

*We make a difference*

# Scientific and Allied Health Professions Strategy

2019 - 2024



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## **Foreword**

This strategy has been developed by the Therapy and Scientific Professions and is based on widespread collaboration with other professions, senior managers, commissioners, service users and carers.

## **Introduction**

We have created this document to showcase the AHP and Scientific professions, their skills, unique selling points and their achievements to date. We would like to take the opportunity to display the ways in which they are planning to make a difference to our Trust over the next five years, and how this could become a reality with the correct support. Individually, the professions make a difference, and when we come together, the impact is greater. However, with your support, we can unlock and solve some age-old problems; therefore revolutionising the way that we can provide care to those in Gloucestershire, and the surrounding counties.

# Trust Strategy

## Trust Strategy - 2019 to 2024

**Our purpose:** To improve the health, wellbeing and experience of the people we serve by delivering outstanding care every day

**Our vision:** Best Care For Everyone

**Our values:**

Caring

Listening

Improving

**Enabling strategies:**

Clinical Strategy

Quality Strategy

People & OD Strategy

Financial Strategy

Estates Strategy

Digital Strategy

Communication & Engagement Strategy

Research Strategy

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BEST CARE FOR EVERYONE

## Journey to Outstanding

<p><b>Outstanding care</b></p> <p>We are recognised for the excellence of care and treatment we deliver to our patients, evidenced by our CQC <i>Outstanding</i> rating and delivery of all NHS Constitution standards and pledges</p>	<p><b>Compassionate workforce</b></p> <p>We have a compassionate, skilful and sustainable workforce, organised around the patient, that describes us as an outstanding employer who attracts, develops and retains the very best people</p>	<p><b>Quality improvement</b></p> <p>Quality improvement is at the heart of everything we do; our staff feel empowered and equipped to do the very best for their patients and each other</p>	<p><b>Care without boundaries</b></p> <p>We put patients, families and carers first to ensure that care is delivered and experienced in an integrated way in partnership with our health and social care partners</p>	<p><b>Involved people</b></p> <p>Patients, the public and staff tell us that they feel involved in the planning, design and evaluation of our services</p>
<p><b>Centres of Excellence</b></p> <p>We have established Centres of Excellence that provide urgent, planned and specialist care to the highest standards, and ensure as many Gloucestershire residents as possible receive care within the county</p>	<p><b>Financial balance</b></p> <p>We are a Trust in financial balance, with a sustainable financial footing evidenced by our NHSI <i>Outstanding</i> rating for Use of Resources</p>	<p><b>Effective estate</b></p> <p>We have developed our estate and work with our health and social care partners, to ensure services are accessible and delivered from the best possible facilities that minimise our environmental impact</p>	<p><b>Digital future</b></p> <p>We use our electronic patient record system and other technology to drive safe, reliable and responsive care, and link to our partners in the health and social care system to ensure joined-up care</p>	<p><b>Driving research</b></p> <p>We are research active, providing innovative and groundbreaking treatments; staff from all disciplines contribute to tomorrow's evidence base, enabling us to be one of the best University Hospitals in the UK</p>

**Our Values:**

Caring

Listening

Excelling

[www.gloshospitals.nhs.uk](http://www.gloshospitals.nhs.uk)

BEST CARE FOR EVERYONE

## **Scientific and Allied Health Professions (SAHP) - Who We Are**

- Dietitians
- Clinical Health Psychologists
- Medical Physics
- Radiotherapy Radiographers
- Orthoptists
- Therapy: Physiotherapists and Occupational Therapists
- Operating Department Practitioners

## **Our Principles**

1. Improve the health and well-being of individuals and populations.
2. Person-centred care with a focus on delivering positive outcomes
3. Deliver specialist assessment and intervention within clear pathways
4. Enable people to stay independent for longer
5. Work in partnership to provide integrated care, addressing historical service boundaries to reduce duplication and fragmentation and ensure equity of access.
6. Maximising technology to deliver efficient and effective healthcare.
7. Deliver Safe and Evidence based/informed practice, to encourage patient self - management and independence

## Skills and Unique Selling Points

### Dietitians

Dietitians are the only nutritional professional to be regulated by law and governed by an ethical code to ensure that they always work to the highest standard. They are also the only qualified health professional that can assess, diagnose and treat diet nutritional related conditions at an individual and public health level. They are the experts in the provision of specialist nutritional products and artificial nutrition support

Uniquely, dietitians use the most up-to-date public and scientific research on food, health and disease. They then translate this into practical advice, which enables people to make appropriate lifestyle and food choices. Dietitians provide expert knowledge on the management of nutritional status to impact the influence of disease, and to deliver agreed outcomes. In some cases, dietary management is the only treatment required for disease (e.g. coeliac disease).

In England, costs related to malnutrition equate to 15% of the annual health and care budget, as it is associated with greater healthcare usage. Identification, and appropriate prevention or treatment of malnutrition is associated with producing high impact cost savings. Over 10% of the UK's disease burden is associated with unhealthy diet, making it the largest single preventable cause of ill-health.

### About us

The GHT Nutrition and Dietetic service is multi-disciplinary, providing a holistic approach to nutritional management. Our team includes Dietitians, Dietetic Assistants, and Nurse Specialists in both parental and enteral nutrition.

Providing inpatient and outpatient services, the department works across a wide range of specialties:

- Acute services including general medicine, general surgery, upper and lower gastrointestinal surgery, stroke, critical care and neurology.

- Parental nutrition (Nutrition Support Team (NST))
- Bariatric Surgery
- Adult Diabetes
- Oncology
- Paediatrics
- Renal
- Gastroenterology-Dietetic Led Refractory Irritable Bowel (RIBS) and Coeliac Disease outpatient services

The Service is also responsible for the provision of some specialist services to the community:

- Home Enteral Feeding Team (HEFT)
- An enhanced Dietetic service to the Dean Neurological Centre

We also support, and work with, other Dietitians within the Gloucestershire Health community:

- Hospital catering dietitian to ensure that the food provided to GHT patients meets nutritional standards and the needs of our specific patient groups.
- Dietitians working in primary care to ensure consistency of nutritional care throughout the county.

As a profession, we are legally able to supply and administer some prescriptions:

- We currently have supplementary prescribers that have completed their qualification working in renal and gastroenterology services
- We have an internal agreement for inpatients that oral nutrition support (ONS) can only be prescribed by dietitians (Adult Patient Nutrition Policy A0120.pdf)
- Dietitians issue enteral feed prescriptions

## **We make a difference**

Dietitians provide expert nutritional advice, to empower patients and to encourage other health professionals, through training, to manage the nutritional needs of patients. In turn, this helps to support the management of a range of acute, chronic or lifelong conditions, as well as improving public health, resulting in a reduced burden on the NHS.

## **Clinical Health Psychology**

Chronic, severe and life-threatening illnesses pose a range of practical and emotional challenges, to patients and their families alike. There is good evidence, across a wide range of conditions, that psychological factors are predictive of outcomes – including morbidity and mortality. In addition, patients with co-morbid health conditions, or backgrounds of complex trauma, can be challenging to treat in physical health settings, and patients may struggle to engage in their treatment or care.

Psychologists are trained to integrate science, theory, and knowledge to help improve patients' own abilities to manage their own health condition in order to improve their condition and quality of life. They are also uniquely placed to support teams in understanding, engaging, and managing patients who are hard to reach, or have challenging or non-adherent behaviours. This promotes better outcomes and an enhanced reduction of risk.

Health psychologists use their combined knowledge of the health and psychology sectors to promote general wellbeing, as well as understanding physical illness, and are able to inform service models and delivery.

Clinical psychologists are trained in assessment, formulation, intervention and evaluation, and work with individuals of all ages who suffer from behavioural, emotional, and/or psychological distress. This behaviour can disrupt decision making regarding treatment, engagement with the teams managing their care, and can result in risky or non-adherent behaviours and everyday functioning or psychological wellbeing.

In the field of chronic disease management, psychologists have developed innovative, evidence-based and effective multi-disciplinary methods of working to provide psychological care.



Psychologists are trained to develop and provide specialist assessment services and interventions at an individual and group level, often as part of a multi-disciplinary team.

Psychologists should be fully integrated into MDTs in all areas where they are working, with their specialist contributions clearly outlined.

## **About us**

The GHT Health Psychology department employs both Health and Clinical Psychologists.

Psychologists work with patients, families, staff and the wider organisation to:

Improve adjustment to and management of long term conditions, particularly when there are more complex issues.

Contribute to optimising outcomes by addressing psychological factors like anxiety or depression which could increase risks of morbidity or mortality

- Provide specialist assessment services e.g. neuropsychological assessment.
- Provide psychological formulation or understanding of patients with complex needs or challenging behaviour to inform their care and management.
- Support patients facing difficult decisions – e.g. ending treatment, organ donation
- Provide specialist Multi-disciplinary group interventions – e.g. Weight Management, Pain Management.
- Develop the psychological skills of other clinical staff in managing more straightforward adjustment issues. This is achieved through team working, clinical leadership, consultancy and training.
- Improve the delivery of Health Care Services.
- Contribute to research, audit and evaluation

The Staff Support Service enables GHT staff to stay well, function effectively at work and deliver a high standard of clinical care to patients.

## **We make a difference**

Psychologists help patients and their families have better understanding of complex long term or life limiting conditions, and how to manage it best. This work positively impacts on compliance, health care usage, psychological wellbeing, patient experience and quality of life

## **Diagnostic Radiographers**

Diagnostic Radiographers are Allied Health professionals that use cutting edge technology to produce and interpret high quality images of the body to diagnose injury and disease. They use a range of different modalities including plain film X-rays to look through tissue to examine bones, cavities and foreign bodies. Magnetic Resonance Imaging (MRI) to build 2D or 3D map of the different tissue types within the body. Computed Tomography (CT) which provides cross sectional views of the body. Ultrasound to check circulation and examine the heart as well as antenatal work. As well as these there is also Angiography to investigate blood vessels, Mammography and Fluoroscopy. Diagnostic Radiographers work both in their own department as well as in operation theatres and carrying out portable X-rays on the wards.

## **About us**

The Radiology department operates over 10 physical sites and a total of 17 individual locations and 72 Radiology rooms with a staffing establishment of over 238 WTE. GHT have the second highest number of Radiological rooms with 72, the average in large non-teaching hospitals range from 45 to 81. Around 90% of patients who visit hospital will require some form of imaging from Diagnostic Radiography

Over the last two years the service has had approval for new machines across the Trust including plain film, CT, MRI and Ultrasound. Having the new machinery allows the service to keep up with the growing demand on the department as well as producing higher standard of imaging which contribute to improved diagnosis and monitoring of diseases and medical conditions.

Diagnostic Radiographers have opportunities for further training and development to become advanced practitioners. Many Radiographers go on to specialise in a specific modality (specialism) these are advanced practitioners they take on a high level of clinical responsibility and management of patients. Another area of specialism is a reporting Radiographer, this allows the Radiographer to report plain film x-rays and CT heads depending on the training they undergo. A small number

of diagnostic radiographers go on to work at consultant level; where they contribute to strategic development of the service and undertake education and research.

### **We make a difference**

Diagnostic Radiographers are a key part in a patient's journey whether it is an emergency situation or a routine appointment. Diagnostic imaging assists to ensure the most accurate possible diagnoses are found, are monitored safely and robustly.

## **Medical Physics**

Our Medical Physics team are trained to develop and manage technologies to ensure that patient diagnostics and treatment is delivered safely and effectively.

### **About us**

Medical Physics are responsible for ensuring that equipment used in radiotherapy is calibrated precisely and used safely, and also make sure that the imaging equipment used during treatment allows for the radiotherapy team to update treatment plans accordingly, whilst a treatment is taking place. We, as a team, are responsible for the precision and accuracy of treatments. By using advanced computer calculations, we are able to develop individual patient treatment plans, tailored to each patient's needs. We plan the treatment beams that are used during each treatment, to protect the surrounding tissues from receiving more radiation than is necessary.

Whilst working in Diagnostic Medical Physics, we use specialised equipment to measure and calculate the doses of radiation that is received by patients undertaking treatment, and the staff delivering it. We survey the working environment and monitor the performance of equipment to make sure that it complies with our stringent regulations.

We may act as a radiation protection adviser or radioactive waste adviser, setting policy and implementing quality standards for the use of radiation and radioactive materials.

As a Healthcare Science Practitioner working in nuclear medicine, we administer radio-labelled pharmaceuticals to patients, and then take images and measurements using highly sophisticated equipment to assist in the diagnosis and management of disease.

### **We make a difference**

We protect patients and staff by ensuring radiation equipment delivers the correct dose safely.

## **Orthoptists**

Orthoptists work to diagnose and treat conditions of abnormal binocular vision and ocular movement. Our team are specialists in managing double vision, and we also have the correct skillset to assess young children.

## **About us**

Orthoptists are part of the Ophthalmology team, and we play an important role in assessing children and adults in our outpatient clinics. We also provide input to the stroke and neuro inpatient service, in order to provide additional support for associated eye conditions, and patients who have suffered facial trauma are referred to us by the OMFS team for assessment prior to surgical intervention. We also manage a vision screening service for reception age school children.

Additionally, orthoptists have extended roles within the wider ophthalmology team, such as administering retinal injections for macular degeneration, screening children with a diagnosis of Juvenile Arthritis and taking specialist measures of the eye. As a team, we use a paperless EPR (Medisoft).

## **We make a difference**

Orthoptists provide treatment to minimise the effects of double vision, therefore enabling patients to drive and mobilise more easily. We identify the need for further investigation of general health and early intervention of treatable conditions, as well as providing early treatment of childhood eye conditions, to achieve the best possible outcome.

## **Radiotherapy Radiographers**

Therapeutic radiographers are the only profession that are trained purely in cancer care, and are legally allowed to use ionising radiation. They use ionising radiation for therapeutic purposes, predominantly the treatment of cancer; both curative and palliative. Therapeutic radiographers play a vital role in cancer services; we are the only health professionals qualified to plan and deliver radiotherapy using a wide range of technical equipment, and we are required to be both technically skilled and offer the provision of emotional support in order to deliver adequate patient-centred care.

### **About us**

Our Radiotherapy Vision is to offer “outstanding Radiotherapy delivered with excellent professionalism, expertise and compassionate care”.

Radiographers also support their patients through their radiotherapy journey, with radiographers specifically trained to manage side effects, give advice and provide a level of emotional support.

Advanced practice and consultant roles help improve patient pathways for specific patient cohorts and support the consultant workload.

We work closely with other AHP and scientific groups such as medical physics, dieticians and therapies.

Approximately **40%** of people treated for cancer in the NHS in England currently receive radiotherapy as part of their cancer treatment.

Radiotherapy forms part of an overall cancer management and treatment pathway, and is often used either on its own or as part of a treatment plan, which often includes surgery and/or chemotherapy.

The aim of radiotherapy is to deliver as high dose as possible to the tumour whilst sparing the surrounding normal tissues. It is often used on its own or as part of a treatment plan which includes surgery and/or chemotherapy.

Radiotherapy services are an integral component of modern cancer care with:

*“four out of ten people that are cured of cancer having received radiotherapy as part, or the whole, of their treatment plan”*

**Cancer Research UK, 2014.**

The process of radiotherapy is complex and involves an understanding of the principles of medical physics, radiobiology, radiation safety, dosimetry, radiation treatment planning, simulation and interaction of radiation with other treatment modalities. Treatment involves the calculation of an overall dose of radiation sufficient to achieve the aim of the treatment plan which will either be curative (known as ‘radical’ treatment) or palliative. The overall dose is then usually divided into a number of smaller doses, called ‘fractions’. The purpose of delivering the overall dose in a number of fractions is to allow healthy cells to recover during treatment.

Palliative treatment is usually given in significantly fewer fractions, sometimes a single fraction will be sufficient, than compared to curative treatment. Fractions are typically delivered on a daily basis (five days per week) and over a number of weeks, depending on the tumour site. Usually treatment is provided on an outpatient basis; however, some Service Users may be admitted due to their overall condition and/or co-morbidities, rather than as a result of their radiotherapy.

### **We make a difference**

We support patients through their cancer journey by appropriate administration of radiotherapy, care and advice of the side effects of the radiation during and after treatment.



## **Therapy: Physiotherapists and Occupational Therapists**

The therapy department is a fully integrated service, which provides more seamless care by following a holistic approach and reducing duplication. However, this model retains both occupational therapy and physical therapy, in terms of professional leadership and specialties, which is delivered as one integrated therapy service.

### **Benefits for patients:**

- reduced waiting time for therapy assessment and intervention
- generic shared competencies, that will improve patient access and experience
- more joined up care with less duplication

### **Benefits for staff:**

- greater reward for staff through role expansion and more freedom to help patients
- improved joint working and communication in clinical teams
- ability to provide better quality
- opportunity to work together on joint service improvements

### **Benefits for the Trust:**

- provide a more responsive service to the wards
- more seamless process therefore less hand offs
- facilitate patient flow to ensure timely discharge from hospital
- economy of scale providing more flexibility in service provision
- deliver efficiencies and improve productivity with the potential to release savings/invest for the future
- joint strategic planning for therapy service development

## **What is unique about Occupational Therapists?**

Occupational therapy takes a **whole-person approach** to both mental and physical health and wellbeing. It also enables individuals to achieve their full potential. We have to consider all of the patients' needs – physical, psychological, social and environmental – and provide practical

support to empower people to facilitate recovery and overcome barriers that prevent them from doing the activities that matter to them.

## **About Us**

Occupational therapists play a critical role in helping people of all ages overcome the effects of disability caused by illness, ageing or accidents so that they can carry out everyday tasks.

## **Occupational therapists make a difference**

This support can make a real difference giving people a renewed sense of purpose, opening up new horizons, and changing the way they feel about the future: <https://www.rcot.co.uk>

## **What is unique about Physiotherapists?**

Physiotherapy helps restore movement and function when someone is affected by injury, illness or disability.

## **About Us**

Physiotherapists help people through movement and exercise, manual therapy, education and advice. They maintain health for people of all ages, helping patients to manage pain and prevent disease.

## **Physiotherapists make a difference**

We enable people to stay in work and also help them remain independent for as long as possible: <https://www.csp.org.uk/>

## **Operating Department Practitioner (ODP)**

ODPs are trained to work in all areas of the theatre department alongside Surgeons, Anaesthetists, Nurses, Health Care assistants, Radiographers, Endoscopy, Porters and others of the multidisciplinary team. More recently ODPs have also been employed to work in specialist roles such as blood conservation, trauma and emergency coordination, 1<sup>st</sup> surgical assisting and theatre management roles.

## **Types of surgery carried out at GHNHSFT**

ODPs work across all GHNHSFT sites, GRH, CGH and Cirencester, covering the following specialities

- Orthopaedic
- Trauma
- Emergency
- Upper Gastrointestinal
- Lower Gastrointestinal
- Breast
- Urology
- Gynaecology
- Vascular
- Ophthalmology
- Oral
- Maxillofacial
- Ear, Nose & Throat
- Obstetrics
- Pediatrics
- Bariatrics

The ODP role covers the three main areas of theatre responsibilities, in each of them their priority is to act as the patient's advocate while providing them with the safe care that each and every patient deserves.

## **Anesthetics**

An ODP's role is to work in a team alongside the anaesthetist to provide and maintain safe anaesthesia during surgery. This can be in the form of

general, spinal, regional, or local anesthesia. This role requires the application of evidence-based practice and critical thinking alongside a range of professional and clinical abilities.

Prior to surgery the ODP will complete a check of the anesthetic machine and other equipment ensuring it has met its safety requirements and is fully operational. They are also responsible for the controlled drugs given to patients by the anaesthetist.

## **Perioperative Surgery**

ODPs prepare sterile instruments, consumables and any other equipment required throughout an operation. They work alongside the surgeon within the sterile field. The ODP is accountable for the swabs, instruments and consumables used throughout an operation, to ensure nothing is left inside the patient or is missing.

ODPs also assist in a circulating role during the surgery. In this role, they pass extra materials to the scrub practitioner; help position the patient on the operating table, set up equipment and plan ahead to supply what the surgical team may need.

## **Recovery**

When the operation has finished, the patient is taken to the recovery unit, also known as Post-Operative Care Unit (PACU), where an ODP will monitor them, providing airway management if needed and record the patient's physiological signs. The ODP may administer treatments such as, the administration of prescribed drugs, enabling the patient to fully recover from the effects of anesthesia. The ODP will liaise with other departments and staff such as, the ward staff, porters, consultants and others to safely discharge the patient back to the ward.

## Principles: We Make a Difference

<b>1. Improve the health and well-being of individuals and populations.</b>		
<b>How we are making a difference</b>	<b>How we will make a difference</b>	<b>How we could make a difference;</b>
<p>Working in partnership to deliver Patient and Carer education and health promotion of healthy lifestyles.</p> <p>Exercise classes within community leisure centres.</p> <p>Cancer survivorship – successful Macmillan funded Acceptance Commitment Therapy (ACT) group pilot project. Evidence of improvement in psychological well-being.</p> <p>Specialist Weight Management Service outcomes – evidence of significant benefits across a wide range of outcomes including reduced anxiety, depression (including reduction of suicide risk), quality of life, health improvements and weight loss.</p> <p>GHT Staff Support Service – evidence of improvements in all aspects of well-being, performance at work and reduction in absence levels.</p> <p>Orthoptic-led vision screening offered to all children in reception classes since 2013.</p> <p>Orthoptic uveitis screening clinics for children and young people with Juvenile Inflammatory Arthritis (JIA).</p> <p>Involvement in social prescribing e.g. Paediatric Diabetes Dietitians ‘Flying High’</p> <p>Paediatric Diabetes camps, enabling children with the same condition to come together and learn to manage their condition in a relaxed and fun environment.</p> <p>Post critical illness follow up groups to support patients with the long term physical and psychological effects of critical illness</p> <p>Pre operative groups and sessions with patients within orthopaedic pathways leading to reduced LOS, but also better patient experience and understanding of the procedures undergoing.</p> <p>Introduction of Assessment and Advice clinics enable rapid access to Therapy services, preventing conditions becoming chronic in nature and enabling patients to manage their conditions sooner and more effectively.</p>	<p>Enhance cancer pathways with radiographers leading; late effect clinics to prevent admissions to hospitals</p> <p>Psychological supervision for cancer support workers.</p> <p>Increase Orthoptic-led vision school screening to include special schools and independent schools.</p> <p>Reviewing treatment pathways to ensure adequate nutritional care.</p>	<p>Roll out ACT groups to more cancer survivor patients.</p> <p>Support the Trust in developing compassionate approaches to obesity which increases patient engagement, increasing the likelihood of better outcomes across a range of conditions.</p> <p>Development of effective Pre-habilitation for oncology and Further surgical specialties.</p> <p>Delivery of effective rehabilitation for Intensive care patients.</p>

## 2. Person-centred care with a focus on delivering positive outcomes

How we are making a difference	How we will make a difference	How we could make a difference
<p>Partnerships with patients and service users - Graduate Service users are involved in the delivery of group intervention in Pain Self-Management and Specialist Weight Management.</p> <p>Feedback from patients and service users is collected, and used to inform service change and development</p> <p>Schwartz Rounds, enabling staff to have a safe space to discuss difficult clinical situations.</p> <p>Macmillan funded living with and beyond cancer project.</p> <p>Acceptance and commitment therapy based resilience training for staff.</p> <p>Delivery of patient education groups on diet e.g. REACCT, GLP1, CKD, renal stones, paediatric milk allergy</p> <p>AHP prescribers increase efficiencies of treatment pathways</p> <p>AHPs embedded within all ERAS programmes, improving the post-operative recovery and outcomes, often enabling the commencement of further cancer related treatment plans as soon as possible.</p> <p>Therapists lead on the goal setting process following a stroke, identifying rehabilitation needs and the MDT approach to maximise patient outcomes</p>	<p>Develop more self-care and compassion focussed training and support for staff</p> <p>One-stop cataract clinics to improve patient outcomes.</p> <p>Continue to increase numbers of AHP prescribers</p>	<p>Dedicated time for Schwartz round facilitator would ensure that they are more robustly established and maintained.</p> <p>Further discussions around ERAS+ and further benefits of pre-operative optimisation. Pre-habilitation for cancer pathways.</p>

### 3. Delivery of specialist assessment and intervention within clear pathways Supporting Unscheduled and Planned care

How we are making a difference	How we will make a difference	How we could make a difference
<p>Provide Therapists at the front door and Frailty units to enable patients to stay at home where possible, but also minimise risks of intra-hospital complications if they are admitted.</p> <p>Supporting First Contact Practitioners in General Practice as part of an ICS response to national guidelines</p> <p>Specialist clinics delivered by Advanced Practice clinicians; Dietetic led Refractory Irritable Bowel Syndrome (RIBS) and coeliac services; Botox clinics for neurology patients.</p> <p>Provide a comprehensive service to all PEG fed patients within the county through the Home Enteral Feed team (HEFT).</p> <p>Support Enhanced recovery pathways for a number of surgical procedures.</p> <p>Therapy led ward, Gallery Ward, enabling more patients to return home after an acute hospital stay.</p> <p>Deliver, within a countywide multidisciplinary framework an MSK service, led by a consultant Physiotherapist enabling appropriate treatment by the MDT and reduced orthopaedic referrals.</p> <p>Specialist Neuropsychological assessment service.</p> <p>Orthoptic assessment; of patients admitted to the stroke and neuro wards, and patients with facial trauma for OMFS</p> <p>Provision of a comprehensive dietetic service throughout the head and neck cancer pathway</p> <p>Changes to Therapy service provision to enable operations to be completed as day cases rather than requiring an overnight stay</p> <p>Therapists lead on tracheostomy weaning and decannulation within critical care to maximise patient outcomes.</p> <p>Introduction of a weekend assessment and discharge service within Therapy to minimise the delays to patients being independent within our beds and subsequently discharges.</p> <p>Expansion of ACP roles across specialties with several now being taken up by AHPs.</p>	<p>Expansion of First Contact practitioners to all GP practices.</p> <p>Development of a Nephrology Transplantation Dietetic service.</p> <p>Opening the access to Specialist Weight Management Service for patients with a lower BMI and Diabetes than currently.</p>	<p>Development of appropriate transitional care.</p> <p>Development of appropriate pathways for LD patients engaging with AHP services.</p> <p>Development of dietetic helplines to deliver care for cancer patients and paediatric triage.</p> <p>AHP support through cancer pathways to improve outcomes</p>

#### 4. Enable people to stay independent for longer

How we are making a difference	How we will make a difference	How we could make a difference
<p>Restore single vision enabling patients to continue driving. Working with Eye Clinic Liaison Officers (RNIB)</p> <p>Providing clinical training such as Gastrostomy clinical skills, Diabetes insulin pump training.</p> <p>Therapy led ward enabling a higher proportion of patients to return home after an inpatient stay</p> <p>Post critical illness follow up groups helping patients become and maintain independence once in the community.</p> <p>Introduction of Dementia packs within COTE to enable Dementia patients to maintain a level of independence both whilst in hospital and post discharge.</p> <p>Pre and post operative groups within orthopaedic pathways enable patients to maintain or gain independence post procedure.</p> <p>Introduction of Occupational Therapy into the integrated respiratory service has enabled patients to stay at home by helping them manage activities of daily living Independently despite chronic lung conditions.</p>	<p>Introduction of a blended diet for patients who struggle on proprietary food.</p> <p>Introduction of Continuous Glucose Monitoring for paediatric diabetes patients</p>	<p>Provision of a safe Blended diet service for all patients</p> <p>Developing preventative medicine posts e.g falls and pressure sores</p> <p>Introduction of trauma early supported discharge service.</p>



**5. Work in partnership to provide integrated care, addressing historical service boundaries to reduce duplication and fragmentation and ensure equity of access.**

<b>How we are making a difference</b>	<b>How we will make a difference</b>	<b>How we could make a difference</b>
<p>Therapy led ward changing the focus to discharge home where possible.</p> <p>Through advanced practice; radiographers delivering follow-up clinics for specific tumour sites.</p> <p>ACPs</p> <p>Support the Trust’s diversity strategy by improving access to services for people from minority backgrounds and ensuring the diversity and awareness of the workforce.</p> <p>Introduction of Advance Clinical Practitioners (ACPs) from an AHP background.</p> <p>Development of processes to support transfer between secondary, primary care and tertiary care</p> <p>Introduction of a Therapy managed single point of access for orthopaedics – more patients have the right care first time, whilst reducing unnecessary referrals into secondary care.</p> <p>ICS working within the Gloucestershire Respiratory Team, where primary, community and secondary care teams have come together to minimise duplication, but improve the access and care for patients with respiratory conditions.</p>	<p>Pre-habilitation</p> <p>HEFT – in reach to wards and Emergency Departments</p> <p>Involvement in scoping and developing service for Avoidance Restrictive Food Intake Disorder(ARFID)</p> <p>Assist with the introduction of FCP roles within local PCNs, whilst considering the patient pathway with the introduction of this new role.</p>	

**6. Deliver Safe and Evidence based/informed practice, to encourage patient self -management and independence**

<b>How we are making a difference</b>	<b>How we will make a difference</b>	<b>How we could make a difference</b>
<p>Radiotherapy works within an ISO quality accredited service.</p> <p>Psychology assessments and interventions are based on up-to-date evidence based practice, which draws on evidence from all the relevant parts of psychological literature and research.</p> <p>All services are engaged in research and development, service evaluation and clinical and practice audit.</p> <p>Ensuring on-going continuing professional development, the use of clinical supervision and reflective practice.</p> <p>Ensure that all staff have a high quality annual appraisal</p> <p>Deliver clinical projects and service developments within the QI academy or nationally recognised research and clinical evaluation</p>	<p>EPR</p> <p>Expand clinics further reducing demand on medical workforce</p> <p>Workforce – training, development of assistants across all services/professions.</p>	<p>Early supported discharge services or discharge to assess services across multiple specialties.</p> <p>Greater presence within admission areas to identify risks associated with deconditioning AHPs within ED services, supporting the assessment and management plans to enable patients to be returned home safely.</p>

## 7. Maximising technology to deliver efficient and effective healthcare

How we are making a difference	How we will make a difference	How we could make a difference
<p>Orthoptists already using EPR            Shared healthcare record through JUYI.  <a href="#">Continuous Glucose monitoring for Paediatric Diabetes patients.</a>            Use of technology such as Wii consoles to support patient rehabilitation within specialties such as neurology and vascular.  <a href="#">Led on the introduction of patient wrist bands</a> identifying the patients individual target oxygen saturations, minimising clinical risk associated with over oxygenation. Whilst also aiding weaning and a reduced LOS with its associated risks,  <a href="#">New Radiology equipment reducing the doses of radiation to the patients as well as producing high quality images.</a>            Technology delivering less invasive procedures such as CT cardiac scanning and CT colonoscopy</p>	<p>Use of electronic equipment interfaced with EPR  <a href="#">Use of automated refraction to improve assessment of young children</a></p>	<p>Review of virtual clinics and digital patient information</p>

# Help Us to Help You Make a Difference

## Scientific and Allied Health Professions (SAHPs)

### Strategic Objectives and Supporting Actions 2019-2024

#### Objective 1: Clinical

1. Services developed to support the Centres of Excellence.
2. Services developed with our partners within the Integrated Care System.
3. Services developed to be Outstanding.

#### Supporting Actions

- Driving force in the development and redesign of specialist pathways to ensure the patient is at the heart of service delivery
- Ensure membership on each of the ICS Clinical Program groups
- Development of integrated services, to enable patients to receive care in the most appropriate environment.
- Driving force in the Development of Transitional services, scoping and delivering the top priority service as assessed through MDT approach.
- Maximise technology - exploring a variety of options in addition to the traditional capital route.
- Pursuing the potential for SaLT to become a GHT service, facilitating the development of an integrated SaLT and Dietetic service.

#### Objective 2: Quality

1. Well led - Creation of a Trust Chief AHP role, from within one of the professions, associated with and to advise the Trust Board.
2. Well led - Maintain a Divisional Lead role, from one of the professions, as part of the Divisional senior leadership team.
3. Improve experience - Services have been developed in partnership with patients and service users.
4. Improve safety - Services have a strong well defined safety framework and culture.
5. Improve Outcomes and Effectiveness - Services have delivered high quality effective care as Evidenced by user experience and outcome metrics.

## Supporting Actions

- Work within an integrated infrastructure with appropriate governance.
- Ensure any discussions regarding a different Divisional configuration for the Trust maintains an AHP lead role within the Divisions.
- Realisation of the NHSE National recommendation of a dedicated AHP Trust lead role at Board level, from within an AHP profession.
- GIRFT approach proactively used to deliver individual clinical service improvements.
- Development of a Therapy and Scientific Professions Quality and Governance structure with specific roles and protected staff time.
- Succession planning over the next two years of the Divisional Director role.
- Development and investment in the Dietetic service to better support patients and deliver the ICS aim of a reduced need for nutritional supplements.

## Objective 3: People and OD:

1. Workforce developed to provide a career framework for all levels of staff, including support staff, practitioners, advanced clinical practitioners, consultant grades and senior managers.
2. Workforce developed using best available education and training resources.
3. Workforce that best meets the needs of the Health Community.
4. Access to services is equitable and based on patient need.

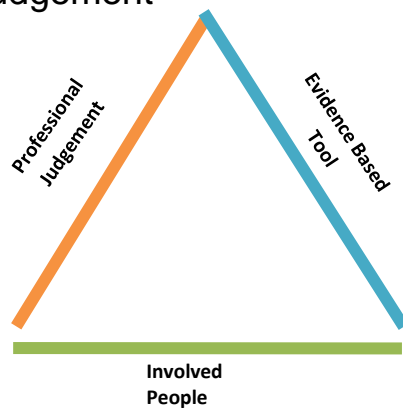
## Supporting Actions

- Flexible workforce to ensure patients are seen and treated by the most appropriate person.
- Workforce is skilled, competent and empowered to deliver appropriate assessments and interventions within integrated services and so requiring the minimum number of professionals.

- Development of Advanced Clinical Practitioners and increased use of apprenticeships and higher apprenticeships.
- Ensure staffs are supported to withstand the challenges of working within a pressured environment, by the development of appropriate skilled roles and access to appropriate supervision, reflective practice and wellbeing services.
- Recruitment and retention strategies - recruit using behaviours not just skills.
- Close working links with the Universities and local schools (career events). Attracting and supporting 'local' people will hopefully ensure we are able to retain these staff in the future, and this will become a key part of the recruitment strategy
- Investigate the impact of the aging workforce; what do we as an employee need to do to help staff stay in work, how can these staff be used productively and how will the services need to change to adapt to the aging workforce.
- Creation of an Allied Health Professions career video, following the success of the Scientific Health Professions video.
- Working with the newly formed Primary Care Networks to adopt a model of staff employment which delivers the Long Term Plan but avoids the potential destabilisation of acute services as a consequence of staff moving into primary care roles.
- Identifying roles which are currently single points of failure and work with those staff and services to develop roles to support succession planning and reduce the risk of single specialist posts.
- Continued development of training opportunities and funding availability to deliver a competent and motivated workforce.
- Deliver Job Planning in line with national guidance and timescale - commence by 2021

HSI is actively promoting and will hold organisations to account, in ensuring that as providers will apply what is termed the “triangulated approach” deciding staffing requirements which is based on using:

- Evidence based tools
- Professional judgement
- Outcome



## Objective 4: Finance

1. We have had the resources available to provide Outstanding care.
2. We have had reliable information and valid data to support our operational decision making.
3. We have used our resources appropriately as evidenced by our CQC rating.

## Supporting Actions

- Support the development of Patient level data
- Budgets to reflect an agreed staffing establishment.
- Income to be devolved or at least reported by service.
- Activity data to be directly accessible to service managers.

## Objective 5: Research

1. Services delivered a high quality program of research to support the delivery and development of effective services.
2. Services research and education programs have supported the progress towards University Hospital status.

### Supporting Actions

- Each service to develop and share their research program - central governance
- Services are outcome focussed so impact is clear and measurable.
- Research benefits to be shared widely.
- Develop a Research showcase.
- Support the bid to become a University hospital through a growing research portfolio.

## Objective 6: Digital

1. Services integral to the development and implementation of the EPR.
2. Services achieved Digital maturity to deliver Outstanding care.
3. Services use business intelligence to ensure clinical effectiveness

### Supporting Actions

- Central lead, implementation programme for digital maturity
- EPR - Be part of the inpatient documentation working group.
- JUYI - Encourage clinicians to use the system.
- DOCMAN - Be part of the implementation group.
- GCare - clarity of pathways
- Correct equipment/hardware to facilitate digital working.
- Each service to have a plan to become paperless.
- Deploy e-job plans.



## **Objective 7: Communication and Engagement**

1. Services developed services and clinical pathways through co-design with the public, service users and key stakeholders.
2. Service users and staff feedback was used to develop and deliver Outstanding care.

### **Supporting Actions**

- Development of patient/public cohorts that will be involved in service developments - service specific.
- Ensure any improvement plan has both a staff and a patient/user consultation element.
- Services system based to deliver timely intervention, facilitating discharge, preventing admission and enabling patients to be treated at home.

## **Objective 8: Estates**

1. Services have had the appropriate infrastructure to support the delivery of Outstanding services for patients and staff.
2. The Estate use has benefitted therapy professions in delivering existing and new models of care.

### **Supporting Actions**

- State of the Art equipment installed within appropriate environments.
- Site development plans reflect new pathways, new ways of working influenced through Therapy Professions engagement.
- Engagement with site and service reconfigurations and transformation.
- Use of patient “experts” to advice on facilities and site development.
- Facilities that support staff well-being.
- Use technology to increase the effectiveness and efficiency of the estate such as Bookwise for room scheduling.

