

LET IT GROW: CULTIVATING AHP POTENTIAL

An Innovation, Research, and Improvement Strategy for Allied Health Professions in NHS Lothian 2022-2027 This is a first for Allied Health Professions (AHPs) in NHS Lothian: an innovation, research, and improvement strategy. It shows our strategic intent by recommending achievable actions for the next five years 2022-27. These will be made real by an implementation group.

DEVELOPMENT OF THE STRATEGY

The strategy is the product of a Development Group which met on six occasions between June 2021 and February 2022. Each group member was invited to join to represent a specific 'constituency' such as profession, patients, early career AHPs, management, service location, service sector, practice education, AHPs with a demonstrable interest in quality improvement (QI) or research, and so on (see Appendix).

Innovation, research, and improvement (IRI) were considered separately with valuable input from experts on specific topics (see Appendix) explaining what is in place already and the current strategic drivers. Relevant NHS and professional body strategies were considered to ensure alignment of our recommendations (see Bibliography). In particular, the strategy will contribute to NHS Lothian's four Priorities for Continuous Improvement. It also sits beside the wider Lothian Nursing, Midwifery, AHP, Psychology, Pharmacy, and Healthcare Science Research Strategy which has been developed in partnership with local universities. That strategy has a strong emphasis on creating clinical academic training opportunities and has involved significant investment.

The Development Group quickly realised that, although these three areas were addressed separately, our aspirations and actions for the future usually cut across more than one of them. Therefore, our recommendations often span the concepts of innovation, research, and improvement.

There is much of value in place already in this area of practice among AHP services in NHS Lothian. The more we spoke to each other the more we learned from each other. This is a lesson which we have tried to capture in a number of the actions. The strategy is intended to build on these foundations.

OUR USUAL BUSINESS

A core feature of working for AHP services, in all roles, is to engage continuously in these professional activities. The overarching principle of this strategy is that the mindset and behaviours needed for innovation, research, and improvement *should be part of usual business, for us all* (see Figure). 'Evidence, Research and Development' is one of the four pillars of practice. It is not an optional add-on.

THE NATURE OF THE TASK

The strategy aims to encourage, nurture, and give permission for a culture of curiosity, robust testing of new ideas, learning, and continuous improvement.

The essence of the strategy is similar to that of designing and cultivating a garden. Each profession and individual AHP has a unique starting point and development needs. We must cultivate an environment which enables them all to flourish and complement each other, thereby optimising the overall impact.

THE FIVE STRANDS

The Development Group identified several areas which are key to building a comprehensive and sustainable strategy. These include: improved collaboration with stakeholders; more effective sharing of our ideas and learning; building structures and processes which give AHPs easier access to the things they need; improved career pathway options; and the full and explicit support of AHP leaders and managers. These areas are reflected in the recommended actions described below.

The actions are organised into the following five strands:

- A: Working together
- **B:** Opening doors
- C: The right tools for the job
- D: Career horizons
- E: Making it happen

The action strands are best viewed as interdependent, the whole being stronger than the sum of the parts, like a length of twine.

FIGURE: SCHEMATIC REPRESENTATION OF 'OUR USUAL BUSINESS' - THE AHP WORKFORCE'S ENGAGEMENT IN AND WITH INNOVATION, RESEARCH, AND IMPROVEMENT ACTIVITIES



ENDORSEMENTS

The following AHP leaders in NHS Lothian have endorsed this strategy and committed to its implementation:

Dr. Heather Cameron Helen Fitzgerald Susan Perriss Eddie Balfour Fiona Huffer Hannah Cairns Lesley Berry **Claire Henderson** Emma Barnes Orla Prowse/Guy Whitehead Claire Ross Kate Pestell Elaine Reilly Paul Hudson Karen Henderson Morag Marks Vicky Laidlaw Karen Allan/Lucie McAnespie Phil Ackerman Andy Peters

Director of Allied Health Professions Lead Partnership representative Edinburgh HSCP/Lead CSP Steward NHS Lothian Partnership Lead Women's and Children's Services/Unite Steward NHS Lothian Chief AHP Acute Chief AHP, West Lothian HSCP Chief AHP, Midlothian HSCP Chief AHP, East Lothian HSCP MSK Physiotherapy Outpatient Service Lead, Edinburgh HSCP Chair, Lothian Occupational Therapy Leaders Co-chairs, Lothian Physiotherapy Professional Leaders Forum Head of Podiatry Head of Arts Therapies Head of Therapeutic Radiography Chief Radiographer Head of Dietetics Head of Prosthetics and Orthotics Lead Orthoptist Heads of Speech & Language Therapy Consultant MSK Physiotherapist AHP Research and Development Facilitator

A: WORKING TOGETHER

This strand is about collaboration, inclusivity, valuing the contributions of different stakeholders e.g. patients, students, early career practitioners, academics, and managers, and sharing new ideas, innovations, and learning from local data projects.

"I am working in partnership with a QMU MSc OT student on a clinicallyidentified priority...researching how to make our assessments more personcentred by communicating the concepts more clearly to patients. They will share their findings with us with a view to us implementing at the end."

Ellie Frankish, Occupational Therapy Team Lead, Royal Edinburgh Hospital

	WORKING TOGETHER		
	ACTION	ENABLERS	TIMEFRAME
A1	Create a multi-functional digital space - an 'AHP IRI Hub'. One function being an embedded 'AHP Innovation Station' - a social media-like space where AHPs can share and discuss in digestible, brief form their innovative ideas, findings from local projects, knowledge of funding opportunities etc. Use of keyword/thread search functionality would be a bonus.	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to explore the possibilities with eHealth and the Web Team and to determine how such a resource should be maintained and kept up-to-date.	June 2023
A2	Establishment of a programme of regular NHS Lothian AHP IRI events – to promote the sharing of new ideas, projects, and findings.	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to act as the organising committee for these events.	June 2023
A 3	Determine the most promising and successful approaches to engaging with stakeholders such as service users, staff, and students as partners in order to generate service improvement ideas from these different perspectives.	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to explore approaches that have already been tried locally and beyond and to seek input from those with expertise in, for instance, patient and public involvement approaches.	June 2023
A4	Build on and optimise our work with nursing, midwifery, pharmacy, psychology, and healthcare science colleagues on a wider NHS Lothian NMAHPPS Research Strategy.	AHP Director and AHP Research & Development Facilitator to continue to engage with this wider group	Ongoing
A5	Promote the Clinical & Academic Homes Framework of honorary contracts to increase collaboration with academic partners leading to benefits in terms of research hosted by AHP services, mentorship, knowledge transfer, implementation of research findings into practice.	AHP Research & Development Facilitator to continue to raise the profile of Clinical & Academic Homes opportunities and facilitate discussions between those interested in a 'home' and potential hosts.	Ongoing

B: OPENING DOORS

This strand is about creating unhindered, easy access for AHP staff to the information and time they need to develop their ideas and carry out improvement or research projects.

"The service funding some of our time allowed us to actually turn our ideas into a project! We have thought about this for many years but never had the time to put it into motion. Time freed up from our clinical work allowed us to focus completely on our project and not be distracted. It gave us breathing space."

Kelly Russell and Shona Bellward, Specialist Physiotherapists, Physio@Home

	OPENING DOORS		
	ACTION	ENABLERS	TIMEFRAME
B1	 Create a multi-functional digital space - an 'AHP IRI Hub' to signpost to: funding opportunities with deadlines thereby allowing the chance to plan ahead a network of AHP advisers with experience and/or training in IRI skills who are happy to be contacted by AHPs seeking help or mentorship in this area. digestible guidance outlining the information governance steps required for different categories of project plus template tools e.g. participant information sheets, informed consent forms etc. 	 Short life working sub-groups of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to establish inventories of : repeated funding opportunities for both grants and fellowships. names of staff members who are happy to be part of this network of advisers. AHP Research & Development Facilitator to draft, share, and finalise information governance guidance with the 'AHP IRI Strategy Implementation Group' (see Action E3). 	June 2023
B2	All services/departments/professions to consider committing yearly funding to support staff time to carry out the preliminary pilot work required for a preferred project selected after a competitive internal application process (as successfully rolled out by Edinburgh Community Physiotherapy who have committed £1000 per annum for several years)	Endorsement by AHP Extended Leadership Team. Establishment of service/department/ profession level IRI groups to oversee the application and selection processes.	March 2024
B3	Utilise the introduction of job planning for all AHP staff in NHS Lothian to embed and normalise the ring-fencing of time for IRI activity, to degrees appropriate to the level of practice of posts.	Endorsement by leaders and managers of AHP services following assessment of impact of job plans on service capacity. Dovetailing discussions with the AHP Workforce Strategy Group; considering the true capacity of services when using job plans. Line management/supervision/PDP processes.	March 2025
B4	Establish learning, experience, and habits in the area of IRI from the pre-registration stage of AHP training	AHP Director and AHP Practice Education Team form a suitable group to meet with university leaders to explore the scope for establishing IRI- relevant learning in curricula and IRI- focused student placements.	March 2025

This strand is about providing access for AHP staff to training across a range of IRI skills and knowledge areas and levels of competency at different points in their career.

"More experienced colleagues drew me into great conversations about cases and invited me to care group meetings. I also had the privilege of a good coach, pushing carefully-chosen articles my way and then making sure I had understood and could apply them. Looking back, I am frankly astonished at all the little markers in the path that indicate a bit of learning or progress or change."

Gill Earl, Speech & Language Therapist, CYP Clinical Lead for Language & Literacy

	THE RIGHT TOOLS FOR THE JOB		
	ACTION	ENABLERS	TIMEFRAME
C1	Create a multi-functional digital space - an 'AHP IRI Hub'. One function being the provision of information on established training course and workshop opportunities available in the IRI area.	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) including AHP Practice Education Team involvement to establish an inventory with timelines of training opportunities on QI, research, implementation science, writing for publication and funding applications etc.	June 2023
C2	Identify training opportunity gaps and seek local solutions	The short life working sub-group described in Action C1 to identify the gaps and explore scope for working with local universities to fill these or develop bespoke local training programmes within NHS Lothian AHP Services.	March 2024
C3	Establish foundation level QI module learning as a mandatory part of AHP staff induction.	Endorsement and implementation by leaders and managers of AHP services and their delegated staff.	March 2023
C4	Re-establishment of the annual NMAHP Evidence-Based Practice Course (i.e. searching the literature, critical appraisal, understanding the fundamentals of statistics) in NHS Lothian.	AHP Research & Development Facilitator to negotiate with Evidence- Based Practice Course tutors to agree a suitable date to re-commence the course.	June 2023
C5	All AHP services/departments/professions to establish (or continue to provide) regular time for staff team discussions (e.g. journal clubs or CPD away days and similar) re: scope for service improvements based on critical appraisal of the available literature.	Endorsement and implementation by leaders and managers of AHP services and their delegated staff.	March 2023
C6	Explore the potential for accessing routinely-documented clinical data in bulk (e.g. in TRAK) to support projects in terms of demographics, clinical presentations, treatment offered, outcomes, longer-term follow-up	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to work with the AHP Informatics Group and AHP Director to build a case to establish Lothian Analytic Services support for this.	June 2023

D: CAREER HORIZONS

This strand is about clarifying and incentivising clinical academic and other career pathways such that AHP staff can gain clear sight of different horizons as they plan their career development.

"Official 'clinical academic' posts at post-doctoral level would be a great resource for the service as a whole but also an exciting opportunity for career development for clinicians able to take up such posts. They would also act as an incentive for clinicians to consider this as a goal when thinking about their career pathways at all levels."

Kate Toft, Advanced Speech & Language Therapist, Head & Neck/Oncology

	CAREER HORIZONS		
	ACTION	ENABLERS	TIMEFRAME
D1	Create a multi-functional digital space - an 'AHP IRI Hub'. One function being the provision of information on the various types of postgraduate education that are available, what they involve, how they differ, and how they can contribute to various career pathways so AHP staff can have a clearer view of their career horizons.	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to establish an inventory of postgraduate degrees and their key characteristics.	June 2023
D2	Create a minimum of five AHP clinical academic posts at post-doctoral level with a view to building a cohort of AHP research leaders for tomorrow who also generate research income to cover the cost of some of their time. These posts to be 50/50 clinical/ research duties. Research duties to include time for research capacity & capability building within defined scope of the post.	Commitment of leaders and managers of AHP services to invest in these posts. Discussions with local universities and NHS Lothian R&D Office re: scope for joint funding solutions Accessing existing job descriptions in other AHP services nationally and other professions e.g. nursing	March 2027
D3	Staff at all levels to evidence activity in relation to 'Evidence, Research and Development' Pillar of Practice.	Using NES development needs analysis tool and TURAS PDPR to specify learning needs and goals.	March 2024
D4	Establish a standard paragraph to include in all AHP job adverts to highlight the IRI training, funding, career progression, and support opportunities available to our staff, in order to aid recruitment.	Endorsement and implementation by leaders and managers of AHP services and their delegated staff. The 'AHP IRI Strategy Implementation Group' (see Action E3) to draft such a paragraph.	March 2023

E: MAKING IT HAPPEN

This strand is about identifying the steps required to successfully implement this strategy.

"I both endorse and give my personal pledge to making this happen and invite all AHPs across Lothian to step into this space; what will you do today to make it happen?"

Dr. Heather Cameron, Director of Allied Health Professions, NHS Lothian

	MAKING IT HAPPEN		
	ACTION	ENABLERS	TIMEFRAME
E1	Gain endorsement and commitment to implement this strategy from leaders and managers of AHP services.	Key local leaders and managers of AHP services agree to their endorsement of the strategy being stated in the final draft.	September 2022
E2	Organise a recorded webinar launch to disseminate this strategy.	Endorsement of this approach by the AHP Extended Leadership Team.	September 2022
	This should be mandatory viewing for all AHP staff, current and new (included as a requirement at induction), and AHP students on their first placement.	AHP IRI Strategy Development Group to establish a sub-group to make this webinar happen	
E3	Establish a multi-constituency 'AHP IRI Strategy Implementation Group' to oversee, monitor, and drive the implementation of this strategy.	Endorsement of this approach by the AHP Extended Leadership Team including establishment of group convenor(s) plus admin support.	September 2022
	Bi-monthly verbal reports for the AHP Extended Leadership Team plus written progress reports after 2 and 4 years with chance to review/refresh the strategy.	Implementation Group to consider AHP priority areas for QI or research projects which link to broader NHS strategic directions.	March 2024 and March 2026
	Incorporation of progress metrics into AHP assurance dashboard.		
E4	Develop a case for the establishment of an AHP QI Network; recognised by Lothian Quality infrastructure with resourced support.	Endorsement of this approach by the AHP Extended Leadership Team. AHP IRI Strategy Development Group to establish a sub-group to create proposal.	June 2023
E5	Create a plan for future AHP IRI infrastructure needed to support implementation of this strategy.	A short life working sub-group of a wider 'AHP IRI Strategy Implementation Group' (see Action E3) to establish such a plan.	March 2024
		Endorsement by AHP Director and Extended Leadership Team.	
		Negotiation between AHP Director and relevant stakeholders as required.	
E6	Identify opportunities for re-investment arising from other work streams in NHS Lothian e.g. out-patient re-design, workforce planning, sustainability and value, advanced practice which could contribute to the costs of some of the other actions described.	AHP Extended Leadership Team to discuss and identify opportunities available in other work streams which could be developed to support implementation of the actions in this Strategy.	March 2023

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APPENDIX

MEMBERS OF AHP INNOVATION, RESEARCH, AND IMPROVEMENT STRATEGY DEVELOPMENT GROUP

Andy Peters (Co-chair)	AHP Research and Development Facilitator
Lucie McAnespie (Co-chair)	Head of Adult Speech and Language Therapy
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Fred Hessler	Member of Health & Social Care Alliance Scotland
Anne Hogan	Member of Health & Social Care Alliance Scotland
Fiona Huffer	Head of Dietetics/Chief AHP West Lothian HSCP
Martin Hurst	West Sector Radiology Manager
Chris Jones	Podiatrist, Royal Infirmary of Edinburgh
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