

Digwyddiad Gogledd Cymru 2023 North Wales Event 2023

Dyddiad/Date: 28 Mehefin 2023/ 28 June 2023 10.00-16.15







Croeso a Threfniadau'r Dydd/
Welcome and Housekeeping







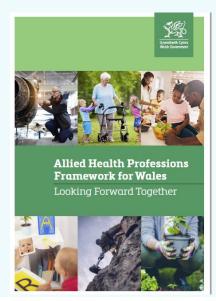
Naila Noori External affairs officer





## RCSLT North Wales Day 2023 10.30 - 10.45

Ruth Crowder
Chief Allied Health Professions Advisor
Prif Gynghorydd Proffesiynau Iechyd Perthynol



- Citizens achieve outcomes that matter to them and experience the highest quality of care and treatment at all times.
- Allied Health Professionals collectively and individually embed value based health and care. They apply their skills, experience and professional values to lead and deliver evidence-based care to improve the lives of citizens in Wales.



 Inspiring and enabling people to lead healthier lives



2. Building resilience in the population



3. Accessibility and responsiveness



4. Strong identity and presence



5. Visible and transformational leadership



6. Working at the top of their professional licence

https://gov.wales/allied-health-professions-ahp-framework https://llyw.cymru/fframwaith-proffesiynau-perthynol-i-iechyd



ALL THE PEOPLE

DF WALES





WE NEED TO BE ABLE TO ARTICULATE WHAT WE DO & OUR









#### **Allied Health Professionals Framework**

- Programme with Board and appointment of team
- AHP Public Health & Prevention Programme Leads
- AHP Person Centred Rehabilitation Programme Lead appointed
- National AHP lead for Primary and Community Care
- AHP Clinical Fellows
  - last year: development of new Dementia Framework and update Rehabilitation Framework
  - This year: Early years Prevention/Access and Rehabilitation Benchmarking standards



### **Update: the National Picture**

- Programme for Government commitments:
  - Increase access to Health Professionals
  - Reform primary care, bringing together GP services with [...] therapy [...]
  - Legislate to further integrate health and social care;
  - Create hubs to co-locate services
  - Support Flying Start
- A Healthier Wales (2018),
- Workforce Strategy for Health and Social Care (2020)
- Workforce Implementation Plan (Feb 2023)
- National Clinical Framework

# **Strategic Programme for Primary Care**

Four key programmes of work delivered through coordinated activity across the six strategic programme work streams

- Mental Wellbeing
- Community Infrastructure
- Urgent Primary Care
- Accelerated Cluster Development
- Well-integrated services, rooted in the community, with the full range of practitioner levels and prudent optimisation of AHP skill set
- We will
  - provide clarity around the evidence-based AHP offer
  - look at our AHP workforce in totality from a collaborative AHP leadership perspective
  - inform and support planning to meet presenting population needs and regional priorities
  - ensure effective accessibility and utilisation of AHP skillset across Primary and Community Care
  - identify gaps and requirements from a well integrated, whole system workforce planning basis
  - create sustainable models of delivery that support multiple stakeholders
  - deliver the high quality, high value services required to deliver person-centred support, within a place-based care model of care

Strategic Programme for Primary Care

STIFICE and-of-year-review-2022



Development

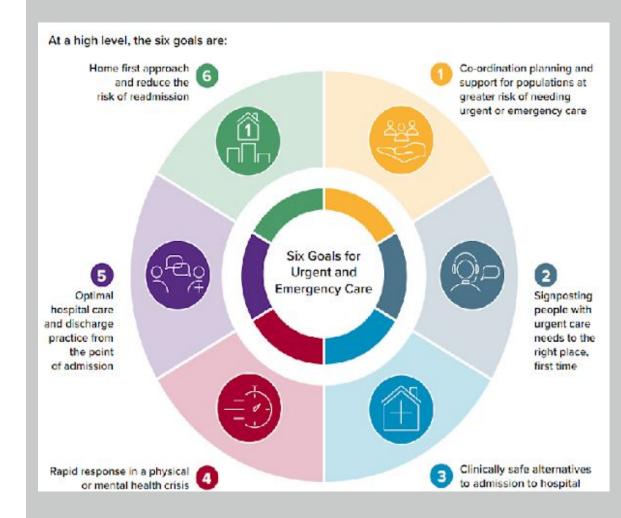
Leadership Learning

**Opportunities** 

# Six goals for Urgent and Emergency Care

- Individuals will be supported where they may need it through rehabilitation services
- access rehabilitation, recovery services and psychologically informed care
- access to rehabilitation regardless of condition
- We are funding a two year HEIW delivered programme of work described in the Allied Health Professions (AHP) Framework: 'Looking Forward Together.' Part of the programme includes funding two Clinical Fellows, a National Clinical Rehabilitation lead and a Clinical Public Health Lead to engage the profession, review and update to The National Rehabilitation Framework, develop quality statements and drive transformation.

Right care, right place, first time: Six Goals for Urgent and Emergency Care - A policy handbook 2021-2026 (gov.wales)



### Planned care

- Access to therapeutic services, rehabilitation and social prescribing is essential for the completion of appropriate treatment and care
- We will
  - build capacity through new ways of working and expansion and utilisation of the AHP workforce.
  - develop and embed a standard prehabilitation approach to improve outcomes
  - Streamline pathways
  - introduce integrated models of prehabilitation and rehabilitation as standard elements of all pathways
  - introduce integrated models of prehabilitation and rehabilitation as standard elements of all pathways



### Rehabilitation in the National Programmes

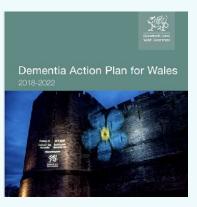


"introduce integrated models of prehabilitation and rehabilitation as standard elements of all pathways."

"develop and embed a standard prehabilitation approach to improve outcomes and we will utilise Patient Reported Outcome Measures (PROMs) to support this."



delivery of psychological therapies, recovery and rehabilitation

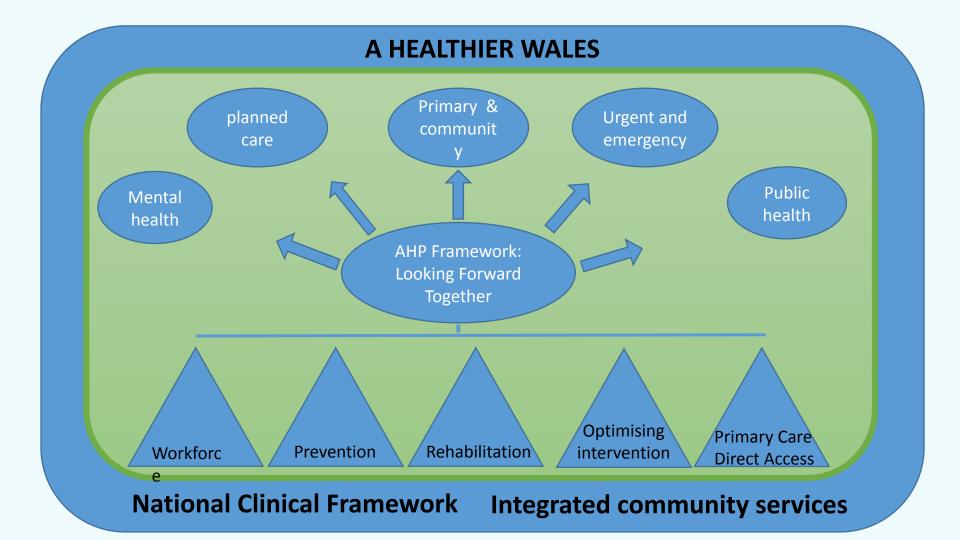


Ensuring access to allied health professionals and reablement / rehabilitation services to delay loss of skills and maintenance of life roles for longer.

## Children and Young People's plan (2022)

- Flying Start
- Talk With Me
- Healthy Weight: Healthy Wales
- The delivery of autism services
- Additional Learning Needs Code for Wales 2021
- Healthy and Active Fund

<u>Children and Young People's Plan (gov.wales)</u>



#### **Building Capacity through Community Care – further, faster**

- strengthen community capacity by developing an integrated community care system for Wales
- Deliver outstanding whole system, place-based care
- Greater joint working
- Reablement, telecare/ telehealth

<u>Up to £30m investment in community care to reduce pressure on hospitals | GOV.WALES</u>

<u>Written Statement: Building Capacity through Community Care – Further Faster (6 June 2023) | GOV.WALES</u>

<u>Oral Statement: Building Capacity through Community Care – Further Faster (6 June 2023) | GOV.WALES</u>



# £5m funding to increase community-based AHPs and support workers

www.gov.wales

- To make a significantly higher proportion of AHP services directly accessible via integrated primary and community care.
- To help people stay independent and well at home through a single primary and community-based service which provides **BOTH** step-up (preventative, early intervention) and step-down (rehabilitation, recovery)
- To make effective models more sustainable: NOT create more initiatives

AHP ambition in Wales: well-integrated services, rooted in the community, with the full

range of practitioner levels and prudent optimisation of AHP skill set

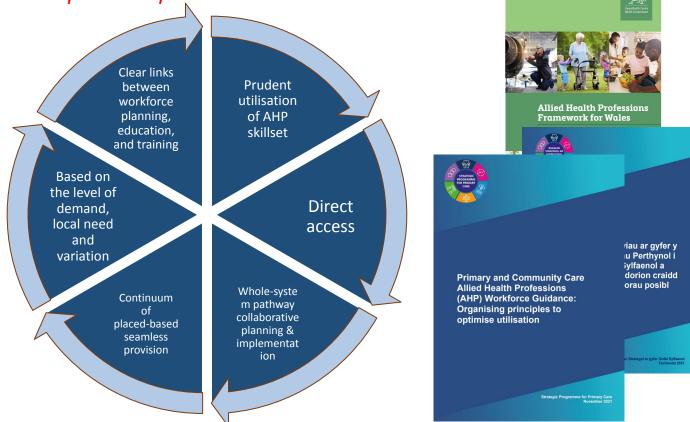
AHP Place - Based Care Model

Maximising the Value of AHPs

**Direct Access** 

Multi-professional working

Leadership



Allied Health Professions: art therapists, dramatherapists, music therapists, podiatrists, dietitians, occupational therapists, orthoptists, prosthetists and orthotists, paramedics, physiotherapists, speech and language therapists, psychologists.

#### The Vision

**Professional Collaboratives** assess population need for their respective services, consider the quality of their service offer & look at how they respond to national strategy for their respective profession.

Professional
colleagues
across teams,
services and
organisations
come together
within their
specific
professional
groups or area
of specialism to
form
Professional
Collaboratives

Professional
Collaboratives
focused on
Improving;
Population
Health &
Wellbeing,
Value, Quality &
Safety and
Engaging &
Developing the
local workforce

Professional Collaborative
Leads feed into Cluster
Collaboratives
(formerly cluster

mtgs) These are the way by which representatives of the professional collaboratives can come together (dependent on local structures) to assess the wider health and wellbeing needs of their communities & produce a prioritised cluster plan.

Professional Collaborative Leads attend
Pan Cluster Planning Groups (PCPG)

Where representatives of cluster collaboratives come together at county population footprint to collaborate with representatives of health board & local authority planners and representatives of those services for which collaboratives are not appropriate e.g. services which should only be planned at county, health board or national level.

Pan cluster planning groups agree a county population needs assessment and a plan on what

services are needed, making prudent use of all

funding, workforce, and other resources.

PCPG's provide detailed local intelligence to Regional Partnership Boards (RPBs) which informs health boards, local authorities and the third sector on how best to meet the care and support needs of people in their area.

Local skills and knowledge: understanding workforce requirements and development

Population based needs assessments—linking with National Clinical Networks re localised delivery of quality statements



#### The Vision



**AHP Professional Collaborative:** ensuring local knowledge, skills, and expertise, inform the decisions made at each level of the geographical operation – these being Cluster, Pan Cluster or locality, and RPBs.

AHPs across teams, services & organisations within a designated area, come together to form an AHP Professional Collaborative.

Local AHP
Lead(s)
nominated to
represent the
AHP
Professional
Collaborative
at Cluster and
Pan Cluster
/Locality Level

#### The AHP Professional Collaborative will:

- Improve population health and well-being
- Improve value
- Improve quality and safety
- Engage and develop the local workforce
- Work collaboratively to both plan and deliver seamless care and support to meet assessed need.
- Respond to national strategic intent
- Identify and measure and range of quality indicators for their services (based upon outcomes)
- Respond to respective funding opportunities

#### Cluster Collaboratives (formerly cluster mtgs) membership

- Pharmacy Professional Collaborative Lead
- Optometry Professional Collaborative Lead
- General Practice Professional Collaborative Lead
- Dental Professional Collaborative Lead
- AHP Professional Collaborative Lead
- Community Nursing
   Professional Collaborative

   Lead
- Social Care Professional Collaborative Lead

### Pan Cluster Planning Groups (PCPG) membership

- · Local NHS Leadership
- Third Sector Partners
- Local Public Health
- Community Health Council
- Mental Health
- Nominated Lead representing the 4 Primary Care Independent Contractors' Professional Collaboratives
- AHP Professional Collaborative Lead
- Nursing Professional Collaborative Lead
- Senior Social Services
   Leadership / Social Care
   Professional Collaborative Lead
- Secondary Care

Regional
Partnership
Boards (RPBs)

Must be strong planning links with the RPBs

Noting 2022/23 is a transitional year.

Begin by building on existing arrangements to ensure 'connectedness'

across the system

 information on the development of AHP Professional Collaboratives is here: <u>Community Infrastructure (CI)</u> <u>Programme</u>



The summary report for the <u>AHP</u>
 <u>Professional Collaboratives National</u>

 <u>Overview Workshop Report</u>













### Important resources:

- Allied Health Professions (AHP) Framework | GOV.WALES
- Health and social care services rehabilitation framework | GOV.WALES
- Rehabilitation service evaluation framework | GOV.WALES
- Rehabilitation service modelling resource | GOV.WALES
- All-Wales Primary and Community Care Allied Health Professions (AHP) Workforce Guidance: Organising principles to optimise utilisation:

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Long Read (English) Short Read (English)
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Long Read (Cymru) Short Read (Cymru)



Gweithgaredd Torri'r Iâr/ Icebreaker 10.45 - 11.00

**Pippa Cotterill,**Pennaeth Swyddfa Cymru, RCSLT
Head of Wales Office, RCSLT





## Cwestiynau/ Questions

1.Beth yw enw'r arweinydd sydd yn dod i'ch meddwl yn gyntaf a phaham?

What is the name of the leader who comes to your mind first and why?

2. Yn eich barn chi, pwy yw'r arweinydd mwyaf dadleuol a phaham?

Who is the most controversial leader you can think of and why?

3. Beth mae diwylliant gwaith cadarnhaol yn ei olygu i chi? What does a positive work culture mean to you?

4. Beth sy'n dylanwadu ar ymddygiad yn y gweithle yn gadarnhaol ac yn negyddol?

What influences behaviour at work both positively and negatively?





## Cwestiynau/ Questions

3. Beth mae diwylliant gwaith cadarnhaol yn ei olygu i chi?

What does a positive work culture mean to you?

4. Beth sy'n dylanwadu ar ymddygiad yn y gweithle yn gadarnhaol ac yn negyddol?

What influences behaviour at work both positively and negatively?







Arweinyddiaeth,
Cydweithio a Datblygu
Professiynol/ Leadership,
Collaboration &
Professional Development







My leadership journey and reflections 11.00 - 11.25

Lauren Edwards,

Executive Director of Therapies and Health Science (DoTHS), Cwm Taf Morgannwg UHB





## My leadership journey

- A bit about me...
- Career overview
- Our core SLT skills are transferable:
  - Developing relationships
  - Engagement and co-production
  - Person-centred, compassionate
  - Advanced communication/interaction skills
  - Reflective





## Key reflections

- Success
  - 10% what you do (task)
  - 30% how you do it (behaviour)
  - 60% visibility (profile)
- You are only as good as your team
  - Trust, support, consistency, clarity
- Approach and attitude take you further than experience
- See the situation through the eyes of others





## Best learning from my bosses

- Be honest, do the right thing, say sorry
- Big responsibility to your team: take the blame, give the credit
- Profile sometimes you need to shout about what you do
- Managing up, duty of care to all

- Learn from negatives too: trust, loyalty, clarity, consistency
- Get a coach/mentor





## Top tips

- Say yes! Take leaps of faith
- Develop others
- Don't put off the difficult conversations
- Hold on to yourself
- Be brave and confident even if you don't always feel it!
- Take care of yourself and your team
- Be passionate or pass it on
- Success doesn't come to those who wait!







Professional development framework Fframwaith Datblygu Proffesiynol 11.25 - 11.55

Vicky Harris,
Head of Learning,
RCSLT





### What's coming up...



- Why have a professional development framework?
- How did it come about?
- Where is this thing?
- What's in it?
- How are you going to use it?
- How does it link with CPD?



# Why have a professional development framework?



- Only you know what a 'great' career looks like for you
- We all have a tendency to get caught up in the detail and forget where we're heading
- We want the framework to give you the space to consider your goals
- We hope that it's a tool that leads to greater job satisfaction



### How did it come about?



- June / July: Discussion events
- August / September: Virtual Development Group
- November / December:
   Consultation
- Total 264 actions either incorporated or considered for future work



### How did it come about?

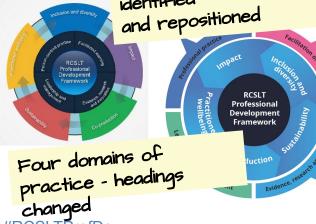




**Professional Development** Framework

#RCSLTProfDev

Five core components identified



#### 1.6 The detailed topics

## Summary boxes

#### This section introduces:

- Detailed topics for each subtheme within the domains of practice . A worksheet format to help you capture your professional development level for
- individual topics (Fdn, Profic, Enh, Adv, Exp)
- A worksheet format to identify areas for learning in the future (N/A now box)

#### 1.6a Professional practice

Communication						now		
P1a. Undertake culturally responsive assessment of communication with service users in daily life (impairment, activity, participation, wellbeing)								
P1b. Undertake culturally responsive management of communication with service users in daily life (impairment, activity, participation, wellbeing)								
P1c. Undertake culturally responsive evaluation of communication with service users in daily life (Impairment, activity, participatic			•	ا . ل		20	detai	ile
P2. Use inclusive communication health strategies and messages wasers, carers and families to enable partnerships.	10	+	nir 	-a	e ( Lin		1 /	

P3. Use effective communication a engagement to establish informed

topics refined / expanded + new ones included

#### Links to supporting

#### Appendix three: support 1000 That the website

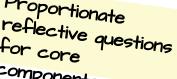
- RCSLT Leadership resources (please note you will need to be logged in to view these) https://www.rcslt.org/learning/leadership-resources/
- RCSLT Reflective Writing learning (please note you will need to be logged in to view this). including templates and explanations for several reflective writing models https://www.rcsltcpd.org.uk/courses/reflective-writing/
- RCSLT CPD Diary (please note you will need to be logged in to access your diary) https://community.rcslt.org/s/cpd-diary and user guide https://rise.articulate.com/share/ MZCb0O5B-IrChE3rCLHx-Wx8olERDg P#/
- CSLT Diversity, inclusion and anti-racism hub (please note you will need to be logged in to view this) https://www.rcslt.org/learning/diversity-inclusion-and-anti-racism/

#### Reflective questions:

Think about the definition of impact in relation to your own current knowledge and experience across the different groups of people you work with.

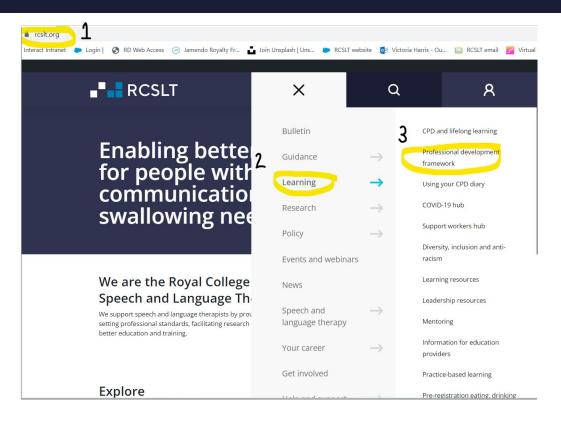
- What does impact at work look like for you?
- What is within your control to keep doing?
- What is within your control to improve or start doing?
- What is within your control to stop doing?

Proportionate reflective questions for core components



## Where is this thing?





https://www.rcslt.org/learning/professional-development-framework/

#### What's in it? - core and domains





#### What's in it? - sub-themes

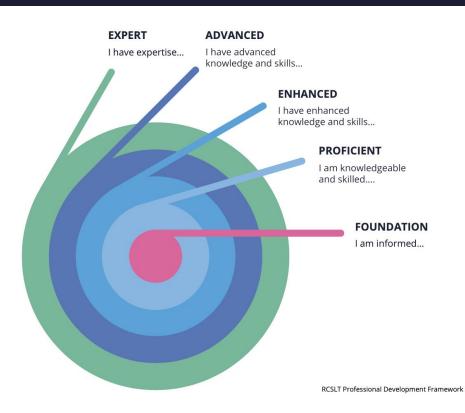






#### What's in it? - levels





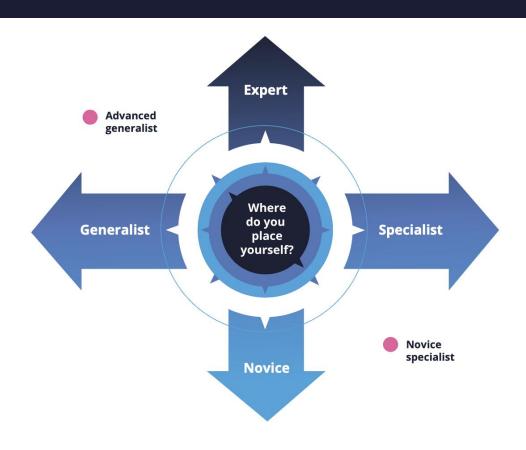
#### What's in it? - levels



Compassionate and inclusive leadership at all levels	Fdn	Profic	Enh	Adv	Ехр	N/A now
<b>L26.</b> Use care when holding people to account						
<b>L27.</b> Promote people's strengths and agency to support hope and self-determination						
<b>L28.</b> Contribute to a nurturing and supportive culture where there is a balance between compassion and authority						
<b>L29.</b> Influence the development and maintenance of organisational resilience						
<b>L30.</b> Lead by embracing a wide range of perspectives, differing needs and competing rights						
<b>L31.</b> Effectively manage (or contribute to the management of) staff and actively promote the rights and responsibilities for myself and others e.g. in relation to bullying, equity of opportunity, equality, diversity and inclusion, and health and wellbeing in the workplace						

#### Framework overview





#### Framework overview



#### 2.2b The nature of career development and career progression

#### This section introduces:

- Ideas which may feel like a paradigm shift
- Career development and career progression as two inter-related but different concepts
- The idea that career planning does not always involve promotion-focused moves
- The idea that the concept of a career ladder works for some people but not everyone
- The concept of growth-based career progression
- The idea of viewing your career as a river instead of a ladder
- The Kawa approach as a metaphor for thinking about growth-based career progression

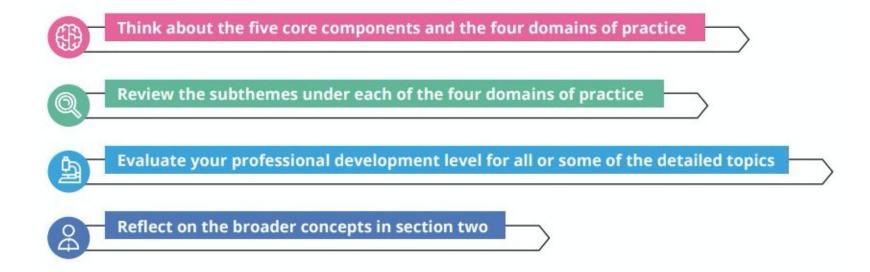


#### Reflective questions on the nature of career development and career progression

- What images, thoughts and feelings do you have when you think about a career ladder?
- How do you feel about using the Kawa approach when reflecting on your own career progression?
- Read the following quote which is a personal reflection from a journalist: what do you think of it and why? What would you like to do after reading this quote? (And that may include disagreeing with it or working with it)

#### Framework overview





#### Interactive version



Professional Practice: Com	munic	ation	>			
Restart sub-section	Fdn	Profic	Enh	Adv	Exp	N/A Now
P1a: Undertake culturally responsive assessment of communication with service users in daily life (impairment, activity, participation, wellbeing).	0	0	0	0	0	0
P1b: Undertake culturally responsive management of communication with service users in daily life (impairment, activity, participation, wellbeing).	0	0	0	0		0
P1c: Undertake culturally responsive evaluation of communication with service users in daily life (impairment, activity, participation, wellbeing).	0	0	0	0	0	0

### How are you going to use this?



- Use the prompt list of ideas on the table to discuss how you might use the framework.
- Can you think of others?
- At the end you'll have a chance to feed back.

#### Links with CPD



#### The RCSLT Professional Development Framework:

- Gives you a structure to recognise your existing skills and experience;
- Helps you to define your learning and professional needs for the future;
- Supports career conversations;
- Helps you to consider your CPD needs at career transition points.

#### Links with CPD



Encourages a positive learning culture	Makes you feel safe and confident in the services provided		
Improves skills, knowledge, and ways of thinking and working	Increases satisfaction with services		
Makes you feel valued, motivated and confident	Contributes to up-to-date and evidence-based services		
Develops your career and helps you to move between sectors and roles	Influences service development		
Makes you feel able to drive change and innovation	Improves the quality of service delivery		
Means you remain fit to practise and meet regulatory body standards (including codes of conduct)	Supports recruitment, keeping staff, and creating a flexible workforce		
Keeps you up to date with changing technology and service demands	Adds to the mix of skills and productivity of staff		
Improves experience and outcomes	Improves performance		

From 'Principles of CPD and lifelong learning',

2019) <a href="https://www.rcslt.org/members/lifelong-learning/joint-principles-for-cpd-and-lifelong-learning/">https://www.rcslt.org/members/lifelong-learning/joint-principles-for-cpd-and-lifelong-learning/</a>

## Help us share!





- Access the framework here: <a href="https://www.rcslt.org/learning/professional-development-framework/">https://www.rcslt.org/learning/professional-development-framework/</a>
- How can membership support implementation
  - Tell SLT colleagues and your MDT
  - Let us know how you're using it #RCSLTProfDev
- Join us for a webinar on this on 11 July https://www.rcslt.org/events/rcslt-professio nal-development-framework-webinar/

## Questions



Any questions or final thoughts?





Egwyl/ Break 11.55 - 12.10







Arweinyddiaeth a Chydweithio/
Leadership and collaboration







**Increasing AHP profile** within Cancer 12.10 - 12.25

Rachel Evans,

Macmillan Lead Cancer Allied Health Professional,





#RCSLTWalesDay











## <u>Leadership</u> <u>Journey</u>



















**Integrated neuro-oncology AHP and CNS clinic** 







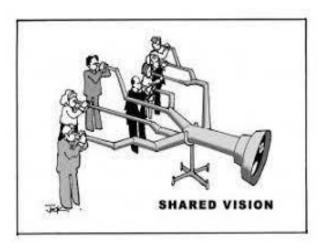


#### Role in Wales Cancer Network



- Conduit WG and LHBs
- Toe in clinical camp
- AHP role in Cancer
- Influence and collaboration
- Integrating AHP voice
- Prehabilitation
- Education and Research
- AHP workforce review
- Macroscopic alignment









#### Person-centred care

- Meeting people's needs
- Co-produced care
- Keyworker role
- Digital innovation
- Health/access inequalities
- Resource sharing
- Sharing successes and lessons learned
- Promotion, culture shift
- Expanded roles, VBH
- Capturing meaningful data
- Leadership, innovation enablement all levels





## **Compassionate Leadership and Change Management**

12.25 - 12.40

- Dawn Leoni
- Head of Speech and Language Therapy, Area West
- Betsi Cadwaladr University Health Board
- Dawn.leoni@wales.nhs.uk

☐RCSLT North Wales Event, Summer 2023



#### Background

Advancing healthcare Awards Wales 2022

The Award for compassionate leadership and change management

"An impressive turnaround in the team as a result of the introduction of compassionate leadership approaches in respect of collaboration, colleague support and culture"



AHA Wales Winners Guide, p4

#### Outline

Context and background to the change process

**Quality Improvement tools** 

**Collaborators** 

Leadership toolkit

**Outcomes** 

#### **Drivers for Change**

All Wales Raising Concerns Policy (NHS Wales 2013) a member of the clinical team raised concerns in relation to Quality of Care and a culture of bulling and discrimination in the department

Extensive external investigation undertaken

Several critical questions raised in relation to the culture, ethos, management style, operations, clinical effectiveness and governance within the department.

Media interest

RCSLT and HCPC awareness

Meeting KPIs but poor moral, high staff sickness including workplace stress, patient complaints, recruitment difficulties

Critical need to act to reduce clinical, professional, and reputational, risks and to support the health and wellbeing of the team



Where to start?

# Quality Improvement Tools

Health and Safety Executive questionnaire

Appreciative Enquiry

Team vision and purpose

PESTLE analysis

Stakeholder analysis

Cultural Web

Options appraisals

Service suspension

Process mapping

Gap analysis

**GANT** charts

Job plans

Governance structure

Operational structure

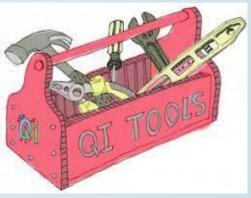
Working groups

**Action Learning Sets** 

Supervision structures

Wellbeing champions







#### Collaborators in the change process



Organisational development

SLT whole team

**Families** 

Area Executive team

Finance

Therapy services colleagues

Community Health Council

**RCSLT** 

WSLTAF members

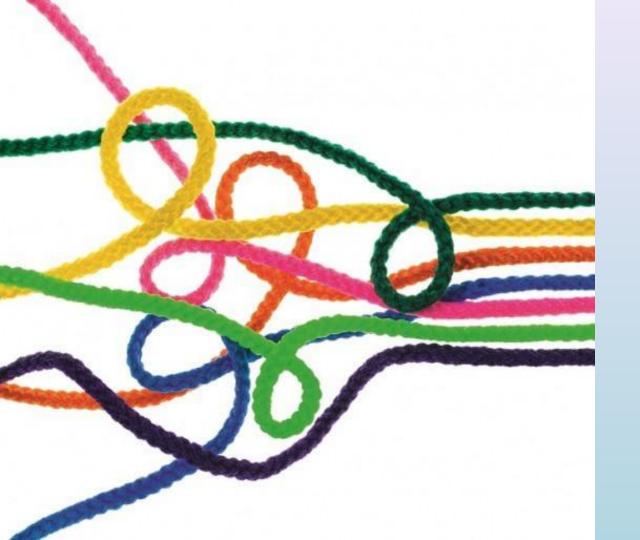
External professional advisors

Local stakeholders e.g. LA colleagues

Service improvement team

# Leadership style, attributes and qualities

Curiousness and commitment
Servant leadership
Compassionate leadership
Stability, support, rebuilding trust
Humility, emotional vulnerability
Listening, acknowledging and hearing
Being present
Doing what we said we would do
Authenticity
Values based and ethically motivated
Commitment
Coaching stye
Supporting others to lead
Self care



#### **Outcomes**

- Outcome questionnaire demonstrates improvement from baseline
- Structures in place
- Ongoing cycles of improvement
- "Years of different kind of experience are often needed to create lasting change" (Kotter, 2018)

#### Diolch

- To all the Speech and Language Therapists involved in making these improvements possible
- To the support and guidance given by so many people along the way
- To the AHA Awards panel for the opportunity to showcase our work
- ☐ To the RCSLT for inviting us to share our work
- And to everyone for listening and supporting us



#### Further reading



- Alexander, C. C., Tschannen, D., Hays, D., Clouse, M., Zellefrow, C., Amer, K. S., Lambert-davis, J., Watson, T. H., Tovar, E. G., & Milner, K. A. (2021). An integrative review of the barriers and facilitators to nurse engagement in quality improvement in the clinical practice setting. *Journal of nursing care quality*, 37(1), 94–100. Https://doi.org/10.4097/ncg.0000000000000562
- Bodenheimer, T., & Sinsky, C. (2014). From triple to quadruple aim: care of the patient requires care of the provider. *Annals of family medicine*, *12*(6), 573–576. Https://doi.org/10.1370/afm.1713
- Coghlan, A.T., Preskill, H. And Tzavaras Catsambas, T. (2003), an overview of appreciative inquiry in evaluation. New directions for evaluation, 2003:
   5-22. <a href="https://doi.Org/10.1002/ev.96">https://doi.Org/10.1002/ev.96</a>
- Evans , D (2022) So close to love: compassionate leadership in healthcare British Journal Healthcare Management DOI: https://doi.org/10.12968/bjhc.
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#### **Enhanced Care Home Service**

Integrated Approach to Swallowing, Nutrition and Medication Management using Digital Technology

12.40 - 12.55

Sheiladen Aquino, Clinical Lead SLT Tom Sauter, Clinical Lead Pharmacist Contact:

Sheiladen.Aquino2@Wales.nhs.uk

Lucy Marland, Highly Specialised Care Home Lead Dietitian Amber McCollum, Highly Specialist Speech & Language Therapist Jodie Miller, Speech & Language Therapy Associate Practitioner















- **Aim 1:** To improve **individual care experiences** by reducing waiting times and receiving seamless, integrated care from multiple professionals.
- **Aim 2:** Improve clinical outcomes using standardized therapy outcome measures for three
- **Aim 3:** To evaluate **costs reduction or cost-neutral opportunities** in using the novel intervention
- **Aim 4:** To report **workforce wellbeing** from interviews and workforce-reported outcome measures when using this new model
- Aim 5: To assess equity of care to elderly residents in care homes with complex and chronic health issues when using digital technology



## Co-design



































I like the quickness of it and I very much like the

support of you

guys

whispers – it's all seamless and you get 3 specialities at the same time

Its not Chinese

l feel like we're all supporting the residents and meeting the needs they have

For feedback, we are getting it

### all at once

and not in drips and drabs

You know we've had problems and it's obviously going to benefit my residents

I feel **better as a** person and a nurse because we've got the buffer and the support for joint decisions

### **#BevanExemplar**







**Bwrdd lechyd Prifysgol** Cwm Taf Morgannwg University Health Board Outcomes: Workforce confidence & wellbeing







Doing things differently for a prudent, sustainable recovery | www.bevancommission.org







Bwrdd lechyd Prifysgol Cwm Taf Morgannwg University Health Board









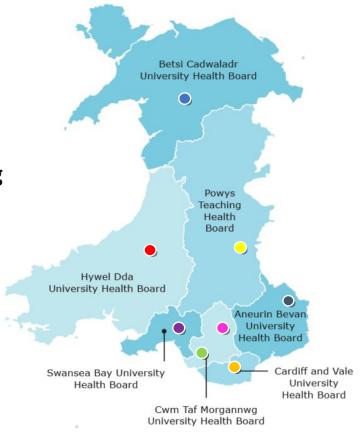


### Spread and Scaling up: The Plan

- 237 Residents currently included in the project
- 384 by May 2023
- 1582 by December 2023 for Cwm Taf Morgannwg Health board
- 15820 Residents included through possible other health boards by October 2024
- NHS Wales wide 23000 August 2025



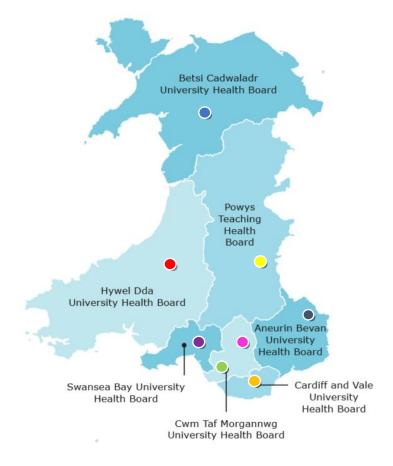




# How?







**#BevanExemplar** 

Doing things differently for a prudent, sustainable recovery | www.bevancommission.org

### Winner

Award for New Ways of Working





# 2022 Advancing Healthcare Awards

New Ways
Of Working



**#BevanExemplar** 

# Shortlisted

The Welsh Government's award for value-based care: making best use of resources to maximise outcomes







### **#BevanExemplar**

**Partners** 







Bwrdd lechyd Prifysgol

















The Spread and Scale Academy



SEFYDLIAD CALON Y DDRAIG DRAGON'S HEART INSTITUTE







### **#BevanExemplar**



Cwestiwn ac Ateb/ Q&A Until 13.15







Cinio/ Lunch 13.15 - 14.30







Digwyddiad Gogledd Cymru 2023 North Wales Event 2023 14.30 - 15.20

28 Mehefin 2023/ 28th June 2023





# Objectives

Members will be fully informed of wider RCSLT work on EDI and work specific to Wales

Members will be inspired to use the health inequalities resources and tool to:

- Identify and meet current challenges;
- Identify unmet need in the context of EDI and reduce health inequalities.





### Session outline

- Context and RCSLT work streams
- 2. Wales update
- 3. Introduction to health inequalities
- 4. Practical workshop on addressing health inequalities







# Part 1: RCSLT work on EDI



# The RCSLT's five year vision

Equality, diversity and inclusion is the first of the eight areas in the new vision

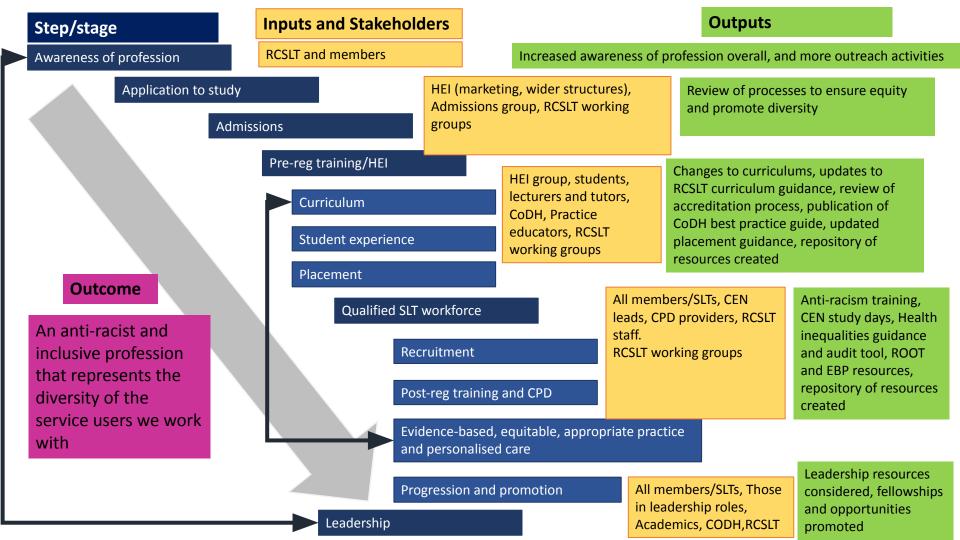
# 1. EQUALITY DIVERSITY AND INCLUSION: We will promote greater equality, diversity and inclusion, and embed anti-racism within the profession and in service provision

- Our aspirations:
- A more diverse student population and workforce, at all levels of seniority, who are valued and can bring their whole selves to work.
- Everyone, including those from underrepresented groups such as members from a Black, Asian or minority ethnic background, who are LGBTQ+ or who have a disability, are fully included in the profession.
- Culturally and linguistically inclusive, co-produced services, made accessible to all.

#RCSLTWalesDay

- A profession empowered to tackle racism and discrimination in our services and society.
- A profession that works proactively to reduce health inequalities and the impact of socioeconomic disadvantage on service users.







# Part 2: Wales update



### Anti-Racism



- Comprehensive written evidence to the Welsh Government Anti-Racist Plan for Wales.
- Joint response with other AHP professional bodies.
- Approached by Welsh Government to be a critical friend for developments in Workforce Race Equality Standards.
- Childhood Education and Care Action Plan in scoping stage. Will join working group to shape this once set up.

### Anti-Racism continued



- Seeking to influence WG guidance on Exclusion from Schools and Pupil Referral Units. Still at scoping stage.
- Representing RCSLT on new working group to develop a Wales AHP Committee Equality, Diversity and Belonging Strategy.



# LGBTQ+



- Submitted written evidence to the Welsh Government LGBTQ+ Action Plan.
- Wrote letter to Welsh Health Specialised Services Committee (WHSSC) with professional and service user organisations to raise our concerns about Speech and Language Therapy provision within the Welsh Gender Service.
- Response received from WHSSC. Advised that SLTs liaise with medical directors within health boards.
- LGBTQ+ plan has recently been published. Some positives but concerns remain -
- No further detail on workforce challenges within the gender service.



### Other areas



- Submitted written evidence to the Welsh Government Children's Rights Scheme consultation.
- Final Children's Rights Scheme included that Communication should be appropriate for children and young people and relevant to their age, understanding and speech, language and communication needs.

 Developing a position paper on SLT assessment and interventions in bilingual settings





# Part 3: health inequalities



Workshop introduction: the RCSLT health inequalities tools

In 1966 Martin Luther King said "Of all the forms of inequality, injustice in health care is the most shocking and inhuman."

"Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health." (Marmot, 2010, p15)

There is a role for every speech and language therapist in addressing inequalities in how they provide a service, how they interact with colleagues and how they develop their own "cultural humility" over their career.

Services need to be accessible to the whole population we serve- not just those who turn up..





## Overview of the new updated RCSLT resources

01	<u>Guidance</u>	<ul> <li>What are health inequalities and what causes them?</li> <li>Role of SLTs in mitigating health inequalities</li> <li>Evidence and research, further reading</li> </ul>
02	Self- Audit tool	<ul> <li>Prompt questions for SLTs, managers, students</li> <li>Is your service doing what it <i>could</i> and <i>should</i> be doing to ensure equity and equality</li> </ul>
03	<u>Case studies</u>	<ul> <li>SLT's projects that have supported minimising health inequalities</li> <li>Whole services and individual service users</li> </ul>
04	<u>Indicator tool</u>	A new worksheet tool to help monitor inequities and inequalities based on your service data, your local population and the latest research
05	ROOT	<ul> <li>Developing the ROOT to include EDI data</li> <li>Pilot now includes 2000+ episodes of care</li> <li>New reports and caseload 'snapshots' being tested</li> <li>Entering feedback and analysis stage</li> </ul>



### New indicator tool

- Help with identifying and recording key information that is useful to understand the make-up of the local population.
- Compares two sets of information and examining any disparities may indicate potential inequalities.
- It is designed to help you build a snapshot of your service at any one point in time. Ideally this exercise should be repeated for ongoing monitoring.



### Worked example

Worked example					
Information	Your local population	Your service	Does this indicate some variation?		
Population					
Population size Total number of people living in the area in which you serve	School services covering the whole of Southampton 248,900 population	n/a	n/a		
Specific population size (e.g. children or adults within your local population) Ethnicity (of your specif	18% are aged between 5-19 44, 802 children	ere nossible)			
White	80.7%	85.2%	There may be an		
Black	3.0%	1.3%	over-representation		
Asian	10.6%	12.0%	of White and Asian		
Mixed or multiple ethnic groups	3.3%	0.5%	children in our service, and an		
Other ethnic group	2.3%	1.0%	under- representation of Black, mixed/multiple ethnic groups and others.		
Gender/sex (of your specific population, where possible)					
Male	50.2%	51.5%	These are very		
Female	49.8%	48.5%	similar		
English proficiency (of your specific population, where possible)					
Main language is English or Can speak English very well/well	85.3%	Interpreter	There may be under- utilisation of interpreters in our		
Main language is not English/ Cannot speak English / well	14.7%	used in 2% of assessments in last 12 months	service, or we may not be seeing as many people that would require an interpreter.		

### External tools and data

- There is a huge variety of information you can access.
  - Build your own custom data set about your area and its population from the <u>ONS</u> and from <u>Nomis</u>! Information about population, protected characteristics and much more!
- Ask your local authorities eg data on ethnicity and languages in schools – are there data analysts in local authorities that can help you? Does your LA have project funding to tackle health inequalities?
- Consider rural poverty, digital literacy, access to transport.
- Evidence, incidence and prevalence –how many children or adults might you expect to see in any year across different clinical conditions? There is some information on the RCSLT website
- CENs can you help updating incidence and prevalence in your clinical area?
- Use the information to drive your plans to address health inequalities.

### RCSLT

#### Access and Equity

#### Powys



Population
133,200
people
3,107,500 people in Wales

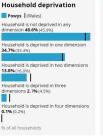
Rounded to the nearest 100 people

Age profile

Powys (Wales)

Oyears

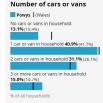
% of all people, 5 year age bands













Source: Office for National Statistics - Census 2021



### Find out more

### Webinar

https://www.rcslt.org/ events/health-inequal ities-webinar/#sectio n-1

### **Podcast**

https://soundcloud.co m/rcslt/health-inequa lities-and-their-impac t-on-speech-and-lang uage-therapy









# Part 4: health inequalities workshop



# Workshop options

Each table to look at data from a different Welsh area together with a section of the audit tool.

Look at the data sheet (A3 sheet).

Look at the audit tool questions (A3 sheet).

Reflect on the questions – what might it mean for you as a speech and language therapist working with the population that is described in the data?





# Action planning

Do you think you could undertake a similar activity for your area and service using the health inequalities tools?

List 3 actions on a sticky note that you will take back to your service, based on what you've learnt today.



















Wales Hub Day: Influencing – strategies, tactics and examples 14.30 - 15.20

28 June 2023





### How we influence: Key stakeholders and targets

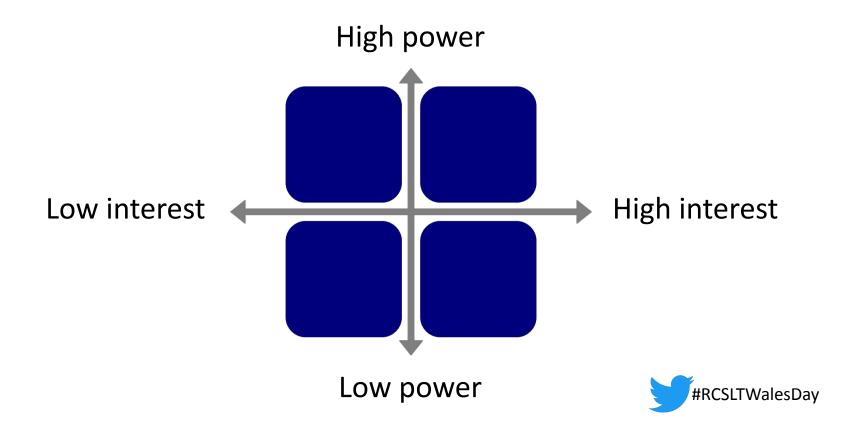


### Who do you think our key stakeholders are?

- Politicians
  - Sympathetic to local issues and can make representations to departments or ministers on behalf of constituents
  - Distinguish between minister, backbencher and constituency roles
- Commissioners / decision-makers / budget-holders
  - Plan and pay for SLT services
  - Ensure clear and positive knowledge of the work of SLTs
- Councillors and local authorities
  - Make key decisions about local services
  - Leaders of each political group are vital to gaining cross-party support
- Other stakeholders: service users and service user organizations, other professions, media and the public

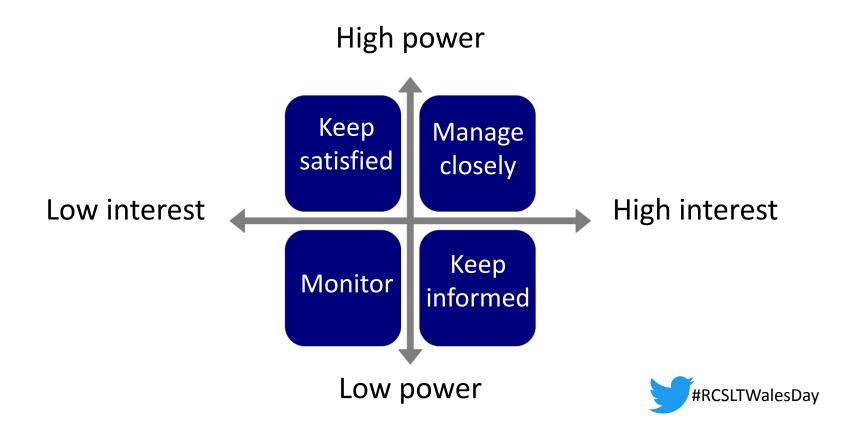
## How we influence: Stakeholder analysis





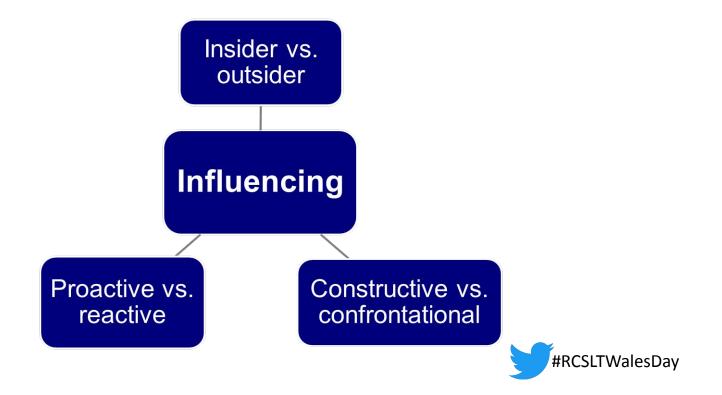
## How we influence: Stakeholder analysis





## How we influence: style and tactics





## Evidence is not everything ......



Scientists think 'but the evidence says...'

However for decision makers:

- What am I legally required to do?
- What mandates have I been given?
- Can I afford it?
- What will my stakeholders think?

The hierarchy of good things...



## Evidence is not everything .....



- What's in a name?
- The power of numbers
- Human stories





## An example in Wales: Talk with Me





#### Talk with me | GOV.WALES

Welsh Government's Speech, Language and Communication <u>Delivery Plan</u> seeks to drive improvement in the way in which children in Wales [aged 0-5yrs] are supported [at universal, population and targeted levels] to develop their SLC skills

- Cross government commitments with sign up from 6 Ministers
- Investment of over £4million over 4 years increasing from £300k in y1 because we could demonstrate the impact of lockdown on SLC
- Influence on other funding streams (eg CDF, EYITP business cases, FS expansion)

## Start with the 'why...?'





## Then the 'how...?'



- Knowing what the ask is... here's the problem, here's why it matters how can SLT help to address it?
- For TWM:
- 1. Hammering the message home about terminology keep saying **SLC** (not oracy!); keep saying **wellbeing** (not school readiness!); keep saying universal/ population/ targeted; keep saying **right person right place right time**
- 2. Reminding people about what we're already doing inviting ourselves to networks to present
- 3. Keeping up to date with evidence on best practice, and sharing it CENs/ webinars/ study days
- 4. Approaching researchers looking at relevant evidence and asking for early updates eg Dr Gonzalez-Gomez <u>Babylab</u>
- 5. Commissioning research on what we don't know eg Delphi study on expert opinion of impact of lockdown in Wales
- 6. Making SLC everyone's business influencing new curriculum, ECEC QF,



## Then the 'so what...?'



**Demonstrating impact –** finding ways to go full circle and show those who have invested what the results are

Using those results to ask for further investment (show off!)

Case studies/ outcomes/ visits (eg CLP)

**Comms –** FAW post, Comm boards story





## Over to you...



- Who or what do you want to influence this month/ year?
- Do you have the why/ how/ so what? Can you get it?
- What, if anything, is stopping you?
- Activity: rapid fire solutions







# Influencing – some RCSLT examples





#### Mental health strategy: Northern Ireland



- Campaign to influence the first NI mental health strategy, with a long term aim to improve MH services for people here with communication and swallowing needs and increase the role of SLT in MH services.
- Met with NI Mental Health Champion, Minister for Health, lead civil servants, NICCY, MLAs.
- We launched our campaign using research to demonstrate prevalence / impact heavily influenced by Karen Bryan's work and complemented by local qualitative evidence from adult MH service, plus local pilot work with SLT input LD CAMHS. Refs below for the key pieces of research we used.
- Research Refs:
  - Bryan K. Psychiatric disorders and Communication. 2014. Louise Cummings (ed) Handbook of Communication Disorders. (pp. 300-318) Cambridge: Cambridge University Press
  - Walsh, I., Regan, J., Sowman, R., Parsons, B. and McKay, A.P., 2007. A needs analysis for the provision of a speech and language therapy service to adults with mental health disorders. Irish journal of psychological medicine, 24(3), pp.89-93
  - Regan, J., Sowman, R. and Walsh, I., 2006. Prevalence of dysphagia in acute and community mental health settings. Dysphagia, 21(2), pp.95-101
  - Bhattacharyya, N., 2014. The prevalence of dysphagia among adults. Otolaryngol Head Neck Surg. 2014 Nov;151(5):765-9
  - Hollo A, Wehby JH, Oliver RM. Unidentified Language Deficits in Children with Emotional and Behavioral Disorders: A Meta-Analysis. Exceptional Children 2014; 80(2): 169-186

# Mental health strategy: Northern Ireland (cont'd)



- Outcomes:
  - Our wording was adopted in the final strategy to include a clear recognition that individuals with communication needs face barriers in having mental health needs identified and in accessing support.
  - We also had one of the case studies we submitted around supporting children with learning disabilities included within the strategy itself.
  - RCSLT NI is part of the first mental health workforce review in NI proposing more SLTs than we can currently provide!



# Domestic Abuse Act: research producing policy results



• During the passage of the Domestic Abuse Bill, we used research by Helen Barrett & Dr Julie Marshall on Understanding Sexual and Gender Based Violence against Refugees with a Communication Disability to support our case...



# Lord Parkinson (Government Minister) at Report Stage said:



- 'people with speech, language and communication needs can be especially at risk of harm and, of course, domestic abuse, as well as facing additional barriers in accessing services.
- 'this is not a niche issue, nor should it be treated as such, especially in the context of domestic abuse.
- 'we will revise the guidance to make further express reference to speech, language and communication needs, in relation to not just those with special educational needs but the links between domestic abuse and those with communication needs, specifically children and young people.'



#### The Health & Care Act



- With a little help from my friends: the power of a sector alliance leverage it by taking a leading role – and political allies
- The hierarchy of legislative influencing, from 'the face of the bill' down surprising success at this step
- Passing the Act is just the start being a trusted contact to officials, leading to invitation to comment on draft guidance
- Into the real world auditing ICSs
- The rehab contrast what happens if you don't have the legislative wording

"When producing the integrated care strategy, the integrated care partnership should consider how the needs and health and wellbeing outcomes of babies, children, young people and families can be met and improved."

#RCSITWale

## Cuts proposals in Edinburgh City Council



- NHS and local government funding in Scotland the backdrop
- The Edinburgh proposal effectively a 100% cut to the SLA
- We tried our usual constructive insider approach but no proper response this was followed by formal proposal which claimed NHS Lothian wasn't fully utilising SLA and double counting. We realised we needed to address head on.
- So used local media and lobbying councillors SLTs writing to their councillors was critical to turning the political tide. Also deputation before the full council.
- Our arguments: rejecting the idea of double-counting, the lack of understanding around vulnerability, false economy
- The outcome: complete reversal of the proposal the day before the budget was set.
- This result will hopefully set a precedent in Scotland for any other councils considering cuts to SLT services.



### Cuts proposals in Edinburgh City Council









Egwyl/ Break 15.20 - 15.45







Gwobrau Cymru a chydnabod aelodau 2022/23

Wales awards & member recognition 2022/23 15.45 - 16.10





# Eleri Sargent





# Elaine Young





# Tara Louviere-Cowen





# Francesca Landers and Claire Evans





## Nick deMora-Mieszkowski





# Lowri Burgess





# Laura Braithwaite-Stuart





# Amy Crowther





# Gail Edgley





# Liz Mckinney





# Lauren Salisbury







Diolch a chau/ Thanks and close 16.10 - 16.15

















