Classification: Official

Publication approval reference:

Chief allied health professionals handbook

A guide for chief allied health professionals, aspiring chief allied health professionals and trust boards

June 2022

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Key recommendations for trust boards

Chief AHP roles are central to improving the quality of care, patient safety and experience of NHS trusts, but despite a growing body of evidence, there is still wide variation in the approach trusts are taking when developing these roles, including title, roles and responsibilities and position in the organisational structure. This handbook provides guidance for chief AHPs, to ensure that they can perform as effectively as possible.

Trusts and systems interested in developing or looking to strengthen AHP leadership and realise subsequent benefits should ensure:

- the role sits within the corporate division or equivalent
- the chief AHP voice is heard at board, by being part of, or reporting to an executive member of the board
- the role is strategic in nature, providing professional leadership for all AHPs in the trust or system
- the role has access to the executives, non-executives and systems/processes required to work optimally
- the role is not isolated, and has the programme and project support required to deliver their objectives
- the role has sufficient visibility at sub-board committees or groups, to ensure the chief AHP can lead and support trust objectives and priorities.
- the chief AHP can lead and support the wider system challenges facing the AHP workforce.

Key recommendations for aspiring and incumbent chief AHPs

- Lead with compassion, authenticity, and inclusivity.
- Listen first. Work in partnership with stakeholders. By taking time to understand their position and objectives, you will build your ability to influence effectively and act accordingly.
- Find your allies and champions. Who can accelerate your priorities?
- Build a network of peers, including other chief AHPs. Sharing and learning together will empower your success in the role.
- Develop a thorough understanding of your workforce. Make use of systems, policies and processes in place to highlight areas of potential focus.
- Measure your impact. Make use of feedback from colleagues and consider other key metrics such as the staff survey.
- You can’t do it all. These roles are complex and diverse. Look out for talented individuals who you can elevate to support you in your work.
- Maintain a focus on your own health and wellbeing. Do not be afraid to ask for help.
- Seek out and engage in support offers available to you, including local, regional and national offers.

1. Who is this guide for?

Chief AHP roles are still new and emerging and there is little literature describing how the role should best be enacted to maximise benefit to the AHP workforce and wider healthcare system. This handbook is therefore both a guide for aspirant and incumbent chief AHPs, a guide to NHS trusts and ICSs looking to create a chief AHP role and wanting to understand more about their day to day work and the context in which they can optimally operate and deliver.

It should not be used to develop/provide a singular definition or prescriptive outline of what a chief AHP role looks like, but as a supportive framework for a range of stakeholders, who may be in the role, or are looking to develop a role.

This guide will be useful to:

- incumbent chief AHPs
- aspiring chief AHPs
- provider trust boards
- healthcare regulators
- system executives
- commissioning organisations.

2. The role of the chief AHP

"Evidence indicates that senior AHP leadership has quantifiable quality benefits for Trusts that have established chief AHP leadership roles."[1]

The role of a chief AHP is diverse and complex, defined partly by the local population needs, trust objectives and culture.

Our research[2] shows that role banding, title and position in the corporate structure are vary. Although this variation is reducing. The role can broadly be described by outlining the following key domains:

- professional and clinical leadership
- governance and assurance
- quality
- operational delivery issues
- workforce and service/pathway transformation
- patient safety and experience
- transformation
- workforce planning, development, utilisation and deployment.

Whether at board or sub-board level in the corporate structure, the chief AHP will need to build a close working relationship with executive and non-executive colleagues, to ensure the board has a clear line of sight to the wider performance of the AHP workforce.

There is an increasing expectation for chief AHPs to act as system leaders through the integrated care system (ICS) AHP architecture, including AHP councils, AHP faculties and by supporting ICS workstreams relevant to AHPs. In some instances, chief AHPs are members of their ICS people boards, providing expertise on AHP workforce related issues and priorities.

"In my role as Chief AHP every bit of AHP touches me and I must touch it. It's important to be clear about the scope of the role and where the edges of your portfolio touch, but ultimately you need to remain strategic."

[1] Leadership of allied health professions in trusts: what exists and what matters. An evaluation summary and self-assessment for trust boards. June 2018. NHS Improvement. https://www.england.nhs.uk/ahp/implementing-ahp-action/
[2] https://www.england.nhs.uk/ahp/implementing-ahp-action/

Deputy Director of Nursing, Allied Health Professions and Quality

3. Preparing for a chief AHP role

3.1 Making the case: creating a chief AHP post

If your organisation does not have a chief AHP, there is a growing body of evidence and support offers available to support the case for a chief AHP role.[3]

To form a coherent and compelling business case, it is important to clearly articulate the potential impact of the role on the trust objectives, priorities, and key issues is important. Potential areas to include are:

- responsibility and accountability for the quality and safety of the services AHPs deliver, including AHP workforce planning and development.
- the role the chief AHP can play in supporting the wider business of the trust not specific to AHPs, such as patient safety and the broader quality agenda
- a cost analysis
- Care Quality Commission ratings, including the 'well-led' domain[4]
- a quality and equality impact assessment (QEIA)
- a clear recommendation as to the options available and associated impact/benefits/risk, including the 'do nothing' scenario
- the link to quality improvement and transformation agenda.

The following key metrics may be useful to consider, particularly when benchmarked with similar organisations with a chief AHP (the Model Health System[5] could be used for this).

- Chief AHP roles across the region (within the ICS and neighbouring ICSs)
- New or transformational models of care in the trust ICS and/or region.
- Current AHP leadership structure in the trust
- Ratio of AHP strategic leads to number of AHPs, compared to the ratio of nursing and medical strategic leads
- Workforce data, including but not limited to:

[3] https://www.england.nhs.uk/ahp/implementing-ahp-action/
[4] https://www.cqc.org.uk/guidance-providers/nhs-trusts/what-we-will-inspect-nhs-trusts
[5] https://www.england.nhs.uk/applications/model-hospital/

    - number of AHPs
    - ratio of registered AHPs versus unregistered AHP staff
    - number of AHPs working in advanced and/or non-traditional AHP roles
    - AHP cost per weighted activity unit (WAU)
- Workforce-related metrics
    - sickness absence
    - recruitment/retention
    - vacancies
    - agency spend
    - the NHS staff survey – engagement score
    - student placements
    - apprenticeships
- Quality metrics:
    - length of stay
    - long length of stay
    - delayed transfers of care
    - admissions
    - place of discharge
    - waiting lists
    - re-admissions within 28 days of discharge
    - failed discharges

The evidence[6] suggests that chief AHP posts have the greatest impact when they are full time, dedicated strategic posts positioned at sub-board level, within the corporate division (or equivalent). Our latest evidence[6] indicates most of these posts are banded at 8D or 9, but this will be shaped by the needs of the trust, and the population it serves.

3.2 The skills and experience of a chief AHP

One of the strengths of AHP leaders is the breadth and depth of their experience across the health, social care, and wider system. The skills they acquire as clinician, leader, and manager, combined with this experience, makes them ideally placed to work alongside the senior leadership team to deliver key trust priorities and objectives.

Working across boundaries and reducing fragmentation in the system are core skills of AHPs, and something that enhances system wide development of ICSs, building strong relationships between other organisations, their chief AHPs and executive colleagues. As we are starting to see, there are also ICS AHP lead roles, with chief AHPs leading

[6] https://www.england.nhs.uk/ahp/implementing-ahp-action/

across systems instead of a single organisation, including Surrey Heartlands, Sussex Health and Care Partnership, South Yorkshire and Bassetlaw and Dorset.

Developing AHP leaders: A guide for trust boards and clinicians[7] sets out the required behaviours, skills and experience from the perspective of chief AHPs and other executive and non-executive board leaders.[7] It can be used as a framework for self-assessment, continuing professional development and evidence of impact of chief AHP roles.

Senior leaders are expected to display the values and behaviours embodied by the NHS both in and outside work and uphold the NHS Constitution.

[7] https://www.england.nhs.uk/ahp/implementing-ahp-action/developing-allied-health-professional-leaders-an-interactive-guide-for-clinicians-and-trust-boards/

4. Being effective as a chief AHP

"Being in a Chief AHP role is a privilege, but it is a high-profile role and requires a variety of knowledge, skills and experience. It is important that you connect with others, inside and external to your organisation, and always act with authenticity. Demonstrate the values that you expect of others. And, perhaps most importantly, remember you were a junior member of staff once. Never forget the pressures of being in a full-time clinical post as this will help you stay grounded."

Chief Allied Health Professional

4.1 The first 100 days

Your early priorities will be influenced by the context of your post. If your post is a new role in the organisation you may find that there is little by way of systems and structures relating to AHPs and will need to spend time defining them according to the needs of your trust. Alternatively, you may be stepping into a well-established post in which case you will need to understand what has gone before, what currently exists and where you may need to make changes as immediate or longer-term priorities. Either way, the impact you have during your time in post will be underpinned by the relationships you build in your first 100 days.

When you start, look to identify objectives with your line manager (typically one of the executive board members), setting out short, medium, and long-term priorities, and create a job plan to support yourself and others understand your duties, responsibilities and objectives for the coming year. It is important that you can articulate your vision for the role. Don't over-emphasise the change you expect to make within your first few months. This time is for absorbing as much information as possible. Look to talk and network with as many people as possible. Be careful not to make early judgements and decisions.

One of your key roles as a chief AHP will be to advocate for the AHPs of the trust and ensure they have a voice in the hierarchies of the organisation. Are there any quick ways to demonstrate the value of AHPs? Can you find any patient stories recounting the effect of an AHP intervention? These stories often resonate with stakeholders and have a lasting impact.

4.2 Induction

Ensure you have a thorough induction to the organisation. Your new line manager should support you with this. It is essential that you meet key people and begin to build relationships with your stakeholders from the AHPs, to clinical directors and service managers to members of the trust board.

4.3 Listening exercises

It is essential in your early days to take time to listen. Use this time to engage with your stakeholders to authentically understand the culture of the trust and what has happened before your time in post.

Approach meetings with stakeholders with intent to understand where they see the value in your role to their services. This may differ from your perspective, but it is important to understand their priorities.

Identify professional groups or services that may feel marginalised or fragmented. Consider how you can work with these groups to ensure they feel.

4.4 Understanding the portfolio

It is important you are clear about the scope of your portfolio:

- Do you have professional responsibility for all the AHPs in your organisation?
- Do you have professional responsibility for any other professional groups?
- Is your role purely strategic, or is there an operational element? How will you manage this balance?

Your portfolio may also vary depending on whether this is a new or existing role to the organisation. With a new post there may be more scope to influence your portfolio while with existing posts there may be expectations related to the previous post holder.

4.5 Visibility

Ensure you are visible during your first 100 days. Use social media to maximise your reach and develop your network.

You will be responsible for the development and delivery of your trust's AHP strategy and/or the AHP contribution to the clinical/quality strategy. Part of this delivery will entail keeping your stakeholders engaged and up to date with progress against your objectives. The following are key mechanisms to support you:

- reporting to an executive board member
- if your role does not sit in the corporate structure, make a case for change
- a regular slot on the trust board agenda
- cite yourself in the corporate offices, alongside the other senior leadership members
- a place on relevant committees, including but not limited to:
    - workforce
    - quality
    - safety
    - audit
    - infection/prevention control.

Consistent engagement and connection with the AHP workforce are important if you wish to drive effective engagement and utilisation of the workforce. Below are some useful engagement activities:

- a regular newsletter to all AHPs and senior leaders
- regular listening and engagement or drop in events
- regular visits to a variety of services
- a regular clinical day
- take part in the senior leadership board to ward events.

4.6 Networks

Aside from the internal work of the trust you will have a role to play as a system leader as a member of the AHP ICS council. During your first three months in post find out who the chair of your AHP ICS council and AHP ICS faculty is. If you are not aware, make time to find out. Make time to attend your AHP ICS council to discuss what the system priorities are, as this should link with the work of the trust.

4.7 Building strong relationships

It is crucial that you look to build strong relationships from the start of your employment. You should consider both internal and external stakeholders. The list below is an example of the relationships you should look to build.

Internal	External
Executives	National CAHPO Leadership Team, NHS England
Chair	Regional Chief AHPs, NHS England
Other board members	Regional Heads of AHP, NHS England Workforce, Training and Education Directorate
Trust senior leadership/management teams (directors, general managers, matrons etc.)	Other local chief AHPs
Your immediate team and/or reports	AHP ICS Council chair
Your personal assistant and/or project support	AHP ICS Faculty chair
The AHP workforce	Social care principle/lead AHP
	A coach/mentor

4.8 In role

Once you are through your induction period, you will need to focus on your priorities for the next 12 to 18 months. In the process of forming these it is essential that they link to the priorities of the trust and will add clear value to patients, carers, and staff.

Focusing on the risks, issues and challenges facing the AHP workforce may be a good place to start, when framing your next steps, alongside recognising the impact the workforce are, and could be having, on the trust and system-wide objectives. Consider where AHPs are offering most value, where it could be improved, and what requires immediate attention.

The relevance and importance of your AHP council and AHP faculty will start to feel more apparent to you during this post induction phase, as you become more familiar with your role and the priorities. Do your priorities align with the system priorities, offering an

opportunity for you to link up with other trust chief AHPs? It is also worth exploring if there are any relevant ICS workstreams that you could contribute to and if so how you are able to secure an invite. Your AHP council and faculty chair should be able to advise of the appropriate people to contact within the ICS.

4.9 Strategy development

Although there may be a temptation to develop a standalone AHP-specific strategy, we would encourage you to consider the added value of taking an active role in the development of the trust-wide strategies, including clinical, quality and workforce, ensuring the AHP workforce is visible and present. This strategic development will underpin your ongoing work as a chief AHP and the tone within it will need to strike a balance between raising the profile and voice of the workforce and avoiding the risk of developing a silo away from the partnerships that AHPs have with their multidisciplinary colleagues.

When developing your strategy consider:

- The NHS Long Term Plan
- The Allied Health Professions (AHPs) Strategy for England: AHPs Deliver 2022 to 2027
- The NHS People Plan
- The Trust strategic plan
- The ICS strategic plan and priorities
- What AHPs in the Trust say about the vision for services and workforce of the future and what they need to support them to achieve this
- What do patients and carers say, and can any elements be coproduced?
- What do other key stakeholders say?
- How will you measure impact – what data is needed to demonstrate success?

4.10 Delegation

As outlined earlier, the responsibilities of the chief AHP are wide ranging. Professional leadership for 14 unique and diverse professions will require you to balance your portfolio carefully and prioritise effectively. Delegation should be used to spread the workload, but also to build the leadership skills of the wider AHP workforce. Ideas to consider may be:

- Do you have or could you seek administrative support for your role?
- Is there appetite and resource for the recruitment of a deputy role?

- Are the structures below you still fit for purpose, or could reshaping them lead to new leadership roles, such as an AHP quality or education lead, to support you with these key agendas?
- Where is your talent? – are there opportunities to support you with priority agendas, such as digital and recruitment?

4.11 Raising the AHP profile

Establishing a good relationship and line of sight to the board is essential, if you are to drive understanding and inclusion of the workforce. The board will look to you for assurance that the workforce is delivering high quality, safe, effective care, but it must also recognise that some, if not all, board members, may have a relatively poor understanding of the AHP workforce. Exploring this with the board will help set a foundation to build on, in terms of effective utilisation.

Points to consider:

- Does the trust have a history of running trust AHP conferences or is this something you need to establish?
- What opportunities do you have to engage in clinical work or to have a rolling programme of clinical visits?
- Where can you connect AHPs across the trust for the purposes of improving patient pathways – can you be the super connector?
- Is there any administrative support that comes with the role? If not, are you able to negotiate this?

5. Priorities as the chief AHP

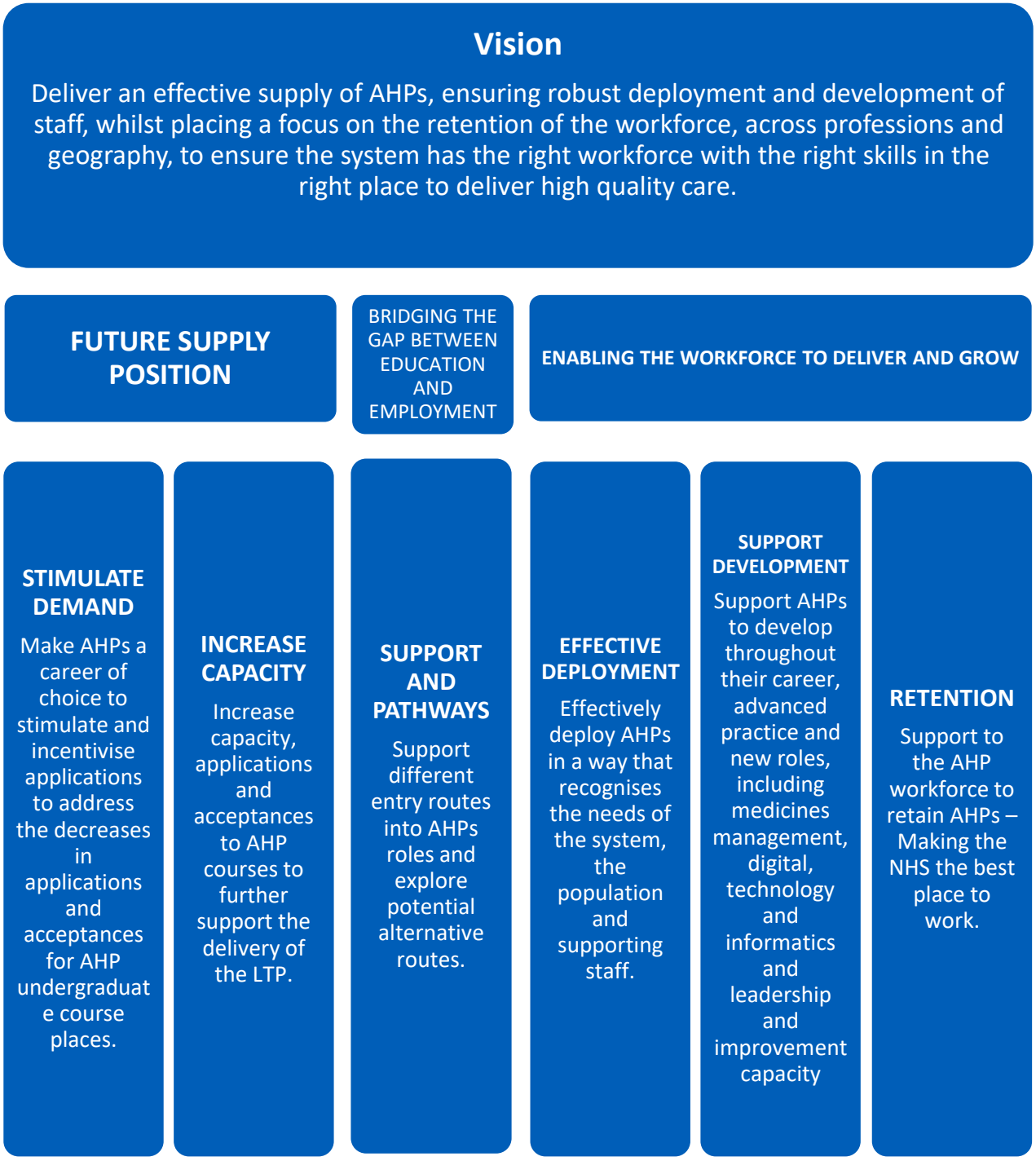
5.1 AHP leadership

Whether your role is new or already exists, you will want to consider whether the AHP leadership, services and structures are fit for purpose, in enabling the AHP workforce to best support the organisations objectives, as well as providing you with the necessary assurance to carry out your role as chief AHP. Mapping current leadership and service structures, as well as benchmarking with other similar sized trusts, may help you to see where remodelling could take place.

5.2 AHP people planning

The NHS Long Term Workforce Plan is part of the overall implementation programme for the NHS Long Term Plan, recognising that our workforce is our greatest asset. The AHP workstream, part of this national programme, developed the National Allied Health Professions Workforce Improvement Framework (see below) to address these challenges. Recognising there is not one single action that will meet the workforce needs of the system the framework identifies three key actions and six ambitions. The workforce improvement framework provides a useful starting point to guide workforce planning needs and interventions.

Figure 1: National Allied Health Professions Workforce Improvement Framework



5.3 AHP data-driven workforce improvement

Understanding our current workforce is critical for operational management, but also for future workforce planning to ensure the right staff, with the right skills are in the right place at the right time. The electronic staff record (ESR) is how the workforce is recorded and counted.

NHS electronic staff record - How to ensure allied health professions are coded correctly[8] is a guide produced with ESR experts, to ensure AHP leaders can commence their ESR 'cleansing' journey, to ensure accurate and consistent workforce data.

By documenting professional activity via job planning, you can better understand your workforce capacity and match it to patient needs. When this is combined with e-rostering software, you can effectively plan and deploy your workforce — achieving productivity gains and reducing unwarranted variation, helping to meet the National Quality Board's expectations on safe, sustainable and productive staffing[9] and Developing workforce safeguards.

The Model Health System is a data-driven improvement tool that supports health and care systems to improve patient outcomes and population health. It provides benchmarked insights across the quality of care, productivity and organisational culture to identify opportunities for improvement.

It is important that you understand your workforce and can identify opportunities for improvement including reducing unwarranted variation. Equally important is both future workforce supply to address vacancies and opportunities to grow existing or new roles. Where there is a chief AHP in post, research indicates that there is greater diversity of roles, including advanced and leadership roles that are not traditionally held by AHPs, such as ward managers and matrons. Being the voice to influence will maximise the contribution of AHPs to workforce transformation.

5.4 Digital

Within your workforce development plans you will need to ensure AHPs are digitally enabled and consider how technology can support the workforce and delivery of care. *A Digital Framework for AHPs*[10] outlines three ambitions for ensuring digitally mature AHP services:

1. digitally ready AHP services
2. digitally mature AHP services
3. data-enabled AHP services.

[8] https://improvement.nhs.uk/resources/nhs-electronic-staff-record-allied-health-professions/
[9] https://www.england.nhs.uk/publication/national-quality-board-guidance-on-safe-staffing/

[10] https://www.england.nhs.uk/wp-content/uploads/2019/04/a-digital-framework-for-allied-health-professionals.pdf

You may wish to delegate this area to an AHP who is able to provide leadership in the area of digital. There are several examples of chief AHPs who have taken this approach and the AHP digital lead role has become substantive, once the value has been recognised.

5.5 Leading for improvement

A key role of the chief AHP is to build a culture of continuous improvement within the AHP workforce. There are several approaches to improvement methods, but all share the same basic principles. Not everyone needs to be expert in an approach, but all staff and teams should be encouraged to understand the principles and their application, whilst having the opportunity and time to apply them in their daily work, as well as access to ongoing support and shared knowledge.

Below is an adapted version of the Institute of Healthcare Improvement (IHI) model for improvement and associated questions.

Figure 1: Institute of Health Improvement (IHI) Model for Improvement/triple aim, adapted by NHS England and Improvement, January 2020

- What is the problem you are trying to address?
- Have you established your baseline – what is your starting point, how big is the problem?
- What is your ambition for improvement – what, how much, by when?
- What are the options for change that you believe will lead to improvement?
- Which of those options will you choose to pursue, and in which order?
- How many of the domains in the measurement framework do you expect to change? What might be your unintended consequences?
- What will you measure for each domain you hope to improve, to evidence whether the change made a positive impact?

5.6 Leading for diversity

"There should be more senior decision makers who look like me, who make choices that don't disadvantage me and my future. The leaders who don't look like me would be understanding, authentic, and committed to inclusion through their actions, and how they speak. My difference would be valued. It would be a buzzing place to work. Everyone would feel uplifted, and part of a shared vision to deliver high quality patient care."

Inclusion Manager

Diverse teams, including senior leadership teams, are better equipped to meet the challenges facing the NHS. The Workforce Race Equality Standard (WRES) was introduced in 2015 to hold a mirror up to the NHS and spur action to close gaps in workplace inequalities between our black and minority ethnic (BME) and white staff.

Equality, diversity and inclusion is central to all of our business and we should be committed to tackling structural inequalities, as well as any negative behavioural impacts, to ensure we are fair, just and inclusive in everything we do.

AHPs make up the third largest clinical workforce in health and care but have one of the lowest percentages of BAME workers, at 12.8%, below the UK population average of 13.9% and significantly below the NHS workforce average of 19.9%. When considering BAME representation in bandings of 8a and above, this figure drops to well below 10%.

In late 2020, the Chief Allied Health Professions Officer (CAHPO), announced the establishment of the CAHPO BAME Strategic Advisory Group (SAG). The SAG will help to shape strategy ensure EDI is central to all of the national and regional AHP work programmes. Importantly, this SAG will ensure the specific actions taken to improve

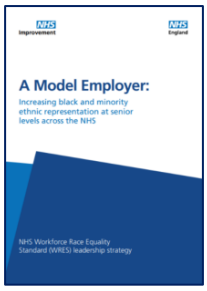
representation of and leadership opportunities for BAME AHPs are the right ones, with the greatest sustainable impact.

You may want to consider some specific objectives for yourself with a focus on EDI. Reviewing what exists within the rust already, and what interventions are offered by the trust will enable you to identify gaps in the EDI agenda, for AHPs.

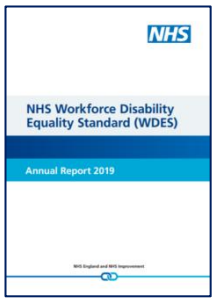
Two key areas, as identified by the national WRES team, for immediate intervention are:

- recruitment and selection processes
- promotion bias.

Recommended equality, diversity and inclusion resources



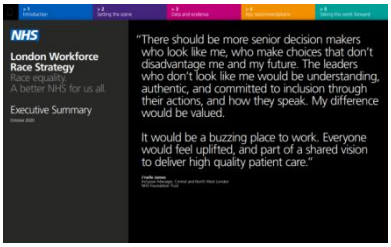
A Model Employer: Increasing black and minority ethnic representation at senior levels across the NHS[11]



The NHS Workforce Disability Equality Standard[12]

[11] https://www.england.nhs.uk/publication/a-model-employer/
[12] https://www.england.nhs.uk/about/equality/equality-hub/wdes/

The 2020 NHS Workforce Race Equality Standard (WRES)[13]



London's Workforce Race Strategy[14]

The BAME AHP Network[15] can be accessed via the National AHP Virtual Forum, found on the Future NHS platform.

5.7 Leading through crisis

"There is trauma and guilt, there is fear but there is also excitement at what has become possible. Things that have been talked about for years have suddenly happened."

Out of the tragedy of the pandemic, there is a unique opportunity to accelerate transformation and integration within the NHS and prepare for a world living with COVID-19. The scale and degree of adaptation achieved during the pandemic is unprecedented. The service acted swiftly to bolster its emergency preparedness and resilience and rose to the challenge with innovation, energy, and compassion.

Chief AHPs were and continue to be key leaders throughout the pandemic response, redeploying staff, supporting regional Bringing Back Staff (BBS) initiatives, and empowering those around them. Chief AHPs across both health and care, came together through system architecture such as the ICS AHP councils, to co-ordinate the utilisation and deployment of the AHP workforce, for optimal impact and benefit to patients.

[13] https://www.england.nhs.uk/wp-content/uploads/2021/02/Workforce-Race-Equality-Standard-2020-report.pdf
[14] https://www.england.nhs.uk/london/our-work/equality-and-diversity/london-workforce-race-strategy/
[15] https://future.nhs.uk/SeniorAHP/grouphome

The culture of organisations has no doubt been tested by the pandemic, but in many cases, people's resilience and motivation have strengthened through a shared sense of purpose and urgency. Looking beyond this courage, new behaviours have emerged. Multidisciplinary team working has been amplified, such as operating department practitioners working in intensive care and podiatrists supporting community nursing teams. The consistency this has given to the importance of diverse clinical leadership must not be underestimated. This positive mindset has driven the innovation, transformation, and common purpose, highlighting the eagerness to try new things and the reduction of professional silos.

Points of reflection:

- What have you learnt through leading in a crisis?
- What did you learn about yourself and your leadership style?
- Did you ask for feedback from others?
- Did you make time to look after your own wellbeing?
- Did you make time to support others with their own wellbeing?
- What would you do differently?

"The three most important enablers you have as a Chief AHP are the right reporting line – it is essential that you report directly to the board, other people – you will need to delegate effectively as you can't do it all – build respect and relationships for the AHP workforce by educating others about their vital role."

Director of Allied Clinical Sciences & Patient Engagement

6. Overcoming potential challenges

Through our research, chief AHPs and trust executives highlighted the following potential challenges and barriers.

6.1 The role of AHPs is not well understood

Due to the number of professions and their own unique identity, many people still do not understand the roles and contributions of the AHP workforce. You will need to develop a sound education element within your portfolio, not only to advocate for AHPs but also to educate those around you.

You should not be expected to have expertise in all 14 professions, but you should at least have a core knowledge of their roles and scope of practice in the context of the services of your organisation. You will also need to acquaint yourself with the relevant professional body for each AHP group and know how to access standards of practice and proficiency should you need them.

6.2 Balancing the needs of having an operational or strategic focus

Evidence suggests that chief AHP roles have the greatest impact when they are positioned strategically and do not have large operational portfolios. However, as with all senior leaders in your organisation, you will need to offer your expertise and support when there are particular operational delivery challenges. Examples of tasks you may need to support or lead:

- service redesign
- consultations
- recruitment and retention issues
- service demand/capacity issues.

Ultimately, you will need to make a judgement about the operational tasks you support, but your focus should remain broadly strategic, providing leadership to and governance of AHPs across the organisation, as opposed to being involved in the day-to-day decision-making at service level.

6.3 Effective influencing

Influencing and negotiating are key skills and behaviours of our senior leaders. As a chief AHP, you will sometimes feel like a lone voice surrounded by larger professional groups. The temptation in this situation is to think that you need to shout more loudly and more frequently than those other groups, otherwise your voice will be lost.

Points to consider when influencing others:

- What do I want to achieve?
- Why is this a priority to me?
- What role, if any, are my biases playing in my decision making?
- Do you have any data or information to evidence my view?
- What does the other person want or need? What problem will my idea solve for them?
- Where is the common ground?
- What are my absolutes and what would I be willing to compromise on?

6.4 The hero myth

As the chief AHP, the AHP workforce will look to you for support, guidance and leadership. It is important that you set expectations of yourself and others early to avoid becoming overwhelmed. There have been several references throughout this handbook regarding the need to work collaboratively. If the AHPs you work with want you to influence an agenda, ask what they can do to help. You will need to think and work creatively to ensure the resource you have is used to best effect.

7. Understanding impact

One of the questions we get asked most frequently as a national team is ‘how do I measure my impact?’ Below are examples of both qualitative and quantitative approaches to understanding your impact.

7.1 Qualitative approaches

- **Annual personal development review (PDR):** It is essential you have a PDR and that the objectives in it are relevant to the objectives of the organisation and the key AHP areas that you want to address.

- **Feedback:** Make use of tools such as the 360-degree review process and the healthcare leadership model. Processing the results of this feedback can be difficult, so make sure you have a trained 360 coach talk through it with you.

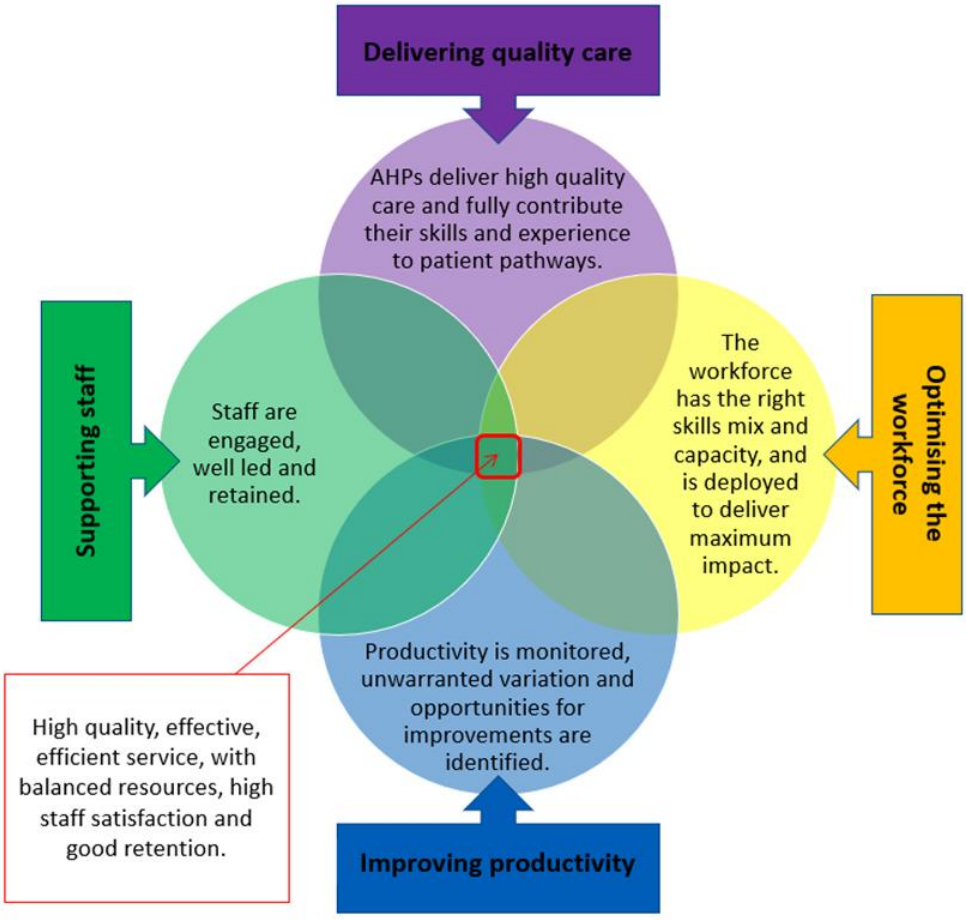
- **Reflection:** Take time regularly to reflect on your work, your style and the way you engage with and influence people. You can do this by yourself or with a coach.

7.2 Quantitative approaches

It may be helpful to consider using the AHP balanced scorecard (below), to guide your thinking regarding data metrics. The scorecard is designed as a helpful framework for AHPs to evidence and improve the (safe), effective and efficient use of resources.

The AHP balanced scorecard provides a governance framework for AHP services to monitor the consequences and impact of different workforce models on patient care. It has four domains that each reflects a perspective of the strategic NHS objectives. There is a strong relationship between each of the four domains, as the framework illustrates.

Figure 2: AHP balanced scorecard – a framework for evidencing and improving the safe, effective and efficient use of AHP resources



Below are examples that could be used to measure the use of AHP resources, both at provider and system level. The list is not exhaustive and can be shaped and adapted through the development of indices that suit your objectives and/or interventions.

Figure 3: Example metrics and indices that could be used across the four domains of the AHP balanced scorecard

7.1 The annual NHS Staff Survey

The NHS Staff Survey provides a wealth of data that you can use to monitor your impact on the AHP workforce.

The survey is separated into domains that can be broken down by whole professional groups, and then individual professions within those groups.

The results may be useful in shaping your priorities and highlight any issues that you would want to explore further.

8. Support

"Chief AHP roles can be lonely and so it is essential that you build a support network. Reach out to other Chief AHPs who will be able to relate to your experiences and offer peer support. But most importantly keep checking in with yourself, be authentic and acknowledge when your 'resilience tank', needs a top up."

Associate Director of Allied Health Professionals

Having support in place is essential if you are to perform optimally in your role. Evidence demonstrates that senior leader health and wellbeing is often overlooked and this also affects the wider workforce. You must prioritise being compassionate to yourself and making time to seek support when you need it.

8.1 Peer support

Our research[16] has found that chief AHPs highlight the importance of a professional support network. Connecting to other chief AHPs is quick and easy and can provide a wealth of support, advice and counsel. There is a dedicated Chief AHPs virtual network, which can be found on the FutureNHS platform (see below). You should also look to your ICS/STP AHP council for a ready-made network of chief AHPs in your region.

8.2 Coaching and mentoring

Coaching and mentoring are fundamental aspects of our development journeys. There are different ways of accessing coaching and mentorship and most chief AHPs make use of these resources either for short spells or on an ongoing basis during their tenure.

8.3 Health and wellbeing

Chief AHP posts bring with them large portfolios but part of the skill of any senior leader is to know when to delegate or say no. You need to make sure you have space and time away from emails, telephone calls and meetings in order to restore your energy levels and to engage in the things outside of work that matter most to you. This isn't always easy, and we often place pressure on ourselves to be available and present, but you

[16] https://www.england.nhs.uk/ahp/implementing-ahp-action/

have the right to a life away from work. It is only by developing your strategies for a work life balance that you will be able to fulfil the expectations of the role.

These simple strategies may help you manage this effectively:

- Time management – what really is a priority and what can wait?
- Delegate – do not try to do everything yourself, learn to cede power to others.
- Work smarter, not harder – keep trying a particular strategy and getting nowhere? Is there a different way of approaching the problem? This might be a good point to make use of your professional network and coaching or mentoring.

Our NHS People Executive Suite[17] of supportive offers and resources are designed to support you to remain a resilient leader, continue to thrive in your role, and set cultures that value the importance of health and wellbeing.

[17] https://people.nhs.uk/executivesuite/

9. Our offer

NHS England have established a number of support offers for chief AHPs.

9.1 Chief AHPs Virtual Network

There is a well-established virtual network for chief AHPs via the NHS Futures platform.[18] There are different subsections within the platform, relating to other AHP specific networks, but the core chief AHP section provides a quick and easy way of reaching out to chief AHPs across England and staying connected with the work of the regions and national team.

To access the network, please contact the CAHPO team at england.cahpo@nhs.net.

9.2 Distribution list

The Chief AHP registry has been established to provide a single point of reference for AHP leadership in England, your regional chief AHP / WTE AHP lead will provide you with the link for this.

9.3 Trust and system architecture

As part of our national and regional offer, we regularly work with trusts and systems to review AHP leadership capacity and capability. If you do not have a chief AHP role, or you do not think the current chief AHP role is being optimised, please contact us on england.cahpo@nhs.net.

9.4 Chief AHP Officer bulletin

The Office of the Chief AHP Officer has an official Chief AHP Officer bulletin. The bulletin is hosted on the NHSE bulletin platform. The sign-up page can be found here: NHS England » Chief allied health professions bulletin. Due to GDPR, we ask that colleagues sign-up to the bulletin individually.

[18] https://future.nhs.uk/SeniorAHP/view?objectID=12636688

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Publication approval reference: