

Allied Health Professionals Faculty Test Beds

Formative Evaluation: Summary Findings: Updated

Developing people
for health and
healthcare

www.hee.nhs.uk

January 2021

Contents

Introduction.....	4
Overview.....	5
Key Findings.....	4
Recommendations.....	4
Appendices.....	4
Development of a Faculty Dashboard.....	58
Development of a Maturity Assessment Framework.....	61

Introduction

Anglia Ruskin University, Rethink Partners and Economics by Design have been asked to provide a **Formative Evaluation** of the Test-Beds to help inform improvement, spread and adoption.

The Evaluation uses **Mixed-Methods Research** to identify early lessons on process, impact and economic value.

This report presents the updated Findings of the **Evaluation** following a review of 21 of the Faculty Test –Bed Pilot Report

Overview

The 14 Allied Health Professionals

A diverse group of registered clinical staff providing diagnostic, technical and therapeutic patient care.



<https://www.healthcareers.nhs.uk/explore-roles/allied-health-professionals/roles-allied-health-professions>

Value + Potential Future Value of AHPs

Collectively AHPs have the **skills, knowledge** and **expertise** to lead change in the health, social and wider care system.

If the skills of AHPs are used effectively across the system, local communities and individuals will experience the following benefits:

“My community and I will be happier, healthier and have greater control of our own health, care and wellbeing.”

“I will be able to see the right person, the first time, when and where I need to.”

“Everyone involved in my care, including myself, family and carers, will work together to address my needs in the best way possible.”

“No matter where I receive care I will be offered the same level of service.”

System leaders need to harness AHPs to deliver quality and cost effective outcomes for individuals and populations. In particular this will deliver the four impacts highlighted in the table below. These impacts align with the triple aim and the national challenges facing STPs.

AHPs key to transforming health, care and wellbeing in England			
How will you close the health and wellbeing gap?	How will you drive transformation to close the care and quality gap?		How will you close the finance and efficiency gap?
IMPACT 1 AHPs will improve the health and wellbeing of people and populations.	IMPACT 2 AHPs will support and provide solutions to general practice and urgent emergency services to address demand	IMPACT 3 AHPs will support integration, addressing historical service boundaries to reduce duplication and fragmentation.	IMPACT 4 AHPs will deliver evidence based/ informed practice to address unexplained variances in service quality and efficiency.

Source: NHS England: *Allied Health Professionals Into Action: Using Allied Health Professionals to transform health, care and wellbeing. 2016/17 - 2020/21*

The Faculty Model

Interim NHS People Plan

“....developing AHP faculties to work with healthcare providers to identify how to expand clinical placement activity.”

“An AHP faculty will be a group of health, social care, private, independent, voluntary organisations (PIVO), education and training providers and arm’s length bodies (ALB), that formally work together across a Sustainability and Transformation Partnership (STP) or Integrated Care System (ICS), to support and deliver a collective approach to increasing placement capacity, supporting continuing professional development (CPD), developing Advanced Clinical Practice (ACP) roles, building partnerships with education providers and addressing other local training and education priorities.”

“A test bed refers to the bringing together of individuals or groups, within an STP/ICS footprint, who have a shared interest to test out the feasibility of a new concept.”

Source: Paula Breeze: National AHP Clinical Fellow

The AHP Workforce Gap & Role of Faculties

1. The 14 allied health professions (AHPs) form the **third largest** clinical workforce in health
2. They play a pivotal role in the delivery of the NHS Long-Term Plan
3. There is currently a workforce gap covering: **supply of trained staff**, **retention of staff in post**, and **disparities** in terms of deployment and development **across geographies**
4. There is a national target to reduce AHP vacancies



There is an urgent need for improved co-ordination across the health and care system to deliver programmes aligned to the AHP workforce program goals.

TO BE SOLVED BY

To address this Gap, the national AHP workforce programme will focus on three key themes:

1. increasing future supply
2. bridging the gap between education and employment
3. enabling the workforce to deliver and grow



INTERIM NHS PEOPLE PLAN

*“....**developing AHP faculties** to work with healthcare providers to identify how to expand clinical placement activity.”*

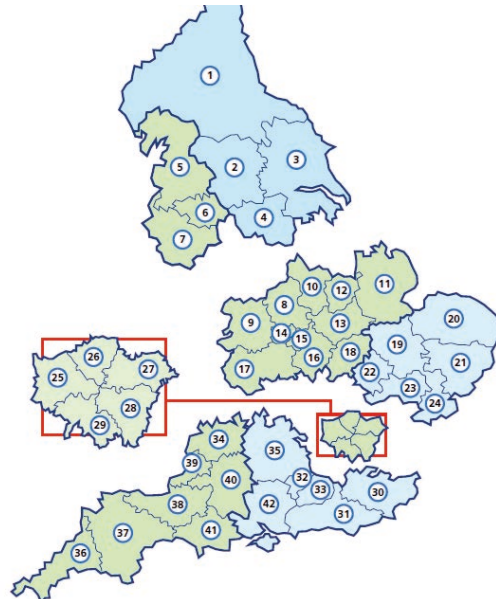
TO BE SOLVED BY

Each faculty faces a very different contextual landscape

NHS

- X44 STP/ ICS
- X7 Regional Teams

There is a lot of complexity across ICS and different considerations will have to be made



Institutions

Higher Education Institutions

There is a lot of variation in availability of training courses across ICS.

Arms Length Bodies

There is a lot of ALBs interested in the roles of AHPs across ICS.



Private

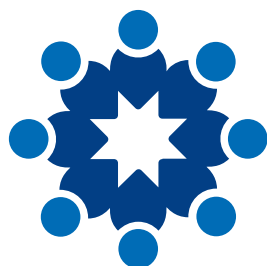
AHP Private Practitioners

AHP Private Providers - eg Care UK

There is a lot of variation in alternative employment models across regions, including private providers and practitioners ICS.

There is a lot of variation in workforce development challenges across ICS.

COMMISSIONERS



**Clinical
Commissioning
Groups**



**Local
Government**



Patient

PROVIDERS



Acute Trust

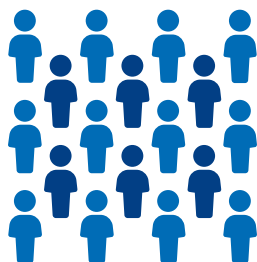


Community Trust



**Primary Care
Networks**

Pharmacy • Clinic
Dentist • GP



Public Health



Social Care

Wider system relationships
third sector and private
sector

Impact of ICS development

- Integrated Care Systems will be moving forward quickly from **April 2021** with a strong focus on **driving population health and integrated care at the level of “place”**.
- This will include an expansion of the role of primary care networks under the new GP contract, and the sponsorship of expanded roles in primary care.
- The potential value impact of AHPs is very high.
- Faculties should play an important role in planning for and securing the necessary AHP workforce required for the Integrated Care Systems to achieve their goals.



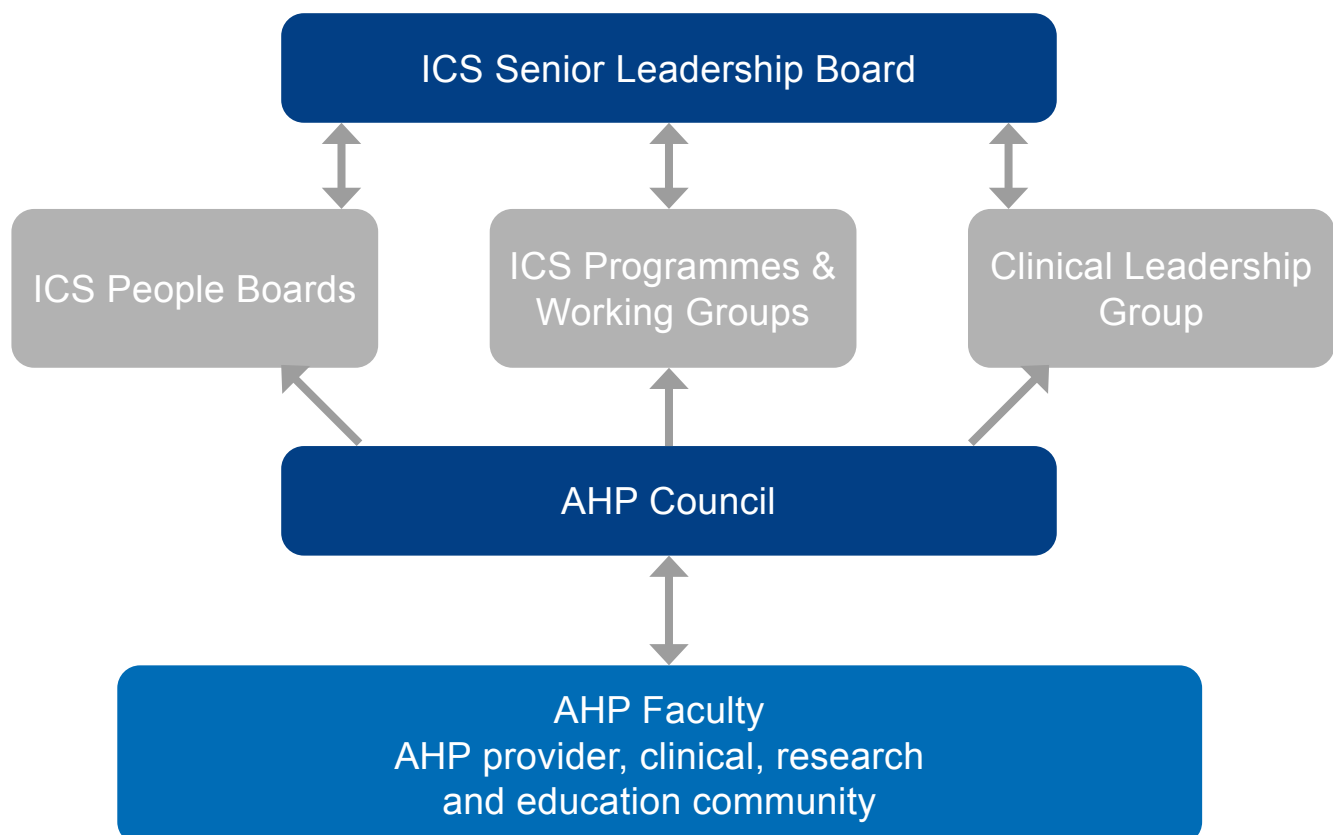
Key Findings

AHP Faculty Characteristics

Faculties are designed to provide a costeffective means of coordinating AHP workforce development activities for the new Integrated Care Systems.

To achieve this they are expected to :

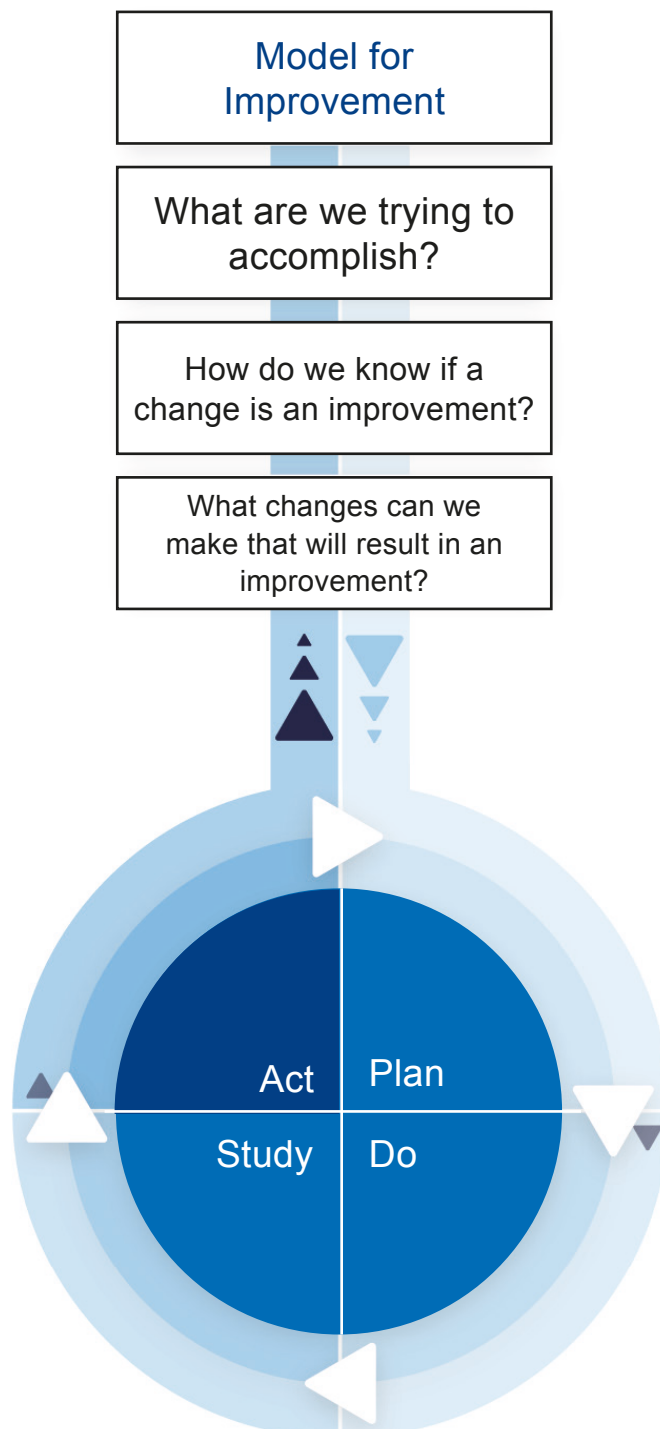
- Have a strong local governance structure knitted into the wider system
- Have leadership and engagement of relevant local stakeholders
- Have an operating model built around PDSA (or equivalent improvement practices), and;
- Be supported by strong data and information.



Example Governance Structure Source: Paula Breeze: National AHP Clinical Fellow

Solutions can be delivered through one of five workforce development drivers

1. Careers activity
2. Apprenticeships
3. Coordination and expansion of clinical placements
4. Return to practice
5. Work experience



Impact of COVID-19

- COVID-19 has had varying impacts on the delivery of the faculties
- It was cited as a cause of work pausing in some faculties
- For a few, it was viewed as an opportunity to push ahead with plans and adapt to the emerging situation
- The act of having the conversation about the COVID-19 “opportunity” seemed to provide a thought-provoking intervention for stakeholders to consider how they might work with it to their system’s advantage.



Progress with Implementation

Setting up a faculty

- The 24 Faculty Test Beds have all been established.
- Local ecosystems mean there are many moving parts that have influenced their state of readiness and progress.
- Governance structures varied across the AHPs.
- Many faculties reported the development of strong relationships with the AHP Councils and with wider stakeholders.
- Stakeholder representation was generally strong regarding the NHS, HEE, and social care and higher education stakeholders and attention now needs to focus on engagement with third sector.
- There were challenges with identifying and retaining a designated project lead for the duration of the whole programme.
- Lack of access to data, data quality assurance, and data analysis expertise is a major issue faced by many faculties and this limits their ability to use data to analyse problems and monitor progress.
- Overall progress has been remarkable in the circumstances facing the NHS in 2020.

Running a faculty and projects

- There were different work development themes adopted across the faculties.
 - 3 faculties covered 2 themes, all other faculties covered one
 - None covered return to practice
- Few faculties have reached the stage of running projects designed to address solutions to local workforce challenges.
- Some faculties have commenced projects but project-based data dashboards were not generally in place due to lack of resource and staffing.

- Those faculties which were running projects were generally sites where Councils and Faculties were already in place prior to the commencement of the pilot.
- No PDSA cycles are reported as yet having been completed with success measured.
- Overall the pilots generated positivity, a sense of purpose and optimism.
- HEE provided strong leadership and subsidiarity as the pilots each demonstrated their local approach.
- The faculty provides a focus for the disparate group of professionals that collectively comprise AHPs.

Critical Success Factors

Critical success factors for establishment and successful operations of the Faculty are likely to include:

- Recognition and priority within the wider ICS workforce agenda
- System-wide leadership and empowerment of the Faculty leads to lead beyond their authority
- Engagement with the HEIs
- Culture of collaboration
- Access to placement tariff funding
- Availability and use of data and informatics
- Aligned maturity of faculty operational characteristics and implementation of logic model
- Sustainable funding of core posts

Return on Investment

- It is too early to report on the success or otherwise of the Faculty in achieving its goals and having an impact on AHP vacancy levels.
- However, if the NHS is unable to fill AHP vacancies, the faculties would each achieve a positive return on investment if they are able to reduce local AHP vacancies by more than 5 FTEs.
- If the NHS is able to fill all AHP vacancies with agency staff, the faculties would each achieve a positive return on investment if they are able to reduce local AHP vacancies by more than 21 FTEs.
- One of the roles of the Faculty should be to facilitate the building of an evidence base for investment in AHP workforce initiatives, and to build the evidence of the value AHPs can bring to the wider health and care system.

Moving forward

- There is a strong appetite to grow or expand the faculties.
- Many faculties are either extending or expanding their current projects
- Seed funding from HEE for the faculties did not match the input / resource requirements needed so local resource needed to be leveraged. Many have secured short-term local funding to continue and complete original planned projects.
- However, on-going sustainable funding is a major challenge for all AHP faculties The absence of sustainable funding is impacting on filling vital faculty roles.
- There is a need for local leadership to demonstrate the value of the AHPs and the Faculties, to the Integrated Care System to secure the faculties future and funding.
- Faculties have identified data and data dashboards as being a key requirement going forward – this will help with the provision of evidence to demonstrate the costs and benefits of the Faculties to the Integrated Care System.
- There is a need for greater clarity about the role of AHPs Councils and the relationship between the Faculty and the Council.
- It would be helpful to have a clear statement of “what good looks like” for all faculties supported by a maturity assessment framework to help monitor progress.

Reflections from HEE Leaders

Key people lobbying, shaping policy, influencing legislation and shaping programmes to help AHPs lead



Suzanne Rastrick, Chief Allied Health Professions Officer, NHS England

*“....**the demand for AHPs** as a result of the pandemic is higher than ever.”*



Beverley Harden, National AHP Lead & Deputy CAHPO

*“....**the thing that made me happiest in the pandemic** was seeing how faculties have helped us to stay connected as systems whilst bringing students with us”*



Paula Breeze, National Allied Health Professional Clinical Fellow and AHP Faculty Test Bed Project Lead

*“.... **The faculty provides a focus** for the 14 individual AHP professions to work together across systems.”*

Recommendations

Role within Integrated Care Systems

1. Storytelling and Governance

HEE to support the AHP faculties to define their function in relation to the Integrated Care Systems as vital enablers of the delivery of goals for population health and integrated care at the level of “place”. The increased workforce planned for Primary Care Networks under the new GP contract is an example initiative of where Faculties might start the conversation.

2. Value and Funding

HEE to consider how it can support the AHP faculties to demonstrate their value proposition to Integrated Care Systems and secure sustainable longer-term funding for the faculties going forward. For example, empowering Faculty leads through training and development in the value proposition of AHPs and the potential value add of the Faculty should increase confidence and leadership in this area.

3. Build Evidence

AHP Faculties need to build evidence of their effectiveness as they progress to underpin claims of value to Integrated Care Systems

4. Maturity Assessment

To ensure growth and continuous improvement in operational effectiveness of the faculties, HEE to consider the development of a maturity assessment tool for faculties to use to measure progress against a clearly defined set of operating characteristics which will enhance their value to the system and can demonstrate effective operations to the Integrated Care System. See Appendix 1.

5. Data

To assist with problem analysis and, ultimately, impact demonstration, HEE to provide a national solution for the Faculty Dashboard (Potentially designed, developed and delivered by the HEE National Data Service, Workforce Planning and Intelligence Directorate). See Appendix 2.

6. Evidence Base

Faculties should be used to build a national evidence base for the relative effectiveness of different workforce development initiatives as part of continuous collective improvement of the Faculties nationally.

Wider Recommendations to improve the impact of Faculties

MNET Tariff

HEE to stipulate that placement tariff payment requires evidence of how it has been spent.

Clinical Placement Platform

HEE to co-produce thinking with AHP community on a new national placement infrastructure.

Leadership

AHPs need supported, skilled-up and nurtured to lead beyond their authority. HEE to consider lifelong leadership programme and mechanisms for supporting professionals at key career moments.

Professional Development Parity

HEE to explore how the AHP education lifecycle could achieve investment parity with nursing and medical careers.

APPENDICES

Appendix 1: Development of a Maturity Assessment Framework

	EMERGING	DEVELOPING	MATURING
Stakeholder representation		✓	
Governance		✓	
Leadership			✓
Engagement		✓	
Use of PDSA		✓	
Analysis of workforce drivers	✓		
Dashboard development		✓	
Sustainable funding	✓		

Approach

It is recommended that a maturity assessment framework is developed to support the set up and development of the AHP Faculties

A prototype has been developed as a “proof of concept” based on the AHP Faculty Logic Models

There are 8 domains covering:

- 1. Stakeholder representation**
- 2. Governance**
- 3. Leadership**
- 4. Engagement**
- 5. Use of PDSA**
- 6. Analysis of workforce drivers**
- 7. Dashboard development**
- 8. Sustainable funding**

Each faculty can be assessed for maturity for each domain based on: “emerging”, “developing”, and “maturing”.

Next steps would involve: validating the approach and the domains and definitions with AHP Faculty leads; providing induction for the self-assessment process; enabling self-assessment and quarterly reviews; undertaking an external assessment of progress of all faculties and relative progress after 1 year.

Suggested Next Steps

1. Validating the approach and the domains and definitions with AHP Faculty leads;
2. Design and providing induction training for the self-assessment process;
3. Enabling self-assessment and quarterly reviews;
4. Undertake an external assessment of progress of all faculties and relative progress after 1 year.

Domain Descriptions

Stakeholder representation

EMERGING	DEVELOPING	MATURING
The Faculty has limited stakeholder representation, with only some of the organisations directly relevant to the Faculty's workforce development drivers. The current stakeholders do not represent the range of stakeholder organisations available to the Faculty.	There is broad stakeholder representation across many of the available organisations, with specific emphasis on stakeholders relevant to the chosen workforce development driver/drivers. Discussions around the minimum commitments from stakeholders are either occurring at present or there is a view to discuss this.	One (if not more) representative from all available and relevant PIVO stakeholders (health, social care, private, independent, voluntary organisations), ALB stakeholders (education and training providers), and strong links to ICS/STP. Clear minimum commitments been guaranteed by stakeholders in relation to the aims of the Faculty, with the Faculty providing support in achieving these and keeping momentum.

Governance

EMERGING	DEVELOPING	MATURING
Members do not fully understand their governance responsibilities and lines of authority/ channels of communication are not fully clear. There is no system in place to hold members to account and ensure developments continue, additionally visibility of both the successes and failures of the Faculty Team and of stakeholders is low to nonexistent which is preventing effective troubleshooting and problem solving.	A model of governance has been established, with most members understanding their governance responsibilities. Clear channels of communications exist, and the Faculty's lines of authority are accessible. Thought has been given to methods of ensuring visibility and accountability although at present there is not a system in place.	A clear model of governance has been established and is functioning effectively. Channels of communication and lines of authority are properly understood by all members and relevant stakeholders. A system is in place to ensure visibility and accountability for each member's governance responsibility and this is working effectively.

Leadership

EMERGING	DEVELOPING	MATURING
There is currently no Project Lead in position and there has either always been no Project Lead, or one has left the post. The Project Lead and wider Faculty team are unable to designate an appropriate level of time to meet the needs of the Faculty as other commitments are taking precedence. The Project Team members do not fully understand their role in the wider team and there are no designated members to liaise with and influence stakeholders outside of official meetings.	Experienced Project Lead in position but not secure without additional funding. The Project Lead and members of the team have some issues with designating enough of time to meet the needs of the project. Clear minimum commitments from stakeholder have not yet been agreed, however this is likely to be in discussion.	An experienced designated Project Lead is in place with the capacity to remain in place longer-term, designated members of the Faculty in roles, project team inclusive of AHP leads to be supported/ upskilled within the Faculty, successes and achievements broadcast amongst members and stakeholders to support continued motivation and momentum.

Engagement

EMERGING	DEVELOPING	MATURING
Meetings are planned but do not occur regularly and are not consistent. The approach to meetings is not yet structured in a way that maximises the time spent in ensuring agility and momentum. There is no system yet in place to hold members of the Faculty to account for work done, however all of these things are viewed as an ambition.	Meetings occur regularly with members and some stakeholders in attendance. The meetings have started to implement a structured approach to tackling key points, however this is not yet fully functioning. Thought has been given to an effective and constructive way to hold members and relevant stakeholders to account however this is not currently tangible.	Structured meetings occur monthly with relevant members and stakeholders in attendance and last between 30/60 minutes in order to maximise agility and momentum. In meetings, members of the Faculty and relevant stakeholders are held to account in a constructive way to monitor the progression of projects and allowing time for troubleshooting is accounted for. A strong 2-way flow and feedback system is in place both in the meeting time and outside of it, enabling quick responses managing issues as they arise.

Use of PDSA

EMERGING	DEVELOPING	MATURING
PDSA training for Project Lead has not yet occurred with no plans immediate plans to do so. PDSA cycles are not in use in the Faculty but value of this is understood and it is an aspiration.	PDSA cycles are not yet used by the Faculty, but PDSA (or equivalent) training for Project Lead is being planned/ underway.	The Faculty's Project Lead is PDSA trained and PDSA cycles (or equivalent) actively being used by the Faculty when completing projects in order to reach the most effective and beneficial outcome.

Analysis of workforce drivers

EMERGING	DEVELOPING	MATURING
Identification of workforce issues in the Faculty has occurred with 1 or 2 workforce development drivers chosen to target these. No tangible work has been done to assess how these development drivers will impact the workforce or what the outcome is hoped to be.	The Faculty has identified 1 or 2 workforce development drivers which reflect the needs of the workforce, work has started to understand the extent to which these development drivers will need to be used in order to effectively manage the issues.	The Faculty identified workforce issues, selecting 1 or 2 targeted workforce development drivers to tackle these, the impact has been fully considered and tangible work has been done to ensure these development drivers meet the needs of the Faculty.

Dashboard development

EMERGING	DEVELOPING	MATURING
A base set of data requirements have not yet been established by the Faculty and at present there is no plan to set up a data dashboard and proper consideration has not been given to data analyst time.	A base set of data requirements have been established by the Faculty and thought has been given to setting up a data dashboard, but one does not yet exist. Consideration into additional relevant data requirement as well as data analyst time is likely to have happened, however there is not currently a data analyst in post.	A base level of data requirements have been established by the Faculty as well as additional relevant data requirements. A data dashboard has been set up and is fully functioning. Data analyst time has been accounted for and a data analyst is in post, supporting the Faculty with further progression.

On-going funding

EMERGING	DEVELOPING	MATURING
At present no additional funding is expected by the Faculty with no tangible plans to achieve this, meaning the Faculty is currently unsustainable. Being in the early stages of the Faculty is likely to account for these restrictions on being able to secure funding as have not yet been able to demonstrate that the Faculty model is strong or functional enough.	Additional funding has not yet been secured, but tangible plans to achieve this are in place and additional funding has likely been applied for. Either the Faculty model is strong and functional enough to secure further funding or issues regarding funding have not yet occurred.	Additional funding has already been secured by the Faculty as it has shown itself to be a strong and functioning model. This extra funding will ensure that the Faculty is sustainable in the longer-term and will enable the Faculty to focus on additional projects/expand the projects being worked on.

Appendix 2: Development of a Faculty Dashboard?

Minimum Data Set & Dashboard

- There is no single source of information about AHPs and associated workforce data – this means it is difficult to identify and quantify local problems.
- For staff employed in Trusts comprehensive data is held on National Workforce Database and could be used to populate that part of the dashboard.
- For students – training numbers and placement data is now being collected by HEE through the newly launched Student Data Collection Tool
- Some of the data not yet measured or collected systematically.
- Each Faculty project is trying to find a solution to local problems. PDSA will help to drive improvement but requires bespoke data to plan and study and improve.

Each Faculty will need a dashboard which has two components:

FACULTY DASHBOARD

Faculty level information about AHP and associated workforce data and the ability to “drill down” to investigate and quantify problems

PROJECT DASHBOARD

Faculty level information about projects sponsored by the faculty to address local problems and the ability to monitor progress, assess risks and record delivery achievements

Faculty Dashboard: Key metrics: Proposal



PROJECT METRICS:

Project Maturity Score
Project Risk Score
Completed Project Evaluation Score

FACULTY METRICS: AGGREGATES/ TRENDS BY QUARTER:

Staff in post
Unfilled Vacancies
Return to Practice
Placements
Apprenticeships
Work Experience

Supplied by Local Project Manager

PROJECT MATURITY RAG METRICS e.g.

Inputs	Outcomes
Process	Costs
Outputs	Benefits (Value)
Delivery Risks	



Sourced from NWD,
SDCT and other sources

DRILL DOWN e.g.

AHP Job Role/ Pay Band	Higher Education Institution
Age	Training Stage
Gender	Source of Recruitment/ Leaver destination
Ethnicity	Joiner/ Leaver analysis
Trust	

Overview of Potential Data Requirements for Faculty Dashboards: Draft

Information Needed (quarterly?)	Coverage	Why Needed	Potential Data Source for Metric
Numbers of WTE in Post	BY AHP By Pay Band / Job Role? By Age / Gender / Ethnicity By Employer	To keep track of <ul style="list-style-type: none"> Numbers in post over time Diversity Age distribution By Trust 	NHS Digital: NWD V3.1
Number of WTE Vacancies	BY AHP BY Pay Band / Job Role? By Employer	To keep track of vacancies:	NHS Digital: NWD V3.1
Number of Net Leavers	BY AHP BY Pay Band / Job Role? By Employer Joiner / leaver source/ destination	To keep track of recruitment and retention	NHS Digital: NWD V3.1
Numbers in Training	BY AHP BY Age / Gender / Ethnicity BY HEI	To keep track of progress with pipeline	HEE Student Data Collection Tool (from Sept 2020)

Information Needed (quarterly?)	Coverage	Why Needed	Potential Data Source for Metric
Number of Apprentices	BY AHP BY Type (to gain registration / advanced clinical practice/ other) BY Age / Gender / Ethnicity By Employer By HEI	To keep track of progress with pipeline	Potential to extend the HEE Student Data Collection Tool
Number of Clinical Placements	BY AHP By Training Stage / (BTEC/T-Level /Under Graduate/ Pre-registration By Activity type BY Age / Gender / Ethnicity By Host Trust BY HEI	To keep track of progress with pipeline	HEE Student Data Collection Tool (from Sept 2020)
Work experience	BY AHP BY Age / Gender / Ethnicity By Employer	To keep track of progress with pipeline	Potential to extend e-data collection
Return to Practice	BY AHP BY Pay Band / Job Role? By Employer	To keep track of progress with pipeline	Potential to extend e-data collection

Recommendations for Dashboard Development

It is proposed that the consideration be given to a national solution for the Faculty Dashboard (Potentially designed, developed and delivered by the HEE National Data Service, Workforce Planning and Intelligence Directorate). This would be much more efficient than asking each Faculty to develop this for themselves.

The Faculty Dashboard could include a Project Dashboard with the facility to input local high level indicators for projects which can be fed from bespoke project dashboards (probably held in simple spreadsheets as needed for PDSA).





Karen Hayden
karen.hayden@anglia.ac.uk



Jacque Mallender
jacx@economicsbydesign



Irene Carson
irene@rethinkpartners.co.uk