NHS
Health Education England

AHP Faculty Toolkit

Contents

AHP Faculty Animation

AHP faculties are featured in the NHS People Plan with an ambition to support AHP sustainability and growth.

Click on the animation link below for an overview.
AHP Faculty Animation

NHS
Health Education England

AHP Faculty

Visit our website www.hee.nhs.uk/ahp-faculties

Purpose

To facilitate system wide collaboration across professionals between health and care and education providers.

Play a key role in helping to shape the next generation of AHPs by co-ordinating activities to support their supply, education and training.

Build strong working relationships and engagement with the AHP Council.

Provide a new formal infrastructure to enable idea and resource sharing and the alignment of priorities across systems.

Maturity Matrix

The AHP Faculty maturity matrix has been developed to outline the core characteristics of AHP Faculties as they develop.

It provides you with a method to self-assess the progress of your faculty and it will help you to identify areas that require further attention.

The matrix illustrates that when the faculty is working at its best, this is what it can look like. It is recognised that not all domains will develop at the same pace and there will be varying levels of maturity across each domain.

The development of your faculty will be a work in progress but we hope that this tool will help you to work through any challenges that occur and share your successes when things are working well.

You can access the maturity matrix and self assessment form here.

Accessing workforce data

HEE have launched an eProduct Portal to deliver workforce information and insight to Integrated Care Systems and the wider NHS. It will include:

- The latest analytics and models that are automatically refreshed.
- Insights to inform workforce planning.
- Consistent methodologies and mapping.
- Links to regional portals

To gain access, you are required to complete the eProduct Request for Access form - follow this LINK or copy and paste this URL into your internet browser https://forms.office.com/r/xgFUrNzK5a

For more information, please contact the National Data Service (dataservice@hee.nhs.uk) or your regional HEE workforce planning and intelligence contact.

Our full range of data & intelligence products will cover

Current Workforce

- Products showing the latest intelligence across Health Care

What to expect:

On launch Dashboards covering:

- Primary Care Workforce
- Social Care Workforce
- Secondary Care Workforce

Future Workforce

- Products showing the latest intelligence on Training and Education pipelines

What to expect:

By the end of November - Dashboards covering:

- The Mental Health Workforce
- 50k Nurses

Workforce Demand

- Products showing the latest Demand intelligence

What to expect:

Anticipated December/January Dashboards and Tools Covering

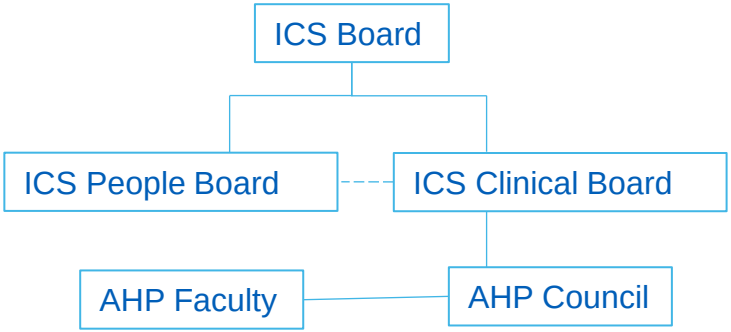
- Future Workforce Supply
- Training & Education pipelines
- Placement Data
- Population Demographic Data
- Regional Products and Tools

Ensuring your AHP Faculty is effectively engaged with your local Integrated Care System.

This section gives an overview of the role of leadership and building relationships when influencing your Integrated Care System.

Context

- The AHP Faculty drives the programme of work to support and develop the local AHP workforce.
- It is important that the AHP Faculty works collaboratively with the AHP Council to build a direct relationship with the workforce team within the Integrated Care System (ICS) and to link into the People Board.
- This will ensure there is sufficient oversight of the work of the Faculty and keep a live link between the priorities of the ICS and the priorities of the Faculty.



NB: This is an illustrative example. Local governance arrangements may differ.

The Role of Leadership

AHP Faculties are part of a complex system and the growth and development of them requires leadership. However, having a nominated leader (usually either the chair and/or the project lead) at the helm is not enough, that leader will need to be able to skilfully navigate and influence the system to ensure that the right stakeholders commit to supporting the work of the Faculty so that it becomes a sustainable entity.

To influence effectively the Faculty, supported by it's chair and/or project lead will need to consider the following:

- Create a share vision
- Develop a supportive culture
- Engage others in the process

It might help to look at the NHS Healthcare Leadership model which describes 9 key dimensions of leadership. These are:

- Leading with care
- Engaging the team
- Sharing the vision
- Influencing for results
- Evaluating information
- Inspiring shared purpose
- Holding to account
- Connecting our service
- Developing capability

Take a moment to think about what these dimensions of leadership mean for your Faculty and how you might use these steps to strengthen your relationships with your ICS?

Aligning the Vision

When influencing others with the intention of securing their support with a change or new initiative, it is critical that you are able to clearly articulate to them what the aim is and why it matters to them. It is therefore essential that you have a clear vision.

Central to developing a vision that engages and secures the support of your stakeholders, is to be very clear that it aligns with the priorities of those you are trying to influence. In this instance that is the senior leaders of your ICS. Therefore, you will need to be sure that your vision is underpinned by the strategic aims of your ICS. Each ICS was required to publish their vision and so you can easily obtain this by searching on line at:

https://www.england.nhs.uk/integratedcare/integrated-care-in-your-area

Once you have this information spend time as a Faculty considering how your vision aligns with the strategic aims of the ICS. The following headings may provide a helpful guide:

Strategic aims: Does your vision connects values of the ICS and the key aims of the Faculty?
Measurable goals: Does your vision have system level measurable goals and will you be able to track progress against these?
National Targets: Does your vision link clearly to any key national targets and demonstrates to the ICS that the Faculty will support them in the delivery of these targets, are you prepared to assume accountability for this?
Improvement work: Does your vision demonstrate a commitment to continuous improvement that aligns with system level goals?

Engaging the Managing Stakeholders

So you've developed a vision and as a Faculty you now have a clear sense of what your offer is to the ICS, but how do you know who to communicate this to?

ICSs are large and complex entities and with so many of them still forming their leadership structures, knowing who to connect with and who is best place to support you can be challenging.

A good starting point will be your local ICS website, but even with this information it can be hard to know where to start. Spend time as a Faculty brainstorming who you think you might need to connect with. This could include:

- The ICS Medical Director
- The ICS Chief Nurse
- The ICS Human Resources Director
- Your local HEE workforce transformation lead
- Regional HEE AHP Lead
- The chair of your AHP Council
- Your ICS workforce lead
- Patients
- Carers
- Local Higher Education Institutions

This is not an exhaustive list but starts to give a sense of the people you need to reach out to.

Once you have a clear sense of who your stakeholders are and what their role is you need to consider when and how often you need to connect with each of them. Your stakeholder list is likely to be lengthy at this stage so it is vital that you channel your time into those with most influence, acknowledging that who those people are will change and evolve overtime.

To help you do this the following tool might be of help.

Stakeholder has ***'high power'*** →	*Satisfy* – keep these stakeholders sighted on what and when things are happening	*Manage* – These are key stakeholders who you should fully engage with through clear, regular communication and engagement
Stakeholder has ***'little or no power'*** →	*Monitor* – You may choose not to focus specifically on these stakeholders, particularly if resources are stretched	*Inform* – Keep these stakeholders informed and engage with them through co-production techniques
	The AHP Faculty has ***little or no impact*** for this stakeholder ↑	The AHP Faculty has a ***high impact*** for this stakeholder ↑

Hints and Tips

Even once you have identified all your key stakeholders approaching them is not always the easiest thing to do, particularly if you have no prior relationship with them. To make this process easier consider the following:

- Does anyone in your Faculty know the stakeholder, can they make an introduction?
- Can your local HEE regional AHP lead connect you?
- Does the Chair of your AHP council have a relationship with the senior leaders of the ICS, could they invite you to meet them?
- Be prepared – remember the vision the Faculty developed and why you are reaching out to the stakeholder. What does the vision offer them?
- Be clear – what are you asking for?
- Be confident – you are the Chair/Project lead of your AHP Faculty, this gives you a position within your ICS, own it!

Finally, give yourself time and don't give up. Creating change in a complex and evolving landscape isn't easy. Some people may not be interested at first, but don't let that stop you. Remember the core principle of building a vision, it has to align with what matters to your stakeholders, if at first they don't listen then revisit the vision and try again, or consider approaching a different stakeholder.

Quality Improvement Methodology

Quality improvement (QI) methodology can provide an incredibly useful framework for the projects and programmes your AHP Faculty undertake, but what it is a QI methodology?

There is no single definition of QI. However, a number of definitions describe it as a systematic approach that uses specific techniques to improve quality. One important ingredient in successful and sustained improvement is the way in which the change is introduced and implemented. Taking a consistent approach is key.

The key elements in this are the combination of a ‘change’ (improvement) and a ‘method’ (an approach with appropriate tools), while paying attention to the context, in order to achieve better outcomes. It is therefore distinct from general ‘service improvement’, as it takes a systematic approach.

Why use a QI methodology?

Using a QI methodology to support the Faculties projects has the following benefits:

- Helps everyone to understand the process because there is a shared, common approach
- It improves reliability as there is consistency across projects
- QI can help you to understand your capacity and demand
- QI provides a framework for involving patients and carers using co-production as a vehicle for change
- Crucially QI methodology provides a way of measuring the impact of your projects, which is essential when demonstrating value for money and building the case for sustainable funding

The Model for Improvement

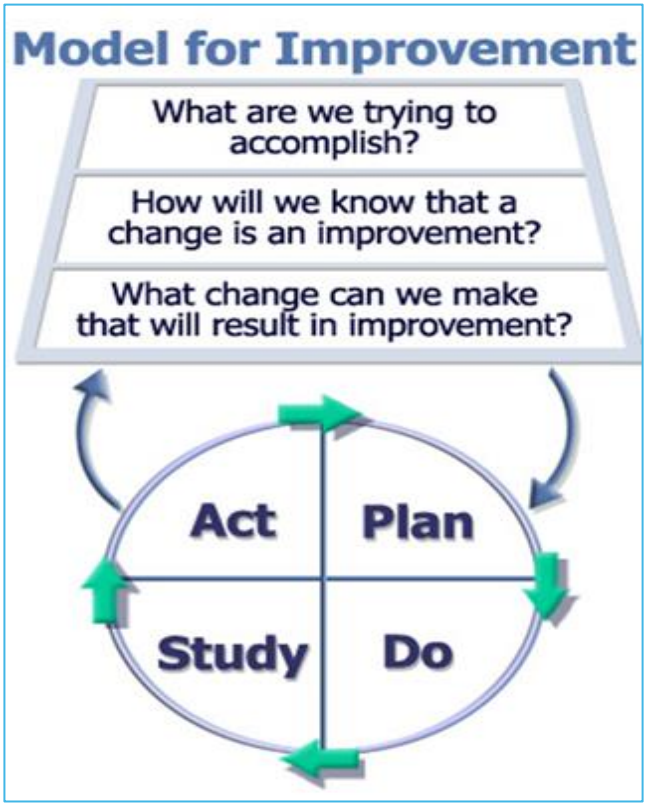
There are many QI methodologies to choose from but the model that is used widely across the Trust is the Model for Improvement (MFI). This is an approach to continuous improvement where changes are tested in small cycles that involve planning, doing, studying, acting (PDSA), before returning to planning, and so on.

These cycles are linked with three key questions:
- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What changes can we make that will result in improvement?

Each cycle starts with hunches, theories and ideas and helps them evolve into knowledge that can inform action and, ultimately, produce positive outcomes.

For more details about the MFI:

http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx



Measuring Impact

One of the key benefits of using the PDSA approach is that you can use it to ensure you incorporate a way of measuring the impact of the ideas you are testing. Don't over look this step – it is critical to demonstrating how you are making progress and can help inform what you might need to change.

There are lots of ways to measure improvement. Traditionally, measurement falls into either quantitative methods (numbers and counting) or qualitative (feedback and observations) and both have a role to play in measuring impact, one is not more important than the other – the impact comes in the way you use the data to tell the story.

Hints and tips…

The methods you use to capture impact data do not need to be complicated. Simple check lists, surveys, feedback and easy ways of counting are all valid methods. If using a pen and paper is the best way to capture to information you need, then use it! Don't get sucked into thinking you need to have a complicate excel document, you really don't. The essential thing is that you agree up front how you are going to capture your data and everyone understands the process. Do not start your data capture until everyone agrees and understands, otherwise data is likely to get lost as one person counts apples and one person counts oranges. Whatever you agree, keep it as simple as possible to avoid variation in the way people record the data.

Remember to measure frequently, hourly, daily, weekly, at most monthly. Real time data will give you the most impactful and useful information as it tells you about the immediate here and now, meaning you can be responsive and the data genuinely tells you if what you're doing is making any difference.

Meet the Regional Leads

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Region	Lead	Email
South East	Rebecca Tyrrell	Rebecca.Tyrrell@hee.nhs.uk
South West	Carrie Biddle	Carrie.Biddle@hee.nhs.uk
London	Laura Leadsford	Laura.Leadsford@hee.nhs.uk
East of England	Sara Ennew	Sara.Ennew@hee.nhs.uk
Midland	Helen Marriott	Helen.Marriott@hee.nhs.uk
North East	Claire Arditto	Claire.Arditto@hee.nhs.uk
North West	Naomi McVey	Naomi.mcvey@hee.nhs.uk

Padlet: This padlet gives information on Faculties set up across England. We recommend all Faculty leads update their Faculty information.
Click here to view the National AHP Faculty Network Map

Examples of Terms of Reference for Faculties

Allied Health Professional Faculty Group

Terms of Reference Template

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1 Name of Group

2 Overall Purpose of the Group

This AHP faculty will be a group of health, social care organisations and education and training providers that formally work together across the Kent and Medway ICS, to support and deliver a collective approach to addressing the AHP workforce.

The aims:

- To report and communicate to the AHP council, the workforce group and to Health Education England (HEE)
- Building relationships between Health and Social care and Higher Educational Institutes.
- Build & strengthen the AHP leadership & influence
- Sustainability and promotion of the AHP workforce
- Support AHP retention and transformation
- Coordinate, expand and provide high quality student placements
- Shape and encourage the next generation of AHP's.

3 Composition of the group

Members:

Title	Role in group

4 QUORACY

Number: The minimum requirement for a meeting to be quorate is a chair/deputy chair, One AHP council member and three additional members.

It may also be appropriate for attendees to nominate a deputy to attend in their absence.

Non-quorate meeting: Non-quorate meetings may go ahead unless the chair decides not to proceed. Any decisions made by the non-quorate meeting must be reviewed at the next quorate meeting.

Training and Resources

Quality improvement:

https://www.england.nhs.uk/sustainableimprovement/qsir-programme/

https://www.england.nhs.uk/sustainableimprovement/improvement-fundamentals/

Leadership programmes:

https://www.leadershipacademy.nhs.uk/learning-page/

System leadership:

https://www.england.nhs.uk/sustainableimprovement/leading-large-scale-change/

References

- Quality, Service Improvement and Redesign Programme (QSIR), ACT Academy
- http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx
- https://www.england.nhs.uk/integratedcare/what-is-integrated-care/
- www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model

Authors

Victoria Apparicio (AHP Workforce Lead, HEE Midlands)

Maria Mitchell (AHP Workforce Programme Lead, HEE South East Region)

Helen Lycett (Associate Director for AHPs, West London NHS Trust/Capital AHP Programme Lead, HEE London Region)