Occupational Therapy Service Practice Strategy 2023-2025

This document outlines the clinical practice direction and vision for our Occupational Therapy services and those employees that work within these services; so that we can continue to strive and deliver the highest standards of practice over the next 3 years.

Setting a direction for the service and for staff is crucial in ensuring that everybody is working to the same standards and vision. We want to ensure that all staff are able to confidently identify what our key strategic components are and explain why these are crucial to delivering Occupational Therapy practice.

Lead Clinician(s)

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Key amendments to this Strategy

Date	Amendment	Approved by:
March 2023	New document approved	Occupational Therapy Clinical Governance Group

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INTRODUCTION

Context for the Clinical Practice Strategy

As Occupational Therapists (OT) we are required to undertake a complex dynamic process to enhance the health and wellbeing of our patients. We need to make the assumption that doing as 'the medium through which people engage with occupations' causes changes to occur within and between different components of a person(s) context(s).

The Occupational Therapy process comprises of multiple practices. These practices include a range of strategies and techniques that are understood to cause change due to a variety of mechanisms; they are configured and used with the person(s) in context in a way deemed optimal for causing changes. (RCOT 2018)

Patients require thorough Occupational Therapy assessments in order to inform the best decisions and most appropriate use of resources. The type of assessments and interventions implemented will be based upon the pre functional information obtained from the patient at the beginning and the presenting function of the patient within their period of acute care. Or alternatively whilst they have been waiting to be referred to our dedicated out-patient services.

Based on the growing demand, high acuity and complexity of patients, OTs are finding that not all functional problems are readily identified or resolved and therefore require further assessments and interventions. This often means that the reasoning is not always procedural; the situation demands a highly individualised approach and clinical reasoning needs to be creative and involve a lot of planning.

It is therefore anticipated that the Occupational Therapy service will see changes in skills and the nature of the workload, which are summarised:

Changes in Skills and Nature of workload

- Undertaking more highly specialist assessment of patients, including those with diverse or complex presentations/multi-pathologies; using expert clinical reasoning skills and manual assessment techniques to provide an accurate foundation for the management of their condition.
- Having to develop more and new clinical protocols and ensure such protocols are implemented and regularly audited.
- Having to prepare and deliver more individual occupational therapy interventions based on an expert knowledge of evidence based practice and treatment options, using expert clinical assessment, reasoning skills and treatment skills.
- Possibly moving towards carrying out more diagnostic procedures (cognition, capacity) and interpret the results/provide advice in specialised areas.
- An increase in advanced verbal and non-verbal communication tools to communicate effectively with patients in order to progress treatment intervention.
- Understand 'Occupation' related to larger system of environment/community not just in a clinical setting which evidently controls its environment.
- Consider and pre-empt factors that can affect health and occupation which are not visible in a clinical setting
- Manage foreseeable and unforeseeable risk in a community environment based on unpredictability of a patients' interaction in their own home and community

- Know the community in order to develop meaningful interventions that are based on the individual's occupational preferences

Therefore, the aims of having our own professional clinical practice strategy over the next 3 years, is to ensure that as Occupational Therapists with the invaluable support of our assistants and assistant practitioners can demonstrate its a unique and valuable contribution to patient care, supporting patients and other service partners to access our services.

We want our Occupational Therapy workforce to embrace its unique contribution by **'thinking OT'. 'doing OT' and 'being OT'.** We want the organisation to be able to see and use the unique skills with which our profession is equipped and knows that their contribution is valued and respected.

Our aim is to make the most of this rich profession that the Trust is fortunate to have. We should all feel proud to have this range of expertise, and the commitment that underpins it, within our organisation.

The OT clinical practice strategy strives to be a 'live' document that will make sense to staff, users of services and other partners and stakeholders. It will help us to articulate, plan and implement improvements in patient care and service delivery.

It will assist our profession to share and seek to achieve the key strategic aims and values of our organisation by ensuring that we are 'Putting Patients First' through:

Best services for local people: We will develop and design our services with patients, for patients. We will work actively with our partners to build the best, sustainable services which enable people in the communities we care for to enjoy the highest standards of health and wellbeing.

Best experience of care and best outcomes for our patients: We will ensure that the care our patients receive is safe, clinically excellent, compassionate and an exemplar of positive patient experience. We will drive the transformation and continuous improvement of our care systems and processes through clinically-led innovation and best use of technology.

Best use of resources: We will ensure that services - now and in the future - meet the highest possible standards within available resources for the benefit of our patients and the wider health and care system.

Best people: We will invest in our people to ensure that we recruit, retain and develop the right staff with the right skills who care about, and take pride in, putting patients first.

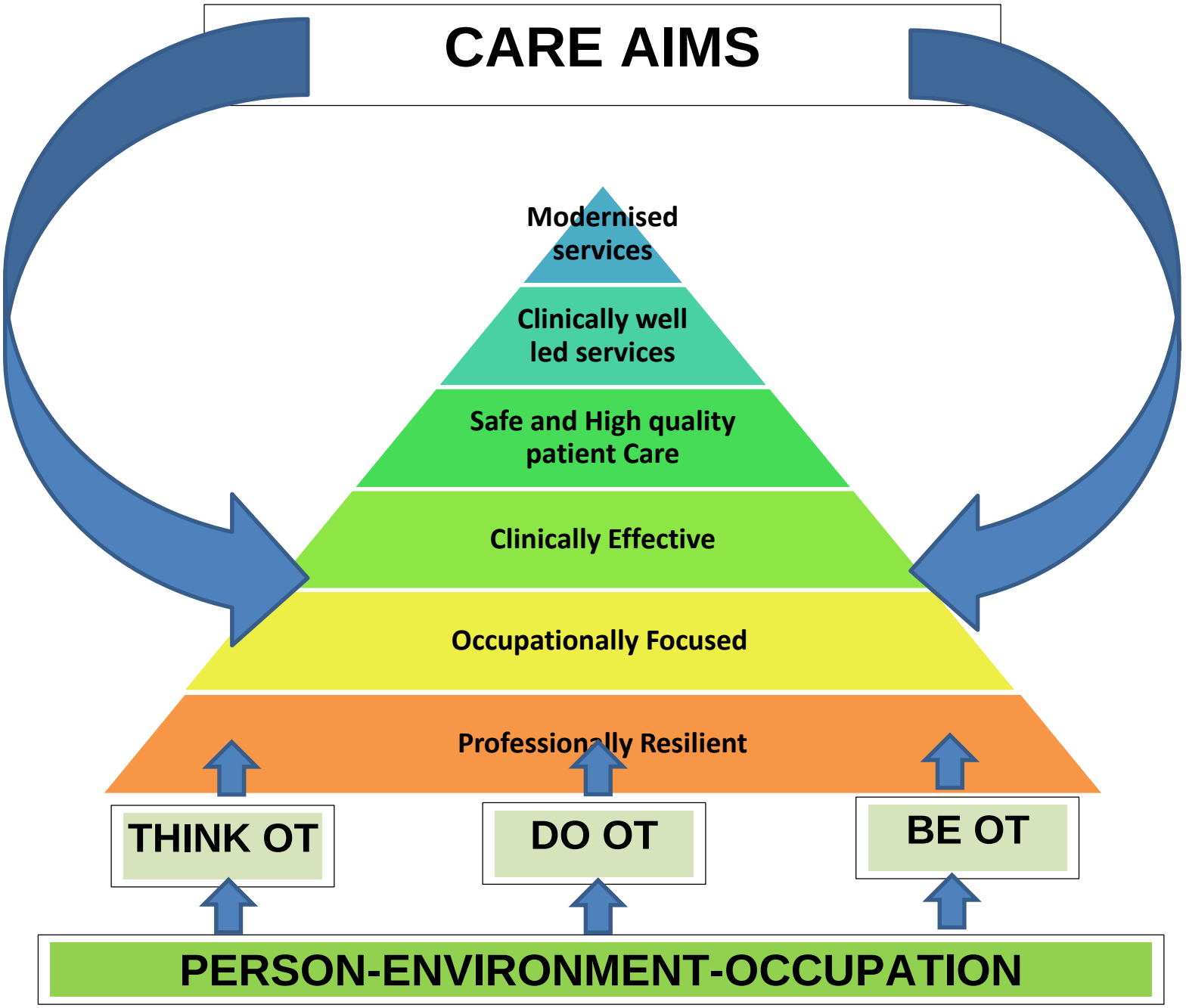
This clinical practice strategy will be underpinned by the Trust's **4ward signature behaviours** which remain firmly at the heart of everything we do. Our profession will also ensure to use the **4ward improvement system** to support the practice changes we will need to make and to make this happen we must work together.

Our approach also incorporates the vision outlined in the Allied Health Professions (2022-27) strategy, by including its key components that will strengthen and maximise our contribution to improving health outcomes, providing better quality care and improving and sustaining health care services.

OUR CLINICAL PRACTICE STRATEGY

It's important that our profession has a direction and vision which is set for our services and those that work within these services; so that we can continue to strive and deliver the highest standards of practice over the next 3 years.

Setting a direction for the service and for staff is crucial in ensuring that everybody is working to the same standards and vision. We want to ensure that all staff are able to confidently identify what our key strategic components are and explain why these are crucial to delivering Occupational Therapy practice.



Person-Environment-Occupation

This will be the Occupational Therapy service's primary model of practice as it effectively describes interactions between person, occupation and environment, outlines major concepts and is applied to practice situations. (Law, 1996). This model will support our OT workforce being better equipped to articulate their clinical reasoning and their decisions using these interactions. It will also reinforce the need that Occupational focused practice remains at the forefront of putting patients first.

Think OT, Do OT, Be OT

"Human occupation is so central to our profession that it provides its name." Wilcock (1998)

Doing, being and becoming are integral to Occupational Therapy philosophy, process and outcomes because together they describe occupation. The doing or not doing of occupations are powerful determinants of wellbeing or disease, (Wilcock 1998). The foundation of our pyramid is built upon the notion "Think OT, Do OT, Be OT." Resilience sits at the bottom of the pyramid for a very specific reason; in order to deliver a clinically effective and occupationally focused OT service, our staff need to have a strong sense of what it is to be an OT practitioner. This is someone who thinks OT, does OT and believes in the importance and value of Occupational Therapy. This approach can only benefit our patients.

Professionally Resilient

We must ensure that our clinical reasoning and decision making is of the highest standard, so that we can deliver services proportionate to need and distinguish between 'the eagles and swallows'. All staff will be to be confident in what they can deliver day to day based on varying staff resources. This support will empower OT staff to make the best decisions they can, within the resources that they have. We need to ensure optimal staffing levels are determined by guidelines, business intelligence, experience and intuition so that staff can proactively respond to the acute and out-patient service pressures, without compromising on quality. These processes are intended to support greater wellbeing and instil a sense of purpose alongside job satisfaction.

Occupationally Focused

We must always remember 'what matter's to our patients'
We must ensure as Occupational Therapists that we undertake a complex and dynamic process of assessment, intervention and evaluation to support the health and wellbeing of our patients. Occupational Therapists believe that doing is 'the medium through which people engage with occupations' causing changes to occur within and between different components of a person's lived experience.

Clinically Effective

We must continue to demonstrate the value our profession has to offer and its unique contribution to patient care. Within the acute setting this includes providing simultaneous assessment, intervention, evaluation and discharge planning within the context of the individual's life journey. To achieve this, we must ensure that our assessments and interventions can cause a change. The OT process comprises of multiple practices used to cause positive change within all aspects of occupational function to promote optimal performance.

Safe & High Quality Practice

The Occupational Therapy service will never compromise on quality nor risk the safety of its patients. We will strive to ensure that we deliver practices underpinned by sound clinical governance. We will also continue to strive to ensure that we have the right amount of Occupational Therapy staff available within our services at the right time and right place. Where staff resources are challenged, we will have sound mechanisms in place so that staff have confidence and clarity on how they will deliver services based on their available resources.

Clinically Well Led Services

Our service wants to see a framework of strong clinical, professional governance and excellent clinical leadership. Services will be continually reviewed, leading to the development of annual service plans. Our practice will be closely embedded in evidence informed research to ensure effective delivery of patient outcomes.

Modernisation of Services

When talking about modernised services it is important to consider the concept of future-proofing. This is an approach to health care delivery that involves predicting the future needs of individuals and of (local) population groups. It relies heavily upon clinical reasoning skills, problem-solving, practice experience and the effective planning of OT services that supports the development of leadership skills and innovation in our practice. This approach sits well with our Care Aims Framework and with the PEO model to create a responsive service that is focused on patient–led outcomes and promotes our professional identity and value within the Trust.

We must ensure that we are always evaluating the way we are delivering OT practice and our services in line with current research. Are they still fit for purpose? Will they meet the anticipated and growing demand over the next 3-5 years? What more should we be offering our patients?

Care Aims

The clinical practice strategy is encapsulated by the Care Aims. This clinical reasoning framework addresses issues of good practice, duty of care and legal and ethical issues. It will provide our Occupational Therapy staff with a different way of thinking about their interventions and care and helps them to capture their professional reasoning in a systematic and coherent way.

It is envisaged that these Key Components will not only assist in reinforcing the philosophy of our profession but they will provide every opportunity to gain and improve our professional identity within the Trust, by having greater practice coherence in our workforce.

Patient Outcomes

We believe that our clinical practice strategy will provide patients with the following outcomes:

- To meet patients' needs by offering an accessible and responsive service; offering a range of assessments and interventions based on the patient's choice
- To support family and carers by involving them in the assessment and discharge processes, where appropriate
- To achieve patient and carer satisfaction regarding the service provided
- To support individuals and their carer's in taking responsibility of their own risk with regard to managing activities of daily living
- Enable individuals to increase life skills, reduce dependency and maximise independence
- Enable individuals to live productively through learning to manage their long term conditions.
- Reduce hospital admissions and length of stay
- Reduce dependences on care packages; other care services or families
- Enable people to remain in work
- Negate or defer the move to long term care
- Enable people to participate in their community

IMPLENTATION OF THE OCCUPATIONAL THERAPY PRACTICE STRATEGY

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Person-Environment-Occupation Model	**Best People. Best use of Resources. Best Services for local people. Best Outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	• All staff will be required to attend an annual update that will provide them with the understanding of the evidence base supporting this primary model and its principles as required through the application through the Occupational Therapy Process in all of our services • All initial Assessment documentation will be PEO influenced and its structure reflecting the 3 interacting components • All qualified members of staff will be required to identify in their initial assessments where there are positives and challenges to their patients PEO interactions and confidently identify which relationships have been significantly impacted, therefore reducing Occupational Performance • Patient goal setting will be influenced by the PEO interactions and where this relates to 'what matters' to our patients • Mandatory protected education, teaching and learning (PETAL) sessions that support continuing professional development (CPD) will require evidence of learning in relation to PEO • Day to day case discussions and clinical supervision will be related to PEO to justify clinical reasoning and decision making. OT staff must be able to identify how PEO interactions have been effected, what the risk and foreseeable harm to patients is based on this and how their interventions and recommendations will improve the PEO fit

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Think OT Do OT Be OT	**Best People. Best use of Resources Best Services for local people Best Outcomes**	**People first. Optimising care. Strengthening and promoting AHP community.**	• All qualified staff will promote their unique understanding of people as occupational beings and be able to articulate this to their colleagues and the wider MDT. Attendance at an annual update will provide staff with opportunities to revisit our professional understanding of this core concept and ensure that our practice remains occupationally focused. This will demonstrate how we "think, do and be OT." • Supervision sessions and records will provide evidence of this focus on what it is to "think, do and be a confident OT" through discussion of specific clinical cases; learning needs; PDR activities; CPD learning activities; research opportunities etc. • All documentation for both inpatient and outpatient OT services will demonstrate occupationally focused practice that reflects the OT's ability to record their critical thinking in relation to decision-making, problem-solving and interventions. This will demonstrate how we "think OT." • The PETAL sessions will provide continuing professional development opportunities (CPD) for all staff to explore our professional understanding of the links between occupations, health and wellbeing. Such activities may include clinical case reviews, journal club, reflective pieces etc. This will demonstrate how we "think and do OT."

Think OT Do OT Be OT	**Best People. Best use of Resources Best Services for local people Best Outcomes**	**People first. Optimising care. Strengthening and promoting AHP community.**	• Goal-setting in our documentation will demonstrate a person-centred focus that clearly relates to the occupations that our patients want and need to carry out to maintain their sense of purpose, wellbeing, dignity and aspirations. This focus will reflect that our staff are demonstrating their ability to "think and do OT." • Triage, allocation and day-to-day case discussions will be underpinned by a thorough understanding of the importance of specific occupations, roles and activities to individual patients. OT staff will be able to verbalise this when responding to referrals; understanding proximity and identifying that they are *the right professional at the right time* to address the identified need. This will demonstrate their confidence in knowing what it is to "be an OT" and what they have to offer the patient and the wider MDT.

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Professionally Resilient	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Safer Staffing for all OT Specialisms** All services will be required to have access to the Trust's E-ROSTERING system and have determined and RAG rated their service's daily staffing according to its optimal and safe staffing established numbers Each service will be required to have RAG rated escalated action cards that details the requirements of practice delivery proportionate to its resources and demands of the day **Staff Wellbeing** All staff will be required to attend some of the Trust's in-house Wellbeing training opportunities and be confident accessing the Trust's dedicated wellbeing website detailing different tools, strategies and training available to all staff that can be embedded in the workplace All services will be required to have a 'wellbeing champion', develop their wellbeing plans and provide evidence of implementation through assurance meetings, PETAL session plans or alternatively using the Service's Social Media platforms

Professionally Resilient	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Band 5 Occupational Therapists** All Band 5's will be supported through a newly structured developmental framework programme that will provide clarity as to where that Band 5 is and further expectations from 0-12 months' post registration and beyond. There will also be a requirement to review and modify the longstanding role development documents to ensure they are robust for the next 3 years. This work will be supported by a dedicated task and finish group compromising of mainly Band 6's (2 years or more through novice to expert) **Band 4 Occupational Therapy Assistant Practitioners** Longstanding Band 4 OT staff will receive their up to date job description in line with their other Band 4 colleagues to ensure that there is standardisation of the Band 4 expectations of practice across all services Based on Band 4 expectations of clinical practice as outlined in their new or existing job descriptions there will be the requirement that they will attend the annual OT practice training updates, that will be made available as they will play a key part in assessments and interventions appropriate to their job requirements The current competencies of our Band 4's will also be reviewed in particular for those that may not consider it appropriate for further education Band 4's will also be considered for enrolling on Assistant Practioner foundation degree training possibly leading to the apprenticeship BSc Hons Occupational Therapy degree

Professionally Resilient	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Band 6 Senior Occupational Therapists** There will be dedicated Band 7's for a co-ordinated programme for our Rotational Band 6 OTs; to provide a way of adapting and diversifying within their role, allowing the exploration of different areas and different skills. This will develop a highly skilled, flexible workforce and provide staff who rotate with a better understanding of others' roles which helps provide a better patient experience Through our Band 8A and Band 7 clinical leaders there will be an investigation of what is currently being offered to the professional practice development of our static Band 6's. This will require a review **of novice to expert** and further expansion to ensure that this valuable workforce grow in expertise in their respective clinical specialities Band 6's will be encouraged to take on more clinical practice and service delivery, participating in relevant projects, task and finish groups or specialist governance forums to aid them with the practice knowledge and skills they will require for Band 7 and beyond positions.

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Occupationally Focused Practice	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Trust Email Signature** All Occupational Therapy staff will be required to have an email signature that reflects the philosophy, role and importance of delivering occupationally focussed assessments **Clinical Documentation** The initial assessment paperwork will be structured in core components areas reflecting the high standards of occupationally focused practice that the service wishes to see; these will be **Person-Environment-Occupation sections**; **Health & Social Care Village**, **What Matters to the patient** and **goal formulation** that is activity and occupationally based OT continuation documentation will need to evidence what occupationally focused based assessments clinicians have implemented in order to arrive to their assessment findings and to support their recommendations and interventions. OTs will need to demonstrate and evidence their application of activity or activities within the main body of their clinical documentation to support their interventions and recommendation, which will be audited through the service's usual quality assurance governance arrangements **Clinical Supervision** The new Occupational Therapy Supervision Policy and associated paperwork will be direct and provide structure where the OT workforce will be required to evidence specific examples of applied activity or activities that were occupationally focused that were used to support assessment, interventions and recommendations for their patients

Occupationally Focused Practice	**Best People** **Best use of resources** **Best outcomes**	**People first.** **Optimising care.** **Strengthening and promoting AHP community.**	**PETAL sessions** Mandatory protected education, teaching and learning (PETAL) sessions that support required continuing professional development (CPD) will require evidence of learning in relation to occupationally focused practice **Practice Standards** The observed practice, clinical documentation audit and professional feedback tools will be reviewed and modified to reflect the practice standards that are required to evidence occupationally focused practice Services as outlined in their annual service reviews will be required to identify the required number of **Observed Practices** **Clinical notes documentation** **Professional Behaviour feedback**

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Clinically Effective	**Best People. Best use of resources. Best outcomes Best services.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Referral, Investigation and Triage** The majority of OT services will be accessible by electronic referral, through the Trust's new Electronic Patient Records (EPR) system. This is to ensure that fairness and equity across the service. All services will be required to have embedded investigation and triage processes when referrals are received. This is to incorporate care aims and ensure that there is a robust clinical reasoning and a decision framework that determines the following: • Whether the service has a duty to assess because they are most proximal professional • Patient has presenting needs that are best met through the unique skill set of the Occupational Therapists and supporting staff in this episode of care • Risk and foreseeable harm is significant if OT wasn't to get involved • We can deliver OT specific assessments and interventions that can affect a change with an outcome All services will be required to have referral criteria, triage and priority tools/cards within their service that provides clarity of patients OT is required to assess thus improving clinical effectiveness. These tools must be evidenced through individual standard operating procedures or policies i.e. Out-patient services This will also ensure the best use of the Occupational Therapy workforce and that we are only seeing those patients that need us the most. As an Occupational Therapy workforce we will be able to demonstrate our role and purpose far more significantly through having robust referral, investigation processes that justify whether we have a duty to assess and a duty of care

Clinically Effective	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Clinical Documentation** The new OT initial assessment paperwork will ensure clinical effectiveness by incorporating the following areas: The OT member of staff providing a detailed reason for the referral Providing clinical reasoning supporting the duty to assess Providing clinical reasoning if there is a duty of care to open Evidencing clinical outcomes through the occupational performance key Closing duty of care All OT staff will document their findings through the use of sub-headings in the continuation notes to support clinical reasoning and decision making All OT staff will document whether their interventions and recommendations have been effective and resulted in positive patient outcomes. This will be done through the initial assessment form and or continuation documentation **Reference to Clinical Guidelines and Evidence Based Practice** All Occupational Therapy staff will be required to specifically reference a decision to apply an assessment(s) or an intervention(s) in accordance with specific OT/Trust or national guidelines. This will provide more thorough justification and will enable the organisation to be able to see and use the unique skills with which our profession is equipped and knows that their contribution is valued and respected. **Clinical Supervision** The new Occupational Therapy Supervision Policy and associated paperwork will encourage the OT workforce to evidence specific examples of where they have been clinically effective and demonstrated positive outcomes for patients

Clinically Effective	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	The Occupational Therapy Service has identified the following clinical practice areas of significance importance over the next 3 years. The workforce will be expected to demonstrate a basic to high level of understanding and practice in the following areas: **Clinical Documentation** **Cognitive Assessment and Management** **Dementia Management** **Mental Capacity Assessment and OT specific practice** **Moving and Handling** **Assessment and management of the Neurological Patient** **Standardised Assessments – MOCA, ACE-R, GOAT** **Outcome Measures – AUSTOMS, TOMS and TELER** **Palliative and End of Life Care** **Clinical Documentation** All Occupational Therapy staff will attend a mandatory 2-part training session that will specifically focus on administering a high quality initial assessment based on the new initial assessment documentation, justifying clinical reasoning and decision making succinctly and effectively and patient goal formulation **Cognitive Assessment and Management** All in-patient Occupational Therapists and supporting staff (that sit outside Stroke and Complex Care) will be equipped with the understanding and skills to address cognitive issues at an initial assessment stage and competent to administer and interpret MOCA. All staff will be given additional MOCA licences to support this Staff (that sit outside Stroke and Complex Care) will be required to complete a set of e-module training as well as attend annual bespoke cognitive training delivered by our services specialists addressing administration and interpretation but most importantly learning the interventions and management for supporting these patients

Clinically Effective	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Dementia Management** All staff will be competent to investigate and recognise how Dementia could be affecting a patient's occupations and safety All OTs will be trained in administering and interpreting ACE-R All staff will be required to attend bespoke OT Dementia training delivered by our services specialists addressing administration and interpretation of assessments but most importantly learn the interventions and management for supporting these patients becoming experts in time & observation, repetition, greater activity analysis as well as earlier family contact and advanced communication skills Staff will have access to the GEMS lead Occupational Therapist for consultation and CPEL, joint working and access to the Older Persons and Complex Discharges OT workforce **Mental Capacity Assessment and OT specific practice** All qualified OT staff will have the recognition, understanding and ability to determine whether patients have capacity and all will be able to deliver the 4 principles: - U – Can the patient **understand** the information R – Can the patient **retain** the information U – Can the patient **use**, or weigh up the information C- Can the patient **communicate** their decision All staff will complete the required Trust MCA training however on an annual basis will be required to attend additional bespoke OT training delivered by our service's specialists that ensures that all OT qualified staff, can question capacity, articulate risks and harm, analyse and interpret MCA assessments, understand their legal responsibilities, have confidence to discuss with the MDT and translate findings into OT specific decisions and interventions

Clinically Effective	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Safer Moving and Handling Discharge Summary** All occupational therapy staff working with patients that have been admitted to the Worcestershire Acute Hospitals Trust who have been identified as having a significant new or changing moving and handling need that requires provision of specific equipment will require a detailed summary regarding the use of the prescribed moving and handling equipment All qualified OT's will have a greater understanding of moving and handling OT practice, supported by robust clinical reasoning and decision making as well as meeting their obligations as accountable clinicians when they use and provide equipment for patient moving and handling activities **Assessment and management of the Neurological Patient** All in-patient Occupational Therapists (that sit outside Stroke and Complex Care) will be able to deliver a basic neurological OT assessment to ensure effective workforce utilisation and creating a robust and multi skilled workforce for patients The qualified Occupational Therapist will be confident and competent to: - Identify motor impairments, such as limb weakness, reduced co-ordination or altered tone - Problems affecting speech and swallowing - Sensory impairments such as visual impairments i.e. visual field loss - Cognitive impairments in memory, concentration and orientation - Language problems - Emotional, psychological and behavioural problems Staff (that sit outside Stroke and Complex Care) will be required to complete a set of e-module training as well as attend annual bespoke training delivered by our services specialists. Staff will also have access to the Neuro specific lead Occupational Therapists for consultation and joint working

Clinically Effective	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community.**	**Standardised Assessments** All in-patient and out-patient Occupational Therapists will need to demonstrate improved or greater utilisation of standardised assessments to justify their assessment process, clinical reasoning and decision making **Outcome Measures** All out-patient Occupational Therapists will be able to identify and confidently select the right outcome measure(s) for their specific services. They will be required to evidence how these outcomes will be measured and justify the use of these outcome measures in relation to future practice and service changes for their patients **Palliative and End of Life Care** All OT staff will have competent knowledge of Cancer and its treatment Understand and demonstrate the range if immediate and longer term physical, psychological and social consequences on occupations Demonstrate an understanding of common signs of the 'unwell cancer patients' Demonstrate knowledge of a range of pathways to support these patients **Monitoring of Clinical Effectiveness** These requirements in clinical practice will be measured and monitored in the following ways: Annual Performance & Quality Reviews for services Annual Service Plans Clinical Documentation Attendance compliance to Bespoke Training Outcome measures recording Clinical Governance Clinical Supervision

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Safe & High Quality Patient Care	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care.**	**Clinical Supervision** There will be the development of the new Occupational Therapy Supervision Policy and associated paperwork that will encourage the OT workforce to evidence specific examples of where they have been clinically effective and demonstrated positive outcomes for patients, professional resilience, delivered safe and high quality care as well as professional development It is recognised from annual service reviews that the delivery of clinical supervision and write ups are variable across services with some poor quality. All staff will be required to attend training for delivering effective clinical supervision on an annual basis. This training will address delivery and write up with the agreed paperwork associated with the policy and in line with the clinical practice strategy **Annual Mandatory Clinical Training Programme for all Staff** There will be an annual, essential to role training framework, addressing specific practice requirements of the clinical practice strategy. This will be bookable through ESR and will be a required key performance indicator for the service to evidence that the strategy is on track On a quarterly basis staff will be required to complete the following training: **Clinical Documentation** **Cognitive Assessment and Management** **Dementia Management** **Mental Capacity Assessment and OT specific practice** **Moving and Handling (development of the discharge patient summaries)** **Assessment and management of the Neurological Patient** **Equipment provision – clinical reasoning and decision making** **Palliative and End of Life Care**

Safe & High Quality Patient Care	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care.**	These training sessions will be delivered by key clinical leaders in the service and prior to the development of the training programme, specific leaders will be contacted and provided a brief to develop the specific training in line with the given brief **PETAL service sessions as a mandatory service requirement** Mandatory protected education, teaching and learning (PETAL) sessions that support required continuing professional development (CPD) allocated hours will be required on a 4-6 weekly basis. It will not take place when staffing is RED All services will be required to submit a PETAL programme in association with the clinical practice strategy and specific learning requirements for their services PETAL sessions should aim to incorporate the following: 1. **Table Top Reviews** 2. **Lessons learnt from complaints** 3. **Shared examples from the clinical practice strategy** 4. **Complex Definition exploration** 5. **Best practice shared learning** 6. **Teaching** **Safer Staffing** All services will be required to have access to E-ROSTERING system and have determined and RAG rated their service's daily staffing according to its optimal and safe staffing established numbers Each service will be required to have RAG rated escalated action cards that details the requirements of practice delivery proportionate to its resources and demands of the day

Safe & High Quality Patient Care	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care.**	**Annual Service Performance & Quality Reviews** All services will continue to have annual service performance and quality reviews to provide assurances of the standards of OT practice and delivery across the services. Annual service plans will continue to be developed as a result of these reviews to set a clear direction and accountability for each service area and clinical lead **Monthly Assurance Service Meetings** All services will continue to meet with the OT Services Manager and provide assurances of where they are in relation to their service plans **Mandatory Training and PDR's** The Occupational Therapy service will ensure that all staff are over 90% compliant with Trust mandatory training and PDR's **Clinical Governance** All new practice guidelines, case for change and review of existing key documents will be presented to the OT senior leadership group, followed by OT clinical Governance and Therapy Management Clinical Governance

Safe & High Quality Patient Care	**Best People. Best use of resources. Best outcomes.**	**People first. Optimising care.**	**Patient Equipment Review Group (PERG)** PERG will continue to provide a structured forum to assist the Occupational Therapy Service reviewing and delivering a modernised approach for in-patient equipment provision that is: - Proportionate to need - Meets robust clinical reasoning and expected practice standards - Fair and Equitable - Cost effective and Sustainable in upcoming change - Encourages more proactive information and advice (signposting) - Meets the expected Health & Safety Standards & Infection Control

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Clinically well led service	**Best People. Best use of Resources. Best Services for local people. Best Outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community. Social justice / addressing inequalities.**	**Investing in our staff is a key component of this strategy.** **Governance** • The senior leadership layer of the Occupational Therapy service has recently been expanded through the recruitment of 8a's to provide additional strategic support and guidance to specific OT specialisms, and to enhance quality of practice across our service. A further intention is to recruit into the 8a Neurology post to support service developments and the delivery of an occupational focus. • This new senior leadership group (SLG) will continue to meet on a weekly basis to have oversight of governance processes; recruitment and retention issues; to develop specific elements of the OT service; to review training needs etc. • There will be the expectation for B8a and B7's to participate in quality improvement projects; clinical audits or service improvement work. This involvement is intended to produce capable and confident leaders who can develop services and colleagues in a way that positively impacts the patient experience of the Occupational Therapy service. • The Team Leads (or a representative) from all OT specialisms will attend monthly meetings that are intended to keep staff informed of Trust and service initiatives. These meetings provide opportunities to participate in specific development and QI projects. They also ensure that there is a robust governance structure where learning opportunities are available through the creation and "sign off" of various documents, policies & procedures. This forum will promote the opportunity for all staff to

Clinically well led service	**Best People.** **Best use of Resources.** **Best Services for local people.** **Best Outcomes.**	**People first.** **Optimising care.** **Strengthening and promoting AHP community.** **Social justice / addressing inequalities.**	participate in such projects, thereby enabling skill development in management and leadership responsibilities. • Annual Service Reviews and Monthly Assurance meetings for all specialisms will continue to take place with Team Leads, and nominated B6's attending, to provide monitoring of clinical effectiveness. The provision of assurances and monitoring against specified team targets will support the development of team insights around accountability, governance and proactive leadership skills in order to create confident and capable future leaders. • Both Inpatient and Outpatient services will have Operational Policies that contain overarching principles for practice, putting patients first and ensuring that occupational therapy is valued by the wider Trust. **Innovations in Staffing** • Additional band 7 posts have been created to provide strong leadership in order to develop and profile the unique value of occupational therapy to specific specialisms such as surgery and the complex care team. All of our B7's will demonstrate leadership by continuing to share their knowledge and expertise within their teams and engage in consultancy activities with other OT specialisms to enhance colleagues' knowledge base and to support the patient journey. • A dedicated Band 7 co-ordinated programme has been created for Rotational Band 6 OTs to diversify within their role, allowing one year explorations of different clinical areas and the development of specialism specific skills. The intention is that this will provide a highly skilled, flexible workforce and provide those who rotate with greater patient experience

Clinically well led service	**Best People. Best use of Resources. Best Services for local people. Best Outcomes.**	**People first. Optimising care. Strengthening and promoting AHP community. Social justice / addressing inequalities.**	and expertise and a much stronger ability to move into potential B7 posts or secondment opportunities. **Supervision and Novice to Expert Framework** • The development and implementation of the new Occupational Therapy Supervision Policy and its documentation, supported by Trust PDR processes, will enable team leads to ensure that all OT staff are demonstrating accountability for their practice, decision-making and clinical reasoning in line with the delivery requirements set out in this strategy. • There will be a review of the current novice to expert framework for all our B6 OT's to ensure that the framework supports the requirements of both the therapists and the specialisms. This review and any updates to the framework will provide Team Leads with a robust tool to ensure that their staff are confident and competent in the delivery of occupational therapy to their patient groups. **Education** • Leadership involves a willingness to share knowledge and expertise with colleagues, therefore a training analysis of B7's and B6's with additional qualifications and masters level modules will be carried out by CPEL OT. Those OT's who have relevant additional qualifications/training will be invited to contribute to the learning and development of their colleagues through the facilitation of bespoke training sessions. Support will be offered by the CPEL OT to create sessions and develop teaching skills.

Clinically well led service	**Best People.** **Best use of Resources.** **Best Services for local people.** **Best Outcomes.**	**People first.** **Optimising care.** **Strengthening and promoting AHP community.** **Social justice / addressing inequalities.**	• In addition, the ongoing development of B7 and B6 staff through the completion of further post graduate study will also be supported when it can be demonstrated that the OT service and our patients will benefit.

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Modernised Services	**Best People. Best use of Resources. Best Services for local people. Best Outcomes.**	**People first. Optimising care. Social justice / addressing inequalities and Environmental sustainability.**	**Governance principles: -** • To ensure that we are always evaluating the way we deliver the occupational therapy service all specialisms will continue to have Annual Service Performance and Quality Reviews to provide assurances of the standards of OT practice and delivery. Annual service plans will continue to be developed as a result of these reviews to set a clear direction for each service area and all Clinical Leads will continue to meet monthly with the OT Services Manager to provide assurances against their service plans. • Service Specifications have been created for each OT specialism to ensure clarity of triage processes and the focus of what that service can offer to a clearly identified patient group within our Acute hospitals e.g. Complex Care Team • The occupational therapy service will incorporate GIRFT (getting it right first time) principles - the national programme for in-depth review of all patient services which uses bench-marking between services and data-driven evidence bases to support innovation and change. • To ensure that our specialisms remain up-to-date in their daily practice there will be a focus on incorporating evidence based practice, research and RCOT guidelines. This will be evidenced in the OT documentation through the inclusion of appropriate reference to specific OT/Trust or national guidelines to support the decision to use a specific assessment or intervention. This will provide more thorough justification of practice decisions.

Modernised Services	**Best People. Best use of Resources. Best Services for local people. Best Outcomes.**	**People first. Optimising care. Social justice / addressing inequalities and Environmental sustainability.**	**Digital Innovation** • The E-ROSTERING system has been implemented across the OT service with the intention of enabling teams to better predict the impact of changes to staffing numbers on a daily, weekly and monthly basis and thereby provide the best available service to our patients. Teams now use a RAG rated system linked to escalation action cards that details the requirements of practice delivery proportionate to its staff resources and demands of the day. This is the essence of the safer staffing approach and is designed to enable our OT's to adopt a realistic approach to service delivery that protects staff well-being and maintains patient safety. • The majority of OT services will be accessible by electronic referral, through the Trust's new Sunrise EPR system. This will ensure that fairness and equity is demonstrated across the OT service and will provide transparency to referrers around our triage processes, timeliness and nature of OT interventions, and our contributions to discharge planning. EPR is intended to provide a better experience for patients who come into contact with the Trust. This is in line with the NHS Plan for Digital Health and Social Care (2022); with the Chief AHP Officer's Digital Framework (2019) and with RCOT 2021–23 Digital and Innovation strategy • **Promoting patient self-care and autonomy** A modernised OT service will be confident and competent at supporting patients to undertake self-management and to become partners in setting goals for their OT interventions whenever possible. This will be supported by use of the PEO model and the Care Aims Framework. We will also responsibly signpost patients to other providers and community partners when necessary.

Modernised Services	**Best People. Best use of Resources. Best Services for local people. Best Outcomes.**	**People first. Optimising care. Social justice / addressing inequalities and Environmental sustainability.**	We will also seek to create relevant resources for our patients e.g. digital & hardcopy advice and guidance sheets, video clips, audio files etc. to support their ownership of their recovery/management of long term conditions and palliative care needs.

KEY COMPONENT	TRUST STRATEGY	AHP Strategy for England (2022 – 2027)	PRACTICE DELIVERY REQUIREMENTS
Care Aims	**Best people.** **Best use of resources.** **Best Outcomes.**	**People first.** **Optimising care.** **Social justice / addressing inequalities**	The clinical practice strategy is encapsulated by Care Aims. Use of the framework will support OT's to evidence their clinical decisions. Care Aims promotes increased confidence in judgements about prioritisation, duty of care and managing "foreseeable harm." OT's will be expected to evidence this in their notes by accurately describing what they are attempting to change for the patient and why – our clinical reasoning. • The OT service is about to enter its third cycle of annual Care Aims Framework training. The training will be rolled out to all qualified OT's. Once OT's have attended the training they will be expected to implement its principles into their daily practice. • Each OT specialism will identify a Care Aims Champion who is very confident with supporting others to implement the framework in their daily practice. This individual will be encouraged to provide informal refresher sessions through the mandatory PETAL sessions and will be supported by the Clinical Practice & Education Lead OT (CPEL) as required. • Through participation in daily caseload reviews; PETAL sessions; supervision discussions etc. every team member will be able to demonstrate a basic understanding of the principles and requirements for: - **Investigation** - **Proximity** - **Duty to Assess** - **Duty of Care** - **Closing a Duty of Care**

Care Aims	**Best people.** **Best use of resources.** **Best Outcomes.**	**People first.** **Optimising care.** **Social justice / addressing inequalities**	• Referrals will be scrutinised and triaged against the following criteria: Who is bothered? The Referrer's concerns. What are the risks and is OT best placed to address? What is the person's stated goal? Can the OT support +ve risk-taking by the patient? What is the next foreseeable outcome? Can you predict change? Will your interventions make a difference and impact outcomes? • Regular auditing of notes and documentation in line with Annual Service Plans and monthly assurance meetings with the OT Manager will ensure that the following question is a focal point: - **"Is the reasoning WHY you are doing what you are doing clear and does it follow Care Aims principles?"**

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
ALL	Annual Service Reviews	Each service annual review will also assessed against the practice strategy criteria	Annual	Clinical and service leads	Service Report and Plan	Annual
ALL	Monthly Assurance Meetings	Each service will be required to complete a monthly assurance plan against the strategy's requirements	Monthly	Clinical and service leads	Monthly Assurance Report	Monthly
ALL	Compliance percentage for staff attendance to essential to role clinical practice training	ESR quarterly performance reports and attendance records	Quarterly	OT Manager	ESR Reports	Quarterly
ALL	Clinical Documentation Audits	Quarterly Dip Sampling	Quarterly	All Clinicians	Clinical documentation Audit reports	Quarterly

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Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Rachel Latham – Clinical Practice and Education Lead OT
Natalie Morris – Clinical Strategic Lead OT for Specialty Medicine
Beverley Phillips – Clinical Strategic Lead OT for Trauma & Orthopaedics
Eleanor Wild – Clinical Site Lead OT for Alexandra Hospital

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
Therapy Management Team clinical Governance group
Occupational Therapy Senior Leadership Group
Clinical specialist occupational therapists at occupational therapy team leads Clinical Governance

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust	☒	Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	**Charlotte Jack (Occupational Therapy Manager)**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Charlotte Jack	**OT Manager**	**Charlotte.Jack@nhs.net**
Date assessment completed	**10.03.23**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** **OCCUPATIONAL THERAPY SERVICE PRACTICE STRATEGY 2023-2025**			
What is the aim, purpose and/or intended outcomes of this Activity?	This document outlines the clinical practice direction and vision for our Occupational Therapy services and those employees that work within these services; so that we can continue to strive and deliver the highest standards of practice over the next 3 years.			
Who will be affected by the development & implementation of this activity?	X X X X	Service User Patient Carers Visitors	X ❑ ❑ ❑	Staff Communities Other _____
Is this:	X New Strategy			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Department of Health and Social Care. (2022). *NHS Plan for Digital health and Social Care* Policy paper. https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care Health Education England. (2022). *The Allied Health Professions (AHPS) Strategy for England 2022-2027: AHPs Deliver.* Health Education England Publications.			

	Whalley Hammell, K.R. (2014). 'Belonging, occupation and human well-being: An exploration.' *Canadian Journal of Occupational Therapy* Vol. 81(1) pp. 39-50. NHS England. (2019). *A Digital Framework for Allied Health Professionals.* NHS England Publications Royal College of Occupational Therapy. (2021). *Digital and Innovation strategy 2021-2023.* London: RCOT Royal College of Occupational Therapy. Occupational Therapy and Complexity: defining and describing practice. Published 2018 Wilcock, A. (1999). 'Reflections on doing, being and becoming,' *Australian Occupational Therapy Journal, Vol.* 46, pp. 1-11 Wilcock, A. (1993). 'A theory of the human need for occupation,' *Journal of Occupational Science* Vol 1(1), pp. 17-24
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	OT Service and Team Leads Clinical Governance Group OT Senior Leadership Group Therapy Management Clinical Governance
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	x			Guidelines acknowledges the Equality group and no significant issues identified
Disability	x			Guidelines acknowledges the Equality group and no significant issues identified
Gender Reassignment	x			Guidelines acknowledges the Equality group and no significant issues identified
Marriage & Civil Partnerships	x			Guidelines acknowledges the Equality group and no significant issues identified
Pregnancy & Maternity	x			Guidelines acknowledges the Equality group and no significant issues identified
Race including Traveling Communities	x			Guidelines acknowledges the Equality group and no significant issues identified
Religion & Belief	x			Guidelines acknowledges the Equality group and no significant issues identified
Sex	x			Guidelines acknowledges the Equality group and no significant issues identified

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Sexual Orientation	x			Guidelines acknowledges the Equality group and no significant issues identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	x			Guidelines acknowledges the Equality group and no significant issues identified
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	x			Guidelines acknowledges the Equality group and no significant issues identified

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**3 years**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc., and as such treat

them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	100323
Comments:	
Signature of person the Leader Person for this activity	
Date signed	100323
Comments:	