

**Report to the Meeting of the  
Oxford Health NHS Foundation Trust**

**Board of Directors**

**30 September 2020**

<b>BOD 58/2020</b> (Agenda item: 13)
---

**Allied Health Professionals strategy update to the board**

**For: Information and Discussion**

**Executive Summary**

This paper is an update to the board on progress against the AHP strategy (2018-2023). The last paper was presented in January 2020 as part of a six-month update. This paper has been slightly delayed due to COVID and the body of the report focuses on:

- Some of the work undertaken over the last 6 months to support the COVID effort including:
  - Digital consultations
  - Role redeployment
  - Post Covid recovery
  - Audit
- The pending leadership changes in AHP and challenges going forward
- Emerging opportunities for AHPs in mental health
- Additional noteworthy events

The board is asked to note the report and continue their support of the AHP strategy. In addition, following the departure of Sir Jonathan Ashbridge, AHPs are seeking a new Non -Executive Director to champion and support AHPs.

**Governance Route/Escalation Process**

This report has not been presented elsewhere but will be tabled at the next AHP leadership meeting in October 2020.

**Statutory or Regulatory responsibilities**

The board is receiving this report for information and discussion only. There are no statutory or regulatory issues arising.

## **Recommendation**

The Board is asked to note and discuss the report. Also, to identify a non-executive director to take a lead for AHPs with the departure of Sir Jonathan Ashbridge.

**Author and Title: Rebecca Kelly and Sara Bolton  
Associate Directors of AHP**

## **Lead Executive Director: Marie Crofts**

1. *A risk assessment has been undertaken around the legal issues that this report presents and [there are no issues that need to be referred to the Trust Solicitors]*
2. **Strategic Objectives/Priorities** – *this report relates to or provides assurance and evidence against the following Strategic Objective(s)/Priority(ies) of the Trust*
  - 1) *Deliver the best care possible within available resources*  
*(Goals: delivering the best care possible within available resources through improved safety, effective evidence-based treatments and an improved patient experience to create better outcomes for those who use our services)*
  - 2) *Deliver care in the most efficient way*  
*(Goals: focus on getting the most value and benefit from the expertise of staff, and from organisational processes, finances, and system relationships to achieve a high-level of organisational effectiveness)*
  - 3) *Attract, retain and develop outstanding staff*  
*(Goals: make Oxford Health a place where people want to work, feel valued, empowered, developed and listened to as they strive to deliver outstanding care)*
  - 4) *Remain financially sustainable*  
*(Goals: maintain financial sustainability in the face of a combination of increasing demand, substantial under-investment by commissioners and a lack of available workforce)*
  - 5) *Collaborate with stakeholders to create integrated health systems*  
*(Goals: be a leading player in the joining-up of local healthcare; and focus on pathways of care (rather than individual service areas) to improve access and waiting times, care quality, and the impact of prevention and early intervention initiatives)*
  - 6) *Leading healthcare innovation and research*  
*(Goals: be globally recognised as a leading health innovation and research organisation; and use relationships with academic institutions and regional partners to increase understanding of the causes, prevention and treatment of mental health disorders and community and social health care, to make significant improvements to peoples' lives)*

## **MAIN BODY OF THE REPORT**

### **1.0 SITUATION**

This paper is an update to the board on progress against the AHP strategy (2018-2023). The last paper was presented in January 2020 as part of a six-month update. This paper has been slightly delayed due to COVID and the body of the report will focus on:

- Some of the work undertaken over the last 6 months to support the COVID effort
  - Digital consultations
  - Role redeployment
  - Post Covid recovery
  - Hospital discharge guidance
  - Audit
- The pending leadership changes in AHP and challenges going forward
- Emerging opportunities for AHPs in mental health
- Additional noteworthy events

The board is asked to note the report and continue their support of the AHP strategy. In addition, following the departure of Sir Jonathan Ashbridge, AHPs are seeking a new Non -Executive Director to champion and support AHPs

### **2.0 BACKGROUND**

2.1 COVID: AHPs in Oxford Health have risen to the challenge alongside their colleagues during the pandemic. There have been many examples of AHPs changing the way they work and responding flexibly during the pandemic. The AHP response was timely and effective and demonstrated the diverse skills that we have as a team as well as the contribution we can make to the Trust in such a challenging time.

Some examples are given below:

#### **2.1.1 Trust wide**

- Additional staff were recruited to staffing solutions following a positive response to the Trust campaign. The Health Education England (HEE) 'Bring back staff' initiative saw the Trust temporarily employ 14 additional allied health professionals. Some of these staff continue to work with us now as part of our flexible workforce. 22 AHP students also came to work with us during COVID after HEE supported paid placements, upon qualifying 3 of these students now have permanent contracts with the Trust.
- Many AHP services, but Speech and Language therapy in particular, rapidly adopted the digital consultations in practice as a response to the need to

continue delivering care during COVID. For example, care homes in lockdown have been able to access vital support for patients who are struggling with eating and drinking. The digital approach has been praised by patients as they can access therapy without needing to attend clinics or make difficult decisions around someone entering their home.

- A large collection of health and wellbeing activities have been collated that can be used across the Trust to support patients who are needing to self-isolate. These are accessible online under the health and wellbeing pages of the intranet.
- A full range of easy read booklets have been developed based on the leaflets developed through the psychosocial pandemic group.

### **2.1.2 Community:**

- In March the community therapy teams worked with redeployed staff from across the directorate to deliver at pace the service requirements of the new Hospital Discharge Guidance. This required adopting new practice and extending provision over 7 days, 8am-8pm alongside our strategic partners to maintain patient flow across the system.
- The provision of seven-day therapy and patient flow services was stepped up on six of the eight community hospital wards during the first phase of COVID to further support flow and timely discharge.
- Community services directorate have set up a multi-professional, physiotherapy led, post-COVID recovery pathway to address the physical and psychological impact of COVID ahead of the national guidance published by NHSE/I . And since commencing patient assessments in June the service has supported in excess of 60 patients with early feedback being very positive. The team worked with the communication team to produce the Post COVID booklet. The team delivered training to Oxfordshire GPs on the pathway with a focus on fatigue and physical exercise.
- Community dietitians were re-deployed into the community hospitals to increase dietetic cover across all sites including the Oxfordshire Stroke Rehabilitation Unit. This has been very well received across the wards and the dietitians have received positive feedback, patients have had greater nutritional assessment or review and the dietitians have been integrated within the AHP MDT in the community hospitals.
- A number of speech therapy clinicians were redeployed into community hospitals and enthusiastically set about enabling remote communication between patients and family members alongside other new roles. They facilitated numerous video calls and had some wonderful feedback from patients, families and colleagues.

- Children's Integrated Therapy (CIT) extended their relevant parent and professionals' helpline to all age groups during COVID reflecting the need to support parents and schools with advice during lockdown/school closures. The physiotherapy advice line received 35 queries from families and professionals from May to August. CIT engaged weekly with partners in OUH & social care to ensure vulnerable families and those with safeguarding concerns were being appropriately supported and monitored.

### **2.1.3 Mental health:**

- Seven day working and role deployment happened in parts of mental health such as in the in-patient forensic service who saw a large number of cases in the early part of the pandemic.
- Access to e-burn cigarettes was facilitated for all patients on inpatient wards for the first period of the lock down to ensure there was access to nicotine for patients who were unable to leave the ward and go shopping. Liaison with the mental health sites cafes is underway to find an ongoing solution to make this available as part of the nicotine management policy.
- Online group work in the mental health day hospitals are being delivered on-line in. This has been going well in Bucks and Oxon. A range of Power point presentations based upon the Trust booklets (e.g. on anxiety) have been developed and are being presenting to the clients via MS Teams.
- In the Neurodevelopmental pathway, the usual parent group (for those with autistic children) is now online using a combination of pre-recorded sessions with resource and video links and then live Q&A sessions. Parents fed back that they really liked this format and could watch at their own pace and in their own time. They were invited to send in questions ahead of the live Q&A giving an opportunity to prepare further resources and signposting. A group of professionals including a colleague who is an autistic woman were part of the live Q&A sessions online. Parents really liked the live Q&A sessions with an MDT (OT, SLT, psychology, social worker).
- Use of screensharing and the whiteboard in order to have visual resources used to engage young people and this has helped those with attentional difficulties.
- Teenagers have reported finding the video calls much better, although there remain some ingoing challenges around confidentiality and video calls do not always obviate the need for face to face contact.
- Development of an online video observation tool that can use to continue to carry out new assessments as the standardised tools could not be used/were invalid for online use. The bulk of the work on this was done by OTs and speech and language therapists.

- An online interactive play-based observation is being developed as a further tool use in assessing Autism Related Symptoms.

#### **2.1.4 Audit**

AHPs have participated in a number of Covid related audits:

- The NHSE/I -South East Covid audit and an audit tool developed by AHP leads in mental health. Oxford Health is also due to run a further audit adapted from the latter to look at functional and occupational impacts and interventions needed for patients under the care of services who have both had COVID and those whose mental health has been affected by the impact of COVID. This audit is being undertaken in conjunction with the Suicide Prevention lead.
- The Chartered Society of Physiotherapists PACE (Physiotherapy After COVID Evaluation), which aimed to build a picture of the rehabilitation needs of people with COVID-19, who are currently known to community physiotherapy services.

#### **2.2 Leadership**

- Rebecca Kelly, Associate Director of AHP in mental health and Trust professional lead Occupational Therapist will be retiring at the end of October 2020 after 33 years of NHS service. This has offered the opportunity to review the leadership for AHPs and, in particular mental health. The decision and recruitment for AHP leadership in mental health will be prioritised once a decision about the structure has been agreed. Any appointment to senior AHP leadership must consider the need for a Trust wide professional leadership role.
- During COVID we have been fortunate to have our Associate Director of AHP) Sara Bolton acting as Interim Regional Chief Allied Health Professional for the South East NHSI/E to support the national Covid response. This has really helped with our awareness of the national and local picture. NSHI/E are currently exploring whether these roles may be made permanent in the future.

#### **2.3 Emerging opportunities for AHPs in mental health.**

2.3.1 As AHPs (in particular OTs) we have long advocated for the need to ensure that community teams have the right skill mix to meet the needs of our patients. To do this we must be able to recruit clinicians from different professions and then allow them to use their distinct professional skill set. The long-term plan has really given us the opportunity to think about how we can start to do things differently.

- We have been able to work alongside our housing partners Response and they have asked us to recruit to a band 7 OT to work in the housing pathway. The intention is for them to increase the number of OTs in this service and we are working collaboratively to ensure that those clinicians are able to access CPD, support and supervision through the Trust. In addition, we will be/are going out to advert for band 7 OTs in the home treatment team in Oxford and the new crisis service in Buckinghamshire.
- We anticipate that all these new roles will help facilitate early discharge, prevent admissions and push forward a recovery base approach with our service users.

#### **2.4 Additional noteworthy events**

- We have been successful in obtaining funding of £40K from HEE for clinical placement expansion for AHPs with the aim being to increase numbers of placements by 20 over the next year.
- As part of the L&D offer for training and master's modules, OTs are heavily involved in both the proposed recovery and autism modules that will start being delivered next Spring.
- We have a QI project in adult inpatient services looking at improving the equitable access and compliance with standards around the post admission assessments by OTs on the wards. An average of 70% compliance (January to June) in comparison to about 27.10% for the 6 months before this project was achieved. This will now be rolled out across the Bucks mental health wards with the intention of reaching 100%.

#### **3.0 RECOMMENDATION**

The Board is asked to approve the course of action already under way