#AHPLeadership

The case for change

Dr Joanne Fillingham
Clinical Director Allied Health Professions and Deputy Chief Allied Health Professions Officer

@jkfillingham
Developing People – Improving Care

A national framework for action on improvement and leadership development in NHS-funded services

- Leaders equipped to develop high quality local health and care systems in partnership
- Compassionate, inclusive and effective leaders at all levels
- Knowledge of improvement methods and how to use them at all levels
- Support systems for learning at local, regional and national levels
- Enabling, supportive and aligned regulation and oversight

Source: https://improvement.nhs.uk/resources/developing-people-improving-care/
AHPs into Action
Using Allied Health Professionals to transform health, care and wellbeing.

Impact of the effective and efficient use of AHPs for people and populations.
1. Improve the health and well-being of individuals and populations.
2. Support and provide solutions to general practice and urgent and emergency services to address demand.
3. Support integration, addressing historical service boundaries to reduce duplication and fragmentation.
4. Deliver evidence-based/informed practice to address unexplained variances in service quality and efficiency.

Commitment to the way services are delivered.
1. Commitment to the individual.
2. Commitment to keep care close to home.
3. Commitment to the health and well-being of populations.
4. Commitment to care for those who care.

Priorities to meet the challenges of changing care needs.
1. AHPs can lead change.
2. AHPs skills can be further developed.
3. AHPs evaluate, improve and evidence the impact of their contribution.
4. AHPs can utilise information & technology.

#AHPsintoAction

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“There are many brilliant AHP leaders across the system who are quietly and confidently carrying out their role to ensure that those who require care see the right person, at the right time, in the right place. But these leaders need to be at the right table, at the right time and in the right place to ensure the skills of AHPs are known about and used, so that they have the greatest impact for the people in the communities they are privileged to serve.”

Realising the potential of allied health professions
Joanne Fillingham, Blog: The King’s Fund. 2017
Newly emerging roles
Director of AHPs/Therapies

Director of Therapies

Job Reference: 333-C-HQ-0286
Employer: Central and North West London NHS Foundation Trust
Department: Senior Management
Location: St Stephens House, 72 Hampstead Road, London NW1 2PL, London
Salary: £72,987 - £88,836 pa inc

Director of Allied Health Professionals

Band 9
Location - Stafford

Are you an Allied Health Professional?

Who is ready for a high profile role providing senior strategic influence and professional leadership within a highly successful and innovative NHS organisation?

We are looking for an Allied Health Professional with a track record of successful clinical and professional leadership within the NHS, with flexibility to work in a clinical setting or research/academia and lead on delivery of trust wide initiatives.

With a real passion for working in close production with our service users, carers and families in pursuit of the perfect patient experience.

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Developing AHP capacity & capability

What AHP leadership is currently in place, and what is the impact on quality and productivity?

What leadership capability are providers seeking, and what is the leadership development pathway for those leaders?

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#AHPLeadership

What exists and what matters?

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Professional Head of AHPs and
Deputy Clinical Director AHPs

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School of Allied Health Midwifery and Social Care
Kingston and St George’s University of London
Project undertaken Dec 2017-April 2018

• Bespoke survey of Trusts via DoNs (n=233)

• Purposive interviews with AHP leaders (n=10)

• Document Analysis – JDs (n=43)

• Cross-referencing and comparison with quantitative and qualitative metrics: Model Hospital, AHPs into Action, NICE

• Expert steering group, NHS Improvement Fellows AHP and Nursing, AHP academics (OT, PT, Radiography, Paramedic Science and SLT)

• Synthesis of findings: Warwick 6C Leadership Framework
Summarising formal AHP leadership structures in NHS providers in England

- Variation / vast array of AHP leadership role titles
- Band 8c most often reported across a range of provider Trusts
- 9 and 8d reported in Acute Specialist and in Mental Health provider Trusts
- Reporting route to Trust Board appears more direct where the most senior leadership roles exist
- A range of AHP professions are represented at senior leadership levels
- AHP leadership roles may be held by other professions e.g. clinical psychologists
- 8b / 8a JDs: more operational and/or clinical role - strategic leadership as a “bolt on”.
- 8d and 9 are more highly strategic in their job descriptions with less operational management
- Higher banded posts have few reporting steps to Trust board
- Reporting to the board is often, ultimately or directly via a Chief Nurse or DoN
- Around two thirds of respondents have indicated that AHPs also hold wider leadership roles in NHS Trusts, including Chief Executive
Comparing structures and national metrics:

- **Percentage of AHP staff reporting Ability to Contribute to Improvement**
  - Graph showing a downward trend in the percentage of AHP staff reporting their ability to contribute to improvement over time.

- **Evidence of published AHP exemplars and AHP leadership Bands**
  - Bar chart indicating the number of exemplars and the bands they belong to.
Indications that overarching senior AHP leadership can:

- influence AHP contribution to improvement at work
- increase AHP certainty about communication with the Trust board
- Lead to more nationally recognised AHP practice exemplars
- increase visibility and influence (where posts are afforded status)
- enhance influence and visibility through AHP leader’s track-record
- improve efficiency by reducing fragmentation
- advocate for their AHP staff and ensure patient focus
- provide a role model for future AHP leaders
## Preliminary indicators for an AHP Leadership Typology

<table>
<thead>
<tr>
<th>Leadership Typology</th>
<th>Relationship with Trust Board</th>
<th>Typical AHP Bands</th>
<th>Relationship with Metrics</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Visibility/Influence with trust board</td>
<td>Communication of AHP business to trust board</td>
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<tr>
<td>Unprofessional – eg profession-specific leads</td>
<td>Distant</td>
<td>8a, 8b</td>
<td>Low</td>
</tr>
<tr>
<td>Unprofessional – eg profession-specific leads with voluntary or bolted-on AHP representation</td>
<td>Process-driven</td>
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<tr>
<td>Partial Multiprofessional</td>
<td>Varied</td>
<td>8c</td>
<td>Variable</td>
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<tr>
<td></td>
<td>Intermediate</td>
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<tr>
<td></td>
<td>Process-driven</td>
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<td></td>
<td>Increased emphasis on relationships</td>
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<tr>
<td>Overarching Multiprofessional</td>
<td>Close</td>
<td>8c, 8d</td>
<td>Improved</td>
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<td></td>
<td>Predicated around senior relationships</td>
<td></td>
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<tr>
<td>Strategic Overarching Multiprofessional</td>
<td>Close or direct</td>
<td>8d, 9</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Predicated around relationships</td>
<td></td>
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AHP leadership characteristics

• Connectedness with workforce, with board, with wider system
• Visibility – to workforce and to senior leaders
• Influential
• Credible – has a track-record of delivery
• Advocate
• Creativity
• Linking AHP business to the wider trust or system
• Challenging taken for granted practice
• Balancing local and national priorities
• Responsive and solution orientated – innovative
• Focus on exploring possibilities
• Strategic
• Ambitious – for service and professions
• A self-starter – being proactive
Joint foreword

Ruth May, Executive Director of Nursing and Deputy Chief Nursing Officer

Dr Joanne Fillingham
Clinical Director for AHPs and Deputy Chief Allied Health Professions Officer
Asks trust boards to undertake self-assessment:

*Do your current AHP leadership arrangements drive and enable the AHP contribution to system challenges? Can you demonstrate the quality and productivity impact of your AHPs?*

*Can the board easily identify its strategic and professional AHP leader? Does the board have shared understanding of the range of professions referred to as AHPs*
Does AHP leadership structure deliver effective leadership for all strategic, professional, clinical and operational matters?

Does the board have a structured approach to talent management that includes AHPs?

Where leadership posts specify a particular clinical background, is there opportunity to broaden the scope of professions to increase diversity and access to a wider talent pool?
Recommends that Boards consider:-

- Appointing a senior AHP with a strategic focus

- Harnessing the AHP workforce’s potential for system redesign

- Demonstrating AHPs’ value
AHPs into action - My Journey

Clare Boobyer-Jones
Director of AHPPs
YOU'RE NEVER TOO IMPORTANT TO BE NICE TO PEOPLE
A leader...is like a shepherd. He stays behind the flock, letting the most nimble go out ahead, whereupon the others follow, not realizing that all along they are being directed from behind.

— Nelson Mandela —
‘Sign here, mate. It’s your wife – she’s had her operation’
"Teamwork: put simply, it is less me and more we." - Unknown

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Somerset Lost Bed Days

Lost Bed Days
BCF Target Monthly Total
DToc %

Lost Bed Days and BCF Target Monthly Total over time, showing a decrease.
Re-abling not disabling!
Thankyou!

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