Alumni which will further progress Leadership skills. Additional AHP leadership courses are being planned to further enhance effective leadership skills in the next few years.

Access to and involvement in research programmes will be supported through the development of a **Council for AHP Research (CAHPR)**. This forum is currently being established under the leadership of the DoH.

Strategic leadership continues to be required to further develop utilisation of suitable **e-technology** within AHP practice. This includes e-technology advances in technical support e.g. referral management, for data collection and service provision. This will ensure the delivery of



effective and efficient care across AHPs.

## 4. Supporting and Developing the AHP Workforce

### 4.1 Workforce Planning

The DOH is planning to complete **AHP Workforce Reviews** to determine the required undergraduate training numbers and staffing levels across the region. This will be informed by the workforce paper submitted to the DoH by the PHA (2015) and any AHP workforce reviews which have been carried out across a number of HSCTs.

Engagement with other Government Departments will be required to accurately complete this review alongside discussion and consultation with a wide range of groups and agencies, e.g. Local Councils, the Community and Voluntary sector, AHP Federation NI, service users etc. This will ensure the required AHP workforce is available regionally for the range of services required currently and in the future based on demographic trends and needs.

### 4.2 Learning and Development

Further development is required on key strategic AHP initiatives to ensure staff have the relevant learning and development needs. This could be developed in a similar way as the regional **Think Tanks** which have completed for: Unscheduled Care, Reablement, SEN and Dementia. This will require strong professional leadership throughout the process and linkages to the ECG process to ensure necessary training is commissioned.

Further work is required to develop regional training models in which AHP staff deliver specialist training to other key stakeholders. This will ensure the delivery of a high standard

training programmes which could be delivered to staff and service users within both the statutory and non-statutory sector.

Continued communication is required with **Ulster University** in relation to pre and post graduate training modules. This engagement will ensure required training topics and themes are incorporated into the relevant graduate levels to ensure practitioners have the necessary skills and training to equip them for future posts, including research appointments.

#### **4.4 Workforce Development**

Ongoing review of the **band 5 AHP regional recruitment** is required to further enhance learning and improve regional recruitment across professional groups. There is a need to engage and work in partnership with Shared Services, professional HOS and University staff to ensure this is completed comprehensively. Continued audits should be completed with HSCTs and candidates to determine any barriers experienced in the recruitment process, and to develop a model which ensures easy and timely appointment of AHP staff to meet service needs. Further work and analysis of the band 5 regional recruitment processes will help inform the regional AHP Workforce Review.

## **Conclusion and Recommendation**

The AHP Strategy '**Improving Health and Well-being through Positive Partnerships: A Strategy for the Allied Health Professions in Northern Ireland 2012-'17**', was developed to provide a framework to help guide the DoH, HSCB, PHA and the HSCTs in the design, delivery, review and integration of models of care. It also was developed to provide opportunities for learning and development to help AHPs and therapy support workers to deliver high quality outcomes.

The PHA was assigned responsibility for leading on the implementation of the strategy with

clear and robust reporting arrangements to the DoH to provide and update on progress and outline key challenges. To meet the 40 recommendations outlined within the strategy the PHA was required to develop a 3 year action plan supported by the Leadership Centre. Mechanisms and processes were put in place in each organisation to update progress and to help standardise and integrate work throughout the 3 year period.

As outlined within the report there have been significant achievements across all organisations which have ensured the delivery of high quality AHP care. However there is a recognition that further work needs to be undertaken in a number of area to further enhance AHP practice to meet future demography needs in the changing health and social care climate.

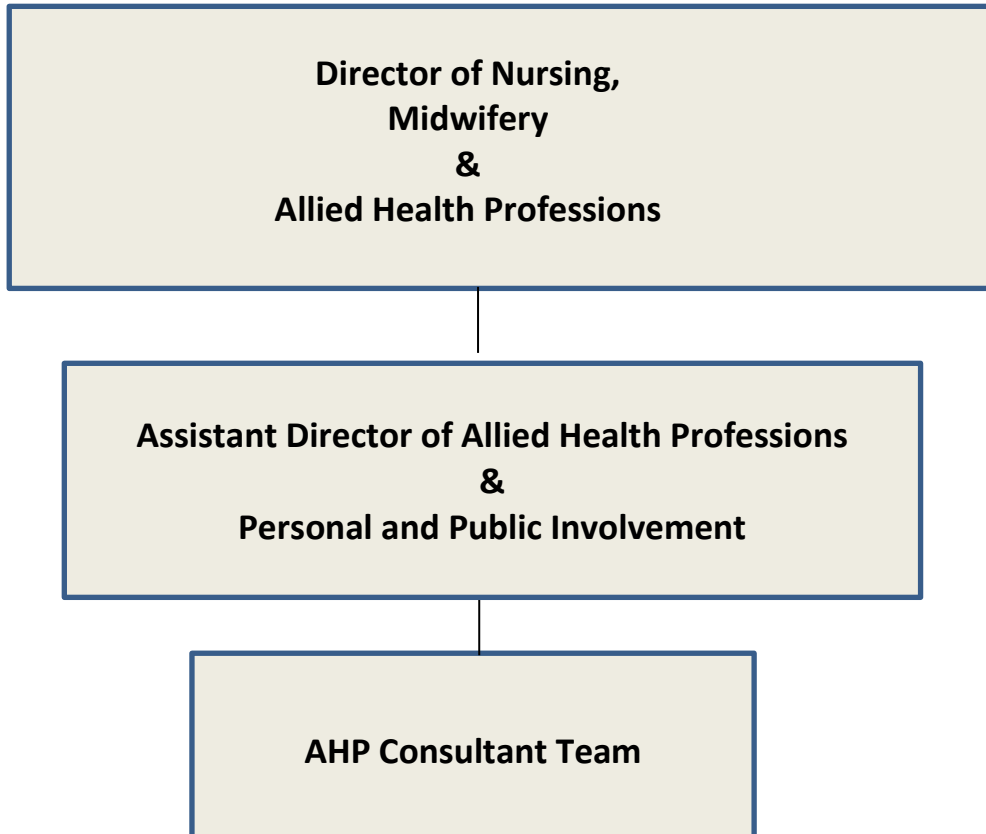
To progress some of the work further, and develop new approaches against the areas highlighted in section 5, the PHA proposes that the DoH considers an extension of the current strategy and agrees the development of a new action plan. It is envisaged that this extension and supporting action plan would further develop AHP practice and service delivery to meet the changing needs of the current and future population within Northern Ireland.



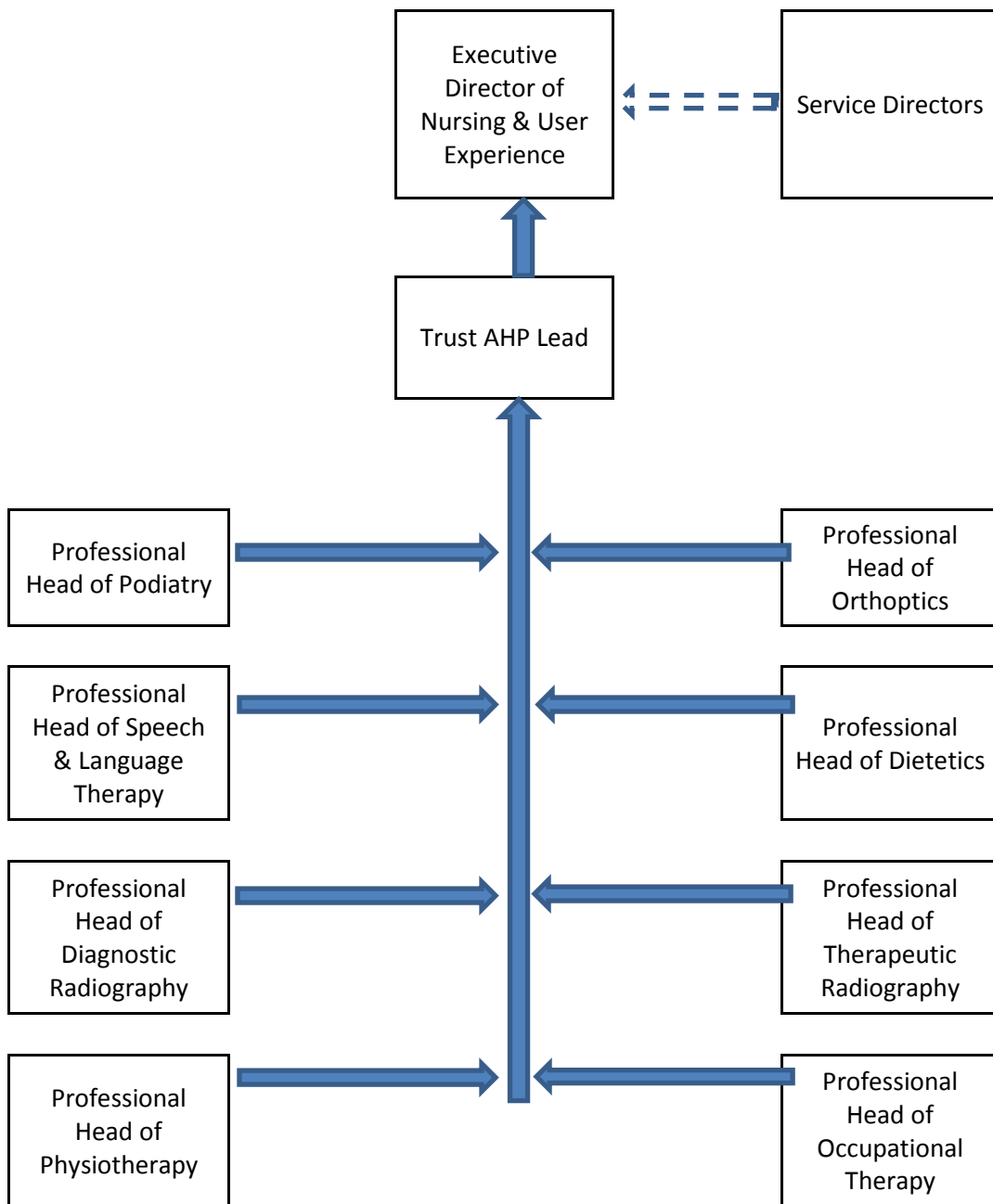
## APPENDICES

**Appendix 1: Organisational Accountability Maps**

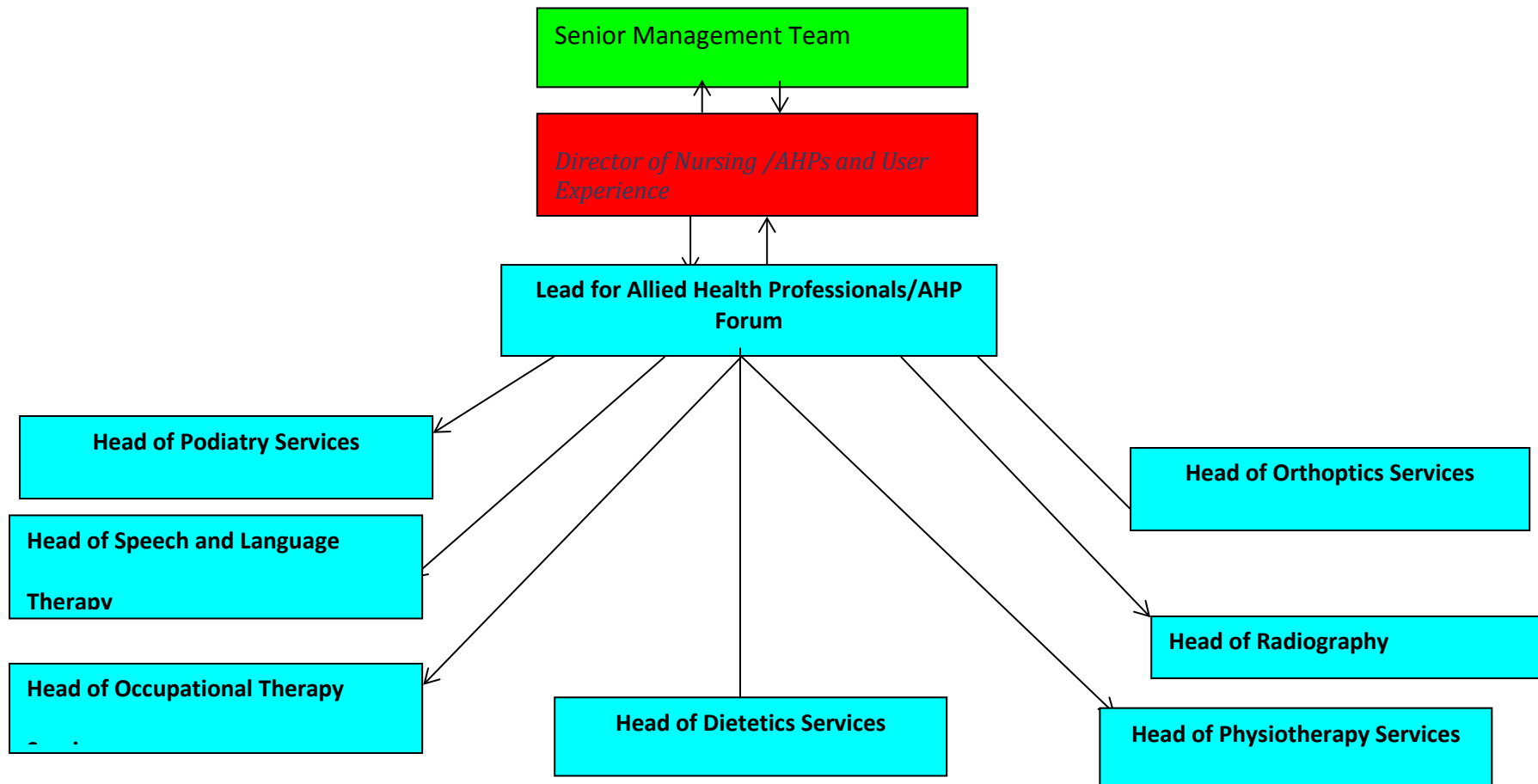
**Public Health Agency AHP Professional Assurance Structure**



### BHSCT Professional Assurance Structure for Allied Health Professions



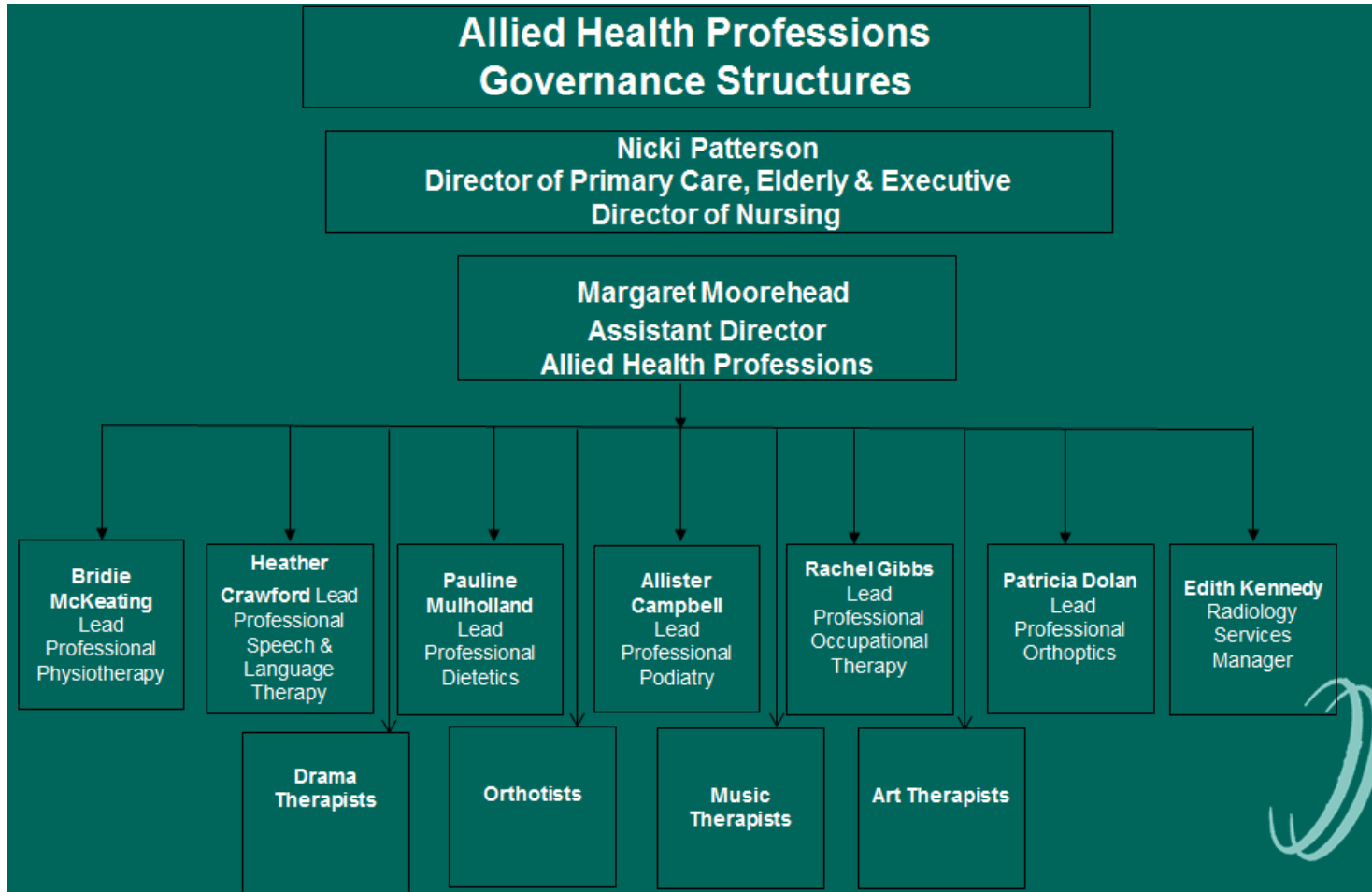
### NHSCT Professional Assurance Structure for Allied Health Professions



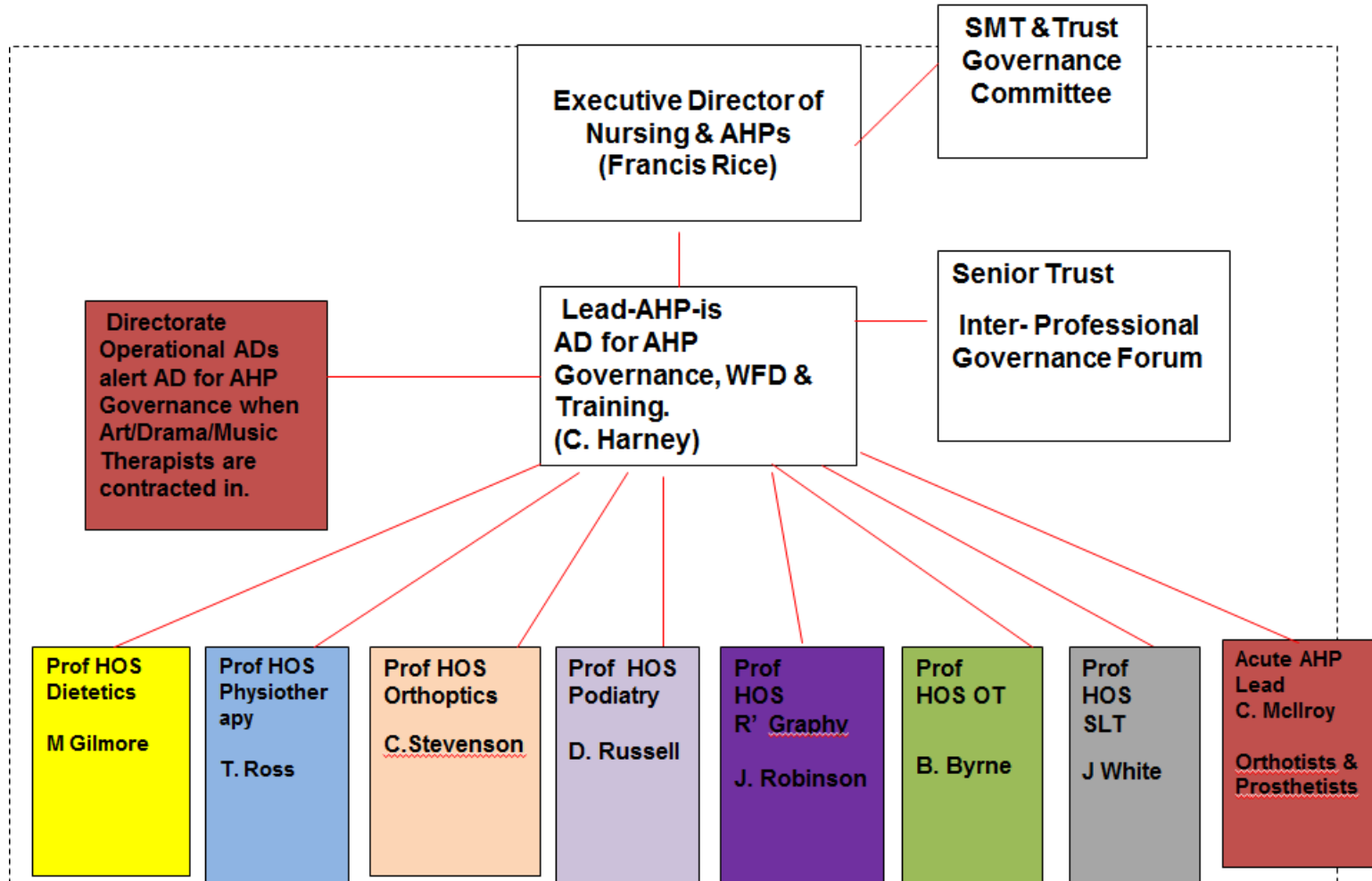
The Lead for AHPs will ensure that relevant governance assurance is sought from 5 AHP professions who are not represented by a Professional Head of Service i.e. if / when any Arts Therapists, including Music and Drama, Orthoptists and Prosthetists are directly employed by the NHSCT. Divisional Directors / Assistant Directors will inform the lead for AHPs if any AHP staff in the group of 5 listed are employed directly. All policies and procedures pertinent to AHP staff include all 12 professions .



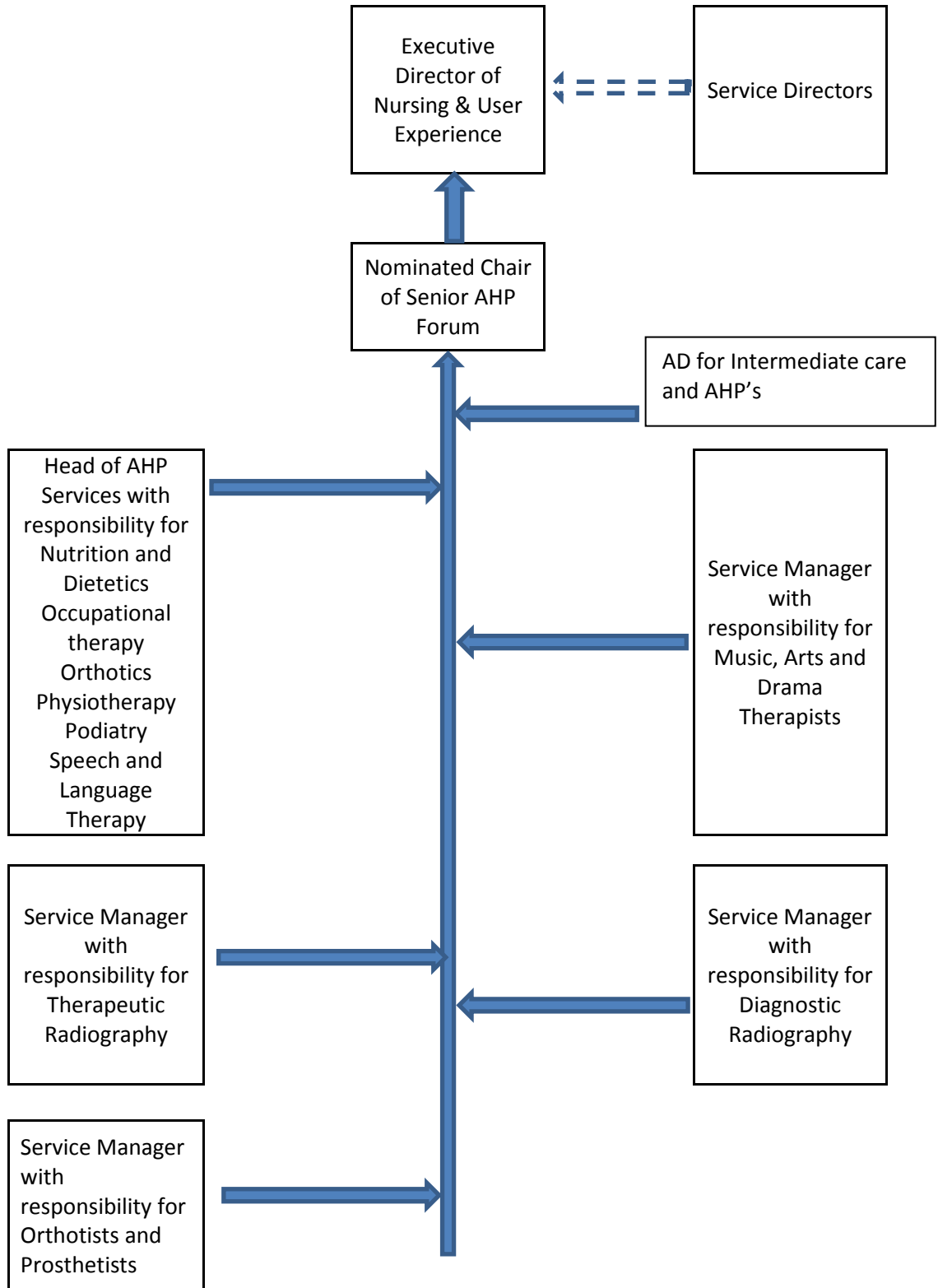
### SEHSCT Professional Assurance Structure for Allied Health Professions



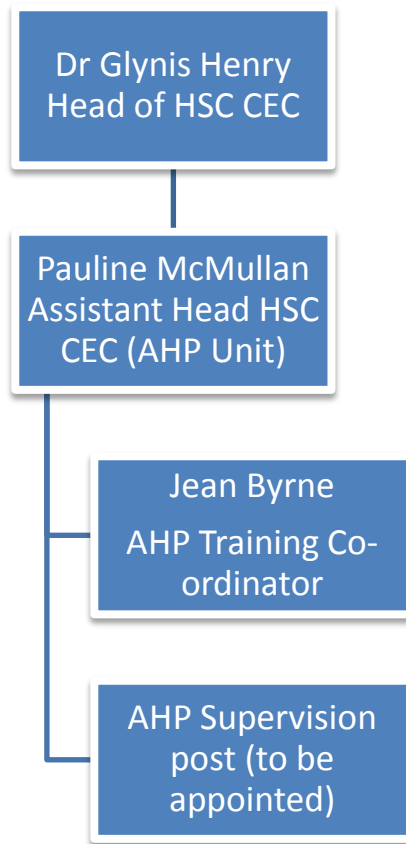
SHSCT Professional Assurance Structure for Allied Health Professions



### WHST Professional Assurance Structure for Allied Health Professions



### CEC Professional Assurance Structure for Allied Health Professions



## UU Professional Assurance Structure for Allied Health Professions

