Embracing the challenges

Working collaboratively to improve ESR data
#BeAHPbecounted

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#BeAHPbecounted #AHPsintoAction @NHSImprovement @SFHFT

NHS England and NHS Improvement
A little bit about me

#BeAHPbecounted
AHPs into Action
Using Allied Health Professionals to transform health, care and wellbeing.

**Impact** of the effective and efficient use of AHPs for people and populations.
1. Improve the health and well-being of individuals and populations.
2. Support and provide solutions to general practice and urgent and emergency services to address demand.
3. Support integration, addressing historical service boundaries to reduce duplication and fragmentation.
4. Deliver evidence-based/informed practice to address unexplained variances in service quality and efficiency.

**Commitment** to the way services are delivered.
1. Commitment to the individual.
2. Commitment to keep care close to home.
3. Commitment to the health and well-being of populations.
4. Commitment to care for those who care.

**Priorities** to meet the challenges of changing care needs.
1. AHPs can lead change.
2. AHPs skills can be further developed.
3. AHPs evaluate, improve and evidence the impact of their contribution.
4. AHPs can utilise information & technology.

#AHPsIntoAction
AHPeople – The requirement

Trust Top 3 Clinical Workforce %
(Source ESR - Staff in Post - Mar 19)

Evidence
- Activity – what the workforce delivers
- Workforce Levels
  - Safer Staffing
    - Data representation & accuracy

Plan
- Empowering, skills, enablement, inclusion
- Utilising evidence to inform plans
- Benchmarking
- Balance against supply

Integration
- Better together (multi-professional)
- Value and voice
- AHP profile
- Opportunities

Celebrated, Confident, Considered, Caring, Capable, Champions, Collaborative, Contribution, Connected
If you can’t measure it, you can’t manage it.

"Not everything that counts can be counted, and not everything that can be counted counts."
Worked example: Orthoptists

NHS staff vs HCPC register

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Staff in post (WTE)</td>
<td>1548</td>
</tr>
<tr>
<td>NHS staff in post (conversion to headcount)</td>
<td>1929</td>
</tr>
<tr>
<td>HCPC register (headcount)</td>
<td>1187</td>
</tr>
<tr>
<td>Estimate non-NHS (headcount inc headroom)</td>
<td>-742</td>
</tr>
</tbody>
</table>
• Bi-annual engagement events led by clinicians for clinicians
• AHP leaders raised challenges with ESR

We helped AHP leaders understand the importance of ESR (ie professional bodies and model hospital)
• Raised awareness of what they can do
• Purpose of ESR and what coding options are available in ESR to represent the AHP workforce

Dr Joanne Fillingham – Clinical Director, Allied Health Professionals
“In 2014, Quality Watch, focusing on AHPs, asked: ‘Can we measure quality of care?’
One key finding was the need to improve ‘the scope, consistency and availability of routine data’ because it ‘will be important to understanding the contribution that AHPs make to high quality care’. Making decisions about effective day-to-day workforce management, and future workforce requirements, needs accurate and timely data which depicts the AHP workforce profile in ESR. Chief AHPs and AHP leads, I encourage you to use this guide to ensure that ESR reflects the AHP workforce. This is crucial to evidence the delivery of high quality, productive care.”

Roz Campbell – AHP Professional Lead, Workforce Productivity: “NHS Improvements ‘Model Hospital’ uses data to drive performance in the quality, productivity and efficiency of NHS trusts. One of the fundamental data sources of the Model Hospital is ESR, the national workforce electronic system for the NHS. Never before has it been so important for trusts to get a tighter grip of their coding to the ESR database and to use the data in their daily management of staff. This guide is intended to support AHP services in their efforts to optimise the functionality of ESR and to ensure accuracy in the coding of the AHP workforce.”
Together we are stronger

- Go on the journey together
- Be accessible and make the information accessible
- Breaking down the barriers – sharing the language
- Champion the champions aka ESR pioneers
- ESR identity - #BeAHPbecounted
- Tweetchat @WeAHPs

“if you want to go fast, go alone; if you want to go far, go together”
Transforming the ESR Coding Process for AHPs at Sherwood Forest NHS Foundation Trust

Morgan Lowe
Physiotherapy Team Lead
Chief Nurse Clinical Fellow
Aims

• Project background
• Who are you?
• Why this project?
• Stages of project
• What next?
• Impact and Value
Morgan Lowe

Journey to Chief Nurse Clinical Fellow

- 2005: Qualified BSc Hons Physiotherapy from Sheffield Hallam University (SHU)
- 2005-6: Physiotherapy teaching assistant at SHU
- 2006-11: Rotational band 5 Physiotherapist at Sherwood Forest NHS Foundation Trust (SFH)
- 2011-14: Band 6 MSK Physiotherapist at Sheffield Teaching Hospitals
- 2014-2016: Returned to SFH as Band 6 MSK Physiotherapist
- 2013-15: NIHR Funded MSc Clinical Research at University of Sheffield
- 2018: Chief Nurse Clinical Fellow Secondment commenced
Chief Nurse Clinical Fellows at SFH
Project Background...Why?

- AHPs provide the 2\textsuperscript{nd} largest, but often most misunderstood workforce
- The contribution we make to transformative and world leading care is extraordinary, but often muddied by confusion regarding our roles
- In order to continue to break down those barriers, we need to ensure that we are providing the correct information about our workforce
Project Background...Why?

• The first step on this journey – Electronic Staff Record (ESR)
• Not just a payroll system!
• Provides us with a way to manage our workforce demographics
• Understanding our current workforce is imperative
  – Day-Day operational management
  – Current/Future workforce planning
  – Job Planning
Project Background...Why?

• Benchmarking against other trusts – Model Hospital
• Ongoing work from NHS Improvement (NHSI) within “workforce” theme
• Feb 2019 Improvement Guide published
• Call to arms of all AHP leaders to address the quality of the ESR data within their trusts
Collaboration

• Essential to look outside of the AHP world
• Required collaboration with other colleagues
• NHSI – tying into their work
• HR partners especially - experts
Project Stages

• Falls into 4 main stages:
  1) Establishment of current process
  2) Engagement
  3) Data Handling
  4) Innovation – New process
Project Stages - 1

• Establishment of the current process
• Understanding what we do now and where any errors may lie
• Heavy links with HR colleagues
Project Stages - 2

- Engagement

- Managers – ensure errors in staff data identified, consider missing data

- Staff – Important to highlight the relevance and provide transparency
AHPs and Electronic Staff Record (ESR) Data in Sherwood Forest Hospitals
Project Stages - 3

• Data Handling
• Deep dive into all the data worked through with AHP managers
• Looking for errors and trends
• Evaluate miscoding and where in the current process it occurs
Project Stages - 4

• **Innovation** – Building a new process

• Bringing together the key stakeholders to work new design. Collaborative approach

• Feedback continuously to staff

• Ensuring future ESR coding accurately reflects the brilliant AHPs of SFHFT – our data feeding into the national picture (Model Hospital)
Project Stages - 4

New Framework for Coding – v1.0 – 8/3/19

Managers – Please select one box only from each of the following columns: Blue, Purple, Green.

Dietetics Role Hierarchy
Select One

- Dietition Manager
- Clinical Lead Dietitian
- Dietitian Specialist Practitioner
- Dietitian
- Assistant Dietition

Dietetics Position Title
Select One

- Dietetics Service Manager & Clinical Lead Dietition
- Clinical Lead Dietition
- Specialist Dietition
- Dietition
- Dietetics Assistant

HR Use Only

- S0B
- S1B
- S9B

Dietetics Area of Work
Select One

- Dietetics
- Dietetics - Acute Team
- Dietetics - Diabetes
- Dietetics - Paediatrics
- Dietetics - Paediatric Diabetes
What Next?

• Implementing new process
• Education
• Evaluating is efficacy
• Continued staff feedback on progress and impact
• Framework to transform ESR data for other workforces within the trust – not just an AHP issue!
Predicted Outcomes and Value

- Work completed to date has allowed us to confidently predict outcomes and impact
- Adequate benchmarking allows for workforce planning
- External projection correct – Model Hospital
- Alignment with trust strategic priorities
- Maximised of resources = continued delivery of outstanding care, now and in the future
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Questions and Resources

- Model Hospital - [https://improvement.nhs.uk/resources/model-hospital/](https://improvement.nhs.uk/resources/model-hospital/)

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Thank you