

# Welcome to the Education Network webinar

Thank you for logging on early.

As you can see, we are still setting up. We can't hear you and you can't hear us. If you would like to communicate with us, please use the chat function. Thank you.

This session will be recorded





#### **Education Network**

8 November 2022

Amber Morgan, Project Manager: Clinical programmes and Cat Sullivan, Senior Clinical and Quality Improvement Lead

Welcome to our webinar

This session will be recorded





#### Welcome and introductions

Please introduce yourself, your role and where you are from in the chat box

Please feel free to contribute to the discussion throughout – comments, questions or reflections, using chat box

Please share useful resources in the chat box

Follow-up questions and reflections clinical@hospiceuk.org.



Time	Item		
10.30	Welcome		
10.40 AHP Competencies Framework			
	Lara Cowley, Therapies Lead, St Wilfrid's Hospice		
11.00	Patient Safety Training		
	Julia Russell, Senior Clinical and Quality Improvement Manager, Hospice UK		
11.15	No Barriers Here		
	Video about the project taking place at Mary Stevens Hospice		
11.35	Q & A		
11.50	Breakout discussion		
	Diversity		
12.15	Feedback and discussion		
12.30	Summary and close		



## Notification of EDI data collection for Hospice UK Networks and Communities of Practice

As part of Hospice UK's work to promote equality, diversity and inclusion across the hospice and end of life care sector we are collecting data from our members and partners we work with, we will be sending out a short form for members of our networks and Communities of Practice to complete. Completing this form is voluntary and information provided will be treated as confidential by Hospice UK. It will only be used to measure the effectiveness of Hospice UK's approach to equality diversity and inclusion. All data provided will be treated in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

If you are a member of more than one Network or Community of Practice you may receive more than one request but you only need to complete the form once.



### **AHP Competencies Framework**

Lara Cowley, Therapies Lead, St Wilfrid's Hospice

## **AHP Competency process**

Lara Cowley – Therapies Lead, St Wilfrid's Hospice.



## Why?

Historically AHPs are small teams in hospices/palliative care, at times on the side line of larger hospice services such as the nursing team with a separate salary structure (fixed salary)

This made it challenging to recruit, keep staff in roles, provide career progression and have clarity on the scope of practice amongst other services both internally and externally.



#### St Wilfrid's history with AHP recruitment

- We have a strong relationship with the local University and offer regular placements to students.
- Often post holders are previous students and the hospice role is their first post graduate clinical role.
- A lot of work goes into upskilling AHPs and often they would then move on after 2-3 years for career and salary progression.
- The impact on the organisation was long periods of time between staff leaving and new staff starting, sometimes limited to when universities graduate if a more junior role.



## AHP competency Framework:

There is a strong framework for nursing staff and we wanted to streamline expectations and implications across the board as much as possible.

The Allied Health Professionals (AHP) framework and guidance has been developed by making reference to several key national documents which underpin a high standard of AHP practice in the United Kingdom.

The National Health Service (NHS) Knowledge and Skills Framework (KSF) (January 2019) report six core dimensions, which essentially assist employers to identify the skills, knowledge and behaviours required for organisational roles in healthcare.

The KSF elements include:

- Communication
- · Personal and People Development
- · Health Safety and Security
- · Service Improvement
- · Quality
- · Equality and Diversity.

The Health and Care Professions Council (HCPC) along with excerpts from regulatory bodies which include the Chartered Society of Physiotherapists (CSP), the Royal College of Occupational Therapists (RCOT), the National Institute for Clinical Excellence (NICE), The Royal College of Nursing (RCN) and the Care and Quality Commission (CQC), The MacMillan Allied Health Professions Competence Framework (2019) have provided a valuable resource for this document.

St Wilfrid's Hospice

Reaching out to transform end of life care

## The language that is used and wider implications

Our hospice uses currently the language of 'foundation, intermediate and tenure' for different levels of competencies. This is interchangeable to band 5, 6 and 7 in terms of expected skillset.

Since launching the competencies 3 years ago we have been successful in establishing the therapy team further with foundation and senior roles as well as retaining staff on average a year to year and a half longer than we have historically. This is projected to be on average 5 years if there is upward staff movement.

It has made us more focused and rational when recruiting and demonstrating the levels needed within the organisation as well supporting staff who are ready to move on to move onto more progressive roles as able to demonstrate their scope.



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#### 1. Communication Skills

L1 - Foundation	L2 - Intermediate	L3 - Tenure
<ul> <li>Communicates effectively and sensitively when working with patients and families.</li> <li>Can demonstrate motivational interviewing, goal setting and discharge planning skillset.</li> <li>Initiate important conversations with patients, families and members of the MDT.</li> <li>Acts as a patient's advocate.</li> <li>Identifies patients and families with mental health needs and takes appropriate actions.</li> <li>Demonstrates clear, professional, factual and timely patient documentation.</li> <li>Demonstrates clear and concise verbal reporting.</li> <li>Refers appropriately to other healthcare professionals and agencies.</li> <li>Able to identify behavior that undermines the equality and diversity act and values of the organization.</li> <li>Identifies patients and families with learning disabilities/communication needs and takes appropriate action.</li> <li>Aware of Advance Care Planning and can identify//support patients with how to move forward with this.</li> <li>Aware of conflict resolution and strategies to aid communication as well as attending mandatory training.</li> <li>Overall reflection of the communication competencies.</li> </ul>	<ul> <li>Demonstrate elevated communication skills, e.g. pacing, appropriate language, summarizing, reflecting back, clarifying and challenging.</li> <li>Able to support patients and families in more complex situations, helping to manage expectations.</li> <li>Uses active listening skills to drive therapeutic change supporting RPC.</li> <li>Provides constructive feedback and support to colleagues on their communication.</li> <li>Demonstrates sensitive communication in areas such as Advance Care Planning, e.g. ReSPECT process, nutrition and hydration needs, preferred place of care and death.</li> <li>Overall reflection of these communication competencies.</li> </ul>	<ul> <li>Supports patients and families through uncertainty, using knowledge of the impact of disease and its treatment to discuss care options and coping strategies.</li> <li>Identifies and deals confidently with issues on the patient's agenda that may potentially lead to psychological morbidity, supporting low level need and referring to colleagues, as appropriate.</li> <li>Creates an empowering and affirming environment, supporting the RPC agenda in helping patients and relatives make their own choices and focus on goals that are important to them.</li> <li>Successful completion of the Advanced Communication course.</li> <li>Analyses complex situations and shares experiences and insights with others.</li> <li>Guides and supports others to improve communication skills amongst the team including situations of conflict resolution.</li> <li>Creates an environment that enables junior staff to develop therapeutic relationships.</li> <li>Overall reflection of these communication competencies.</li> </ul>

Links to The Standards of Proficiency (HCPC), Safe, Effective, Caring and Responsive (CQC), Compassionate, Respectful, Professional and Progressive (SWH Values).

Evidence should be presented in the assessment sheet proforma, covering each element of the competence.



#### 3. Clinical Practice, Job Knowledge and Skill

L1 - Foundation	L2 - Intermediate	L3 - Tenure
<ul> <li>Demonstrates a developing understanding of palliative care and life limiting conditions.</li> <li>Able to work autonomously within professional boundaries</li> <li>Participates in the admission and discharge processes</li> <li>Able to assess patient and carer needs, recognising when there is the need to involve relevant staff members</li> <li>Demonstrates the principles of holistic care and implements therapeutic interventions based on rehabilitative palliative care promoting the Wellbeing of patient and carer</li> <li>Formulate and deliver an individual therapy treatment programme based on a sound knowledge of evidence based practice and treatment options following a thorough assessment</li> <li>Uphold the principles of goal setting with progression/regression with clear demonstration in care plans.</li> <li>Aware of the principles of safeguarding and able to identify how to raise concerns.</li> <li>Follow policies and procedures related to infection control and recognise all areas of responsibility</li> <li>Routinely uses outcome measures</li> <li>Demonstrates an awareness of risk assessment and mitigation.</li> </ul>	<ul> <li>Evaluates the outcome of care and makes alterations appropriate to the ever changing clinical situation, showing evidence of parallel planning</li> <li>Demonstrates progressive clinical ability with a wide range of treatment modalities</li> <li>Supports other members of the MDT in their learning of the profession and possible treatment/support strategies</li> <li>Support patients with low level psychosocial/spiritual need, recognising when an appropriate referral is required</li> <li>Lead on the discharge planning process</li> <li>Write care plans based on the principles of rehabilitative palliative care</li> <li>Is able to assess an advice call and prioritise actions</li> <li>Show awareness of medication management and appropriately referring on to relevant services to aid symptom burden.</li> <li>Able to explore circumstances relating to safeguarding and hold complex conversations to support patients and staff.</li> <li>Implement and deliver groups and be responsible for all content and staff/volunteers who support them</li> <li>Hold a busy caseload and delegate to appropriate staff</li> <li>Aware of national and government initiatives and the implications this has on professional clinical role</li> </ul>	<ul> <li>Demonstrates elevated clinical ability and knowledge of palliative care in more complex situations/cases</li> <li>Takes a lead in educating within the organisation and locally related to patient specific cases/profession/knowledge development</li> <li>Demonstrates the ability to lead and facilitate those requiring more complex psychosocial/spiritual input and evolve to a more stable phase</li> <li>Carries out initial first assessments to the Hospice, showing elevated medical and nursing awareness to facilitate symptom management</li> <li>Leads on decision making of the outcome measure process, demonstrating a clear understanding of research principles and best practice</li> <li>Leads in supporting staff and patients to mitigate risk in complex situations</li> <li>Provide leadership of promoting the principles of rehabilitative palliative care guiding education and change within the organisation</li> <li>Oversee and be responsible for caseload of the service, demonstrating delegation and leadership within the MDT</li> <li>Explain the need for detailed standards, protocols and strategies in your role within</li> </ul>



- Aware of the principles of rehabilitative palliative care and promoting it within the <u>organisation</u>
- Support appropriate groups within the hospice setting
- Manage own caseload showing progression to holding more complex cases
- Overall reflection on these Clinical Practice competencies

- Have presented a patient to an MDT and facilitated discussion
- Overall reflection of these Clinical Practice Competencies

palliative care and the <u>organisation</u>, contribute to leading and developing these when required

Overall reflection of these Clinical Practice Competencies

Links to The Standards of Proficiency (HCPC), Safe, Effective, Caring, Responsive and Well led (CQC), Compassionate, Professional, Respectful and Progressive (SWH Values).

Evidence should be presented in the assessment sheet proforma, covering each element of the competence.

#### 7. Rehabilitative Palliative Care

<del>+</del>

L1 - Foundation L2 - Intermediate L3 - Tenure Has read the RPC Hospice UK Is confident with the concept of the RPC model and Leads on instigating and disseminating the concept of RPC, document and understands the supports other members of staff to understand to ensuring the therapy team understand the core business of concept of RPC. further integrate within the organization. the working model and how to apply it. Understands the reason for the need Uses RPC and goal setting in more complex and Can demonstrate a high level of parallel planning, supporting diverse circumstances, including family members and patients in making complex decisions and transitions to explore RPC at a national level and through different phases of their disease progression. local level. staff in the planning of this. Integrates the language associated with RPC in Linking in RPC with ACP planning. Has completed the RPC checklist and reflected on where the hospice is in everyday communication with staff, e.g. MDTs, and Plays a strong role in teaching the RPC model across the terms of RPC delivery and role in ensuring the focus is goal orientated to guide hospice organization through formal and informal education supporting this. input. sessions. Is guided by the ethos of RPC to Is able to select more diverse and therapeutic Supports the team lead in guiding areas requiring focus and communication skills to help facilitate conversations underpin patient support and service service development delivery. to help patients orientate to realistic goal setting. Proposes initiatives and helps to implement them to further Uses patient directed goal Regularly utilizes the concept of parallel planning to imbed RPC across the organization. setting/orientation routinely. guide input.

Links to The Standards of Proficiency (HCPC), Hospice UK RPC initiative, Safe, Caring, Effective, Responsive and Well led (CQC), Compassionate, Respectful, Professional and Progressive (SWH Values).

Fyidence should be presented in the assessment sheet proforma, covering each element of the competence

## Learning

- It is a slow and long process to get established especially with already employed staff
- The recording process isn't as smooth as it could be and we are still exploring alternatives
- It needs executive level by in to ensure there is adequate funding and future planning streams
- The time impact to do and monitor with already busy teams needs to be considered
- The organisation is in the process of reviewing the whole competency structure and where does this fit in with everything
- Language is key to manage staff expectations



#### Questions





#### **Patient Safety Training**

Julia Russell, Senior Clinical and Quality Improvement Manager, Hospice UK



## Patient Safety Training



Patient Safety Syllabus – 13 May 2021, Health Education England in collaboration with Academy of Medical Royal Colleges (AoMRC) and NHS England, has published the first National patient safety syllabus. The syllabus will underpin the development of patient safety curricula for all NHS staff.

The training has been devised following the publication of the <u>NHS Patient Safety Strategy</u> which contains a patient safety syllabus. The syllabus sets out a new approach to patient safety emphasising a proactive approach to identifying risks to safe care while also including systems thinking and human factors, all of which has been incorporated into the training.

**Level 1** – essentials for Patient Safety (starting point for all NHS Staff) (systems approach to safety)

**Level 2** – Access to practice (for those who have more of an interest (systems thinking, risk expertise, human factors, safety culture)



#### Questions...

- 1. Have you started to have discussions?
- 2. Will you be mandating the training?
- 3. Have you linked up with the Patient Safety Specialist in the ICS?







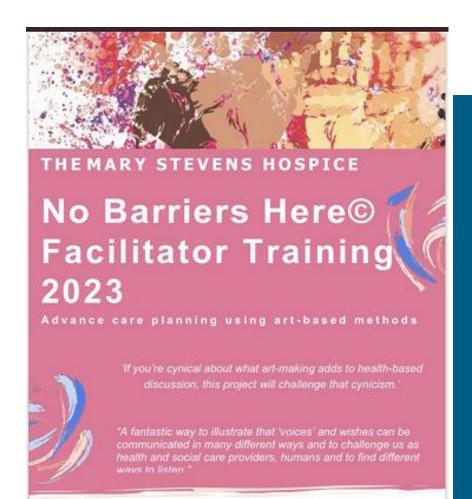
#### No Barriers Here

Anita Hayes, introducing us to the video about the No Barriers Here project lead by Gemma Allen at Mary Stevens Hospice



Facilitator training in 2023.
Facilitator training is being commissioned in several areas of the UK. There are two dates taking place at Mary Stevens Hospice next year, see poster.

Bespoke organisation/ place-based training is on offer too. These days have proved really popular for hospices (and other palliative care services) working in partnership or across regions. If anyone would like further information email Gemma at <a href="mailto:gemma.allen@marystevenshospice.co.uk">gemma.allen@marystevenshospice.co.uk</a>



Friday 10th March 2023 Thursday 14th September 2023 09:00-16:00

TOSPICE STORES

The Mary Stevens Hospice, 221 Hagley Road, Oldswinford, West Midlands, DY8 2JR.

Register:

gemma.allen@marystevenshospice.co.uk

#### Please now watch the film..... https://youtu.be/G-ToRCT3UiU

For more information about No Barriers Here facilitator training, education or workshops please contact:

gemma.allen@marystevenshospice.co.uk

For research enquiries contact:

j.jerwood@nhs.net

Follow us:



@NoBarriersHere



No Barriers Here







#### **Break out room discussion:**

**Education Network 2022** 

20 minute discussion to:

Thinking about diversity and inequity. How are you addressing this in your hospice Remember:

- Make a note of the room you are in
- Add any comments or thoughts about this in the chat box



## Feedback from breakout room discussion

Please add the key points in the chat box



**Evaluation** 

https://www.surveymonkey.co.uk/r/ednet8Nov22



#### Future meetings

> 10 January 2023

Zoom id: 167 495 459 password: 12345

https://us02web.zoom.us/j/167495459 (Passcode:

12345)



#### **Diversity**

The NHS Race & Health Observatory <a href="https://www.nhsrho.org/">https://www.nhsrho.org/</a>

#### Learning disabilities and Autism resources

#### The Oliver McGowan Mandatory Training on Learning Disability and Autism

https://www.hee.nhs.uk/our-work/learning-disability/current-projects/oliver-mcgowan-mandatory-training-learning-disability-autism

#### **FAQs**

https://www.hee.nhs.uk/our-work/learning-disability/current-projects/faqs-oliver-mcgowan-mandatory-training-learning-disability-autism

#### CQC

https://www.cqc.org.uk/guidance-providers/training-staff-support-autistic-people-and-people-learning-disability

E-EICA – New programme about children and young people's mental health <a href="https://www.e-lfh.org.uk/new-programme-about-children-and-young-peoples-mental-health-now-available/">https://www.e-lfh.org.uk/new-programme-about-children-and-young-peoples-mental-health-now-available/</a>

#### **NHS Scotland**

https://www.nes.scot.nhs.uk/our-work/learning-disability/#elearningmodules2

The NHS Education for Scotland Autism Training Framework <a href="https://www.knowledge.scot.nhs.uk/media/12392688/new\_tp.pdf">https://www.knowledge.scot.nhs.uk/media/12392688/new\_tp.pdf</a>



#### Hospice UK Conference

SEC Glasgow from Tuesday 22 November – Thursday 24 November 2022. We're thrilled to be bringing the conference to Scotland for the first time and can't wait to see you all in this vibrant and dynamic city.

For more information visit our website:

https://www.hospiceuk.org/professionals/coursesconferences/national-conference

#### Other resources

NHS Prevent training and competencies framework

https://www.gov.uk/government/publications/nhs-prevent-trainingand-competencies-framework/nhs-prevent-training-andcompetencies-framework

 Integrated care systems explained: making sense of systems, places and neighbourhoods

https://www.kingsfund.org.uk/publications/integrated-care-systemsexplained?utm\_source=linkedin&utm\_medium=social&utm\_term=t hekingsfund

Universal principals for advance care planning

https://hukstage-bucket.s3.eu-west-2.amazonaws.com/s3fs-public/2022-

09/Universal%20principles%20for%20advance%20care%20planning%20ACP%20Easy%20Read%20version.pdf



#### Other information

House of Commons Library has produced a briefing on sources of funding in the UK for Master's degrees - <a href="https://commonslibrary.parliament.uk/finding-funding-for-a-masters-degree/">https://commonslibrary.parliament.uk/finding-funding-for-a-masters-degree/</a>

NMC publishes reports from post-registration nursing standards

https://www.nmc.org.uk/news/news-and-updates/nmc-publishes-reports-from-post-registration-nursing-standards/?utm\_source=Nursing%20and%20Midwifery%2\_OCouncil&utm\_medium=email&utm\_campaign=12966684\_Post%20reg%20reports%20-

%20PRSCOI&dm i=129A,7PX5O,2KNFIC,VGTO5,1



#### Link to Education Network Meeting resources

https://professionals.hospiceuk.org/what-weoffer/workforce-and-hr-support/developing-the-hospiceworkforce/education-network/education-networkmeeting-resources



### Thank you for listening

Any feedback? Reflections from today.

Email: clinical@hospiceuk.org

