

# Integrated Working – Summary of Activity and Reflections

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# Key Messages

- Share work on exploring integrated working across pathways
- Update on a project involving an integrated role on the Stroke Pathway
- Share Reflections and next steps

# Developing a Macro Workforce Plan across (Stroke) Pathway

- Facilitated via 3 workshops involving multi disciplinary staff (utilisation of the *Workforce Planning Guidelines*)
- Workshop design included:
  - Workshop one – Define Service Model
  - Workshop two – Define Workforce Model
  - Workshop three – Action Plan/Next Steps
- Workforce model shaped by Activity Analysis examining tasks aligned to Registered or non Registered staff (utilisation of the *Delegation Guidelines*)

# Macro Workforce Plan – (Stroke Pathway)



## Workforce Headlines

- The current workforce focuses too heavily on **performance and compliance, rather than effective rehabilitation and re enablement** which will improve outcomes and enable patient flow.
- Professional workforce which work in professional silos delivering tasks out of context of each other. **We do not have an integrated workforce**
- Large proportion of tasks currently undertaken are **not profession specific and more tasks can be undertaken by the unregistered support worker workforce** which would in turn deliver some service efficiencies
- Need for **Advanced Practitioner skills** and **integrated leadership**
- Enhanced use of the **volunteer workforce** was identified and involvement of carer's in rehabilitation is deemed fundamental to the rehabilitation process and patient experience.

# Who Fills The Water Jug?

Susan Thomas, Julie Mears, Judyth Jenkins



This is everyone's business. **The water jug** is an analogy for **shared, integrated care delivery** to support an enabling ethos **24/7 on care pathways**. Any member of an **integrated team**, regardless of rank or professional background will take **immediate action to fill the water jug**



## Actions for Change:

- A **cultural shift enabled by:**

- **Integrated professional leadership** to deliver patient centred care through a model of co-production
- **Maximise skills** of the workforce focusing on **integrated and extended Health Care Support Workers roles and advanced practitioner skills**
- Develop the **volunteer workforce** from the University population.



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# Project Objectives

To explore steps needed to enact this culture shift -

- Report to consider **leadership model(s) for integrated working** and action plan for delivery
- **Introducing the role of Rehab Assistant (RA)** over a 7 day rota
  - **Education and Training framework** for RAs
  - Establishment of a student **volunteer programme** at SRC
  - Development of an **activity programme** to enhance rehabilitation delivery
- **Service Improvement dashboard** to monitor the impact of project interventions

# Introduction of the RA role

- Alignment with patients to maximise interventions
- Intention to build integrated MDT around the RAs with therapy staff proportionately allocated
- RAs provided with competency training by therapy teams, documentation of rehab plans for RAs to use developed through PDSA cycles
- Local training plan developed/WEDS involved in development of RA training pathway to use nationally



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# Introduction of Volunteers

- 16 student volunteers recruited
- Activities program underway







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# A Co-Production Event





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# Project Outputs

- Trained RAs have provided much improved direct patient interaction, including during weekends
- Increased therapy time onto SSNAP database
- Average LOS for some patients slightly improved
- Average modified Rankin score on discharge improved for patients with RA interventions

# Project Output

## Biggest differences in satisfaction;

- “I have had enough therapy (eg. Physio, SALT, O.T.)” *With RAs = 17% better*
- “The staff attended well to my personal needs while I was in hospital (for example, I was able to get to the toilet whenever I needed)” *With RAs = 15% better*
- “I am satisfied with the type of treatment the therapists have given me (e.g physio, SALT, OT)” *With RAs = 14% better*
- “I have been treated with kindness and respect by the staff at the hospital” *With RAs = 11% better*
- “I am happy with the amount of recovery I have made” *With RAs = 10% better*

# Project Outputs

“I'm glad I get physio at the weekend now” **Patient**

“The ward which our relative has been moved to is an improvement in her wellbeing/care which should be mirrored in the whole ward.....  
The staff on this project seem a lot more caring and looking after the patients wellbeing.” **Carer/Relative**

“Lunch club gives me something to look forward to every day.”

“Look forward to this time of day. Don't feel so lonely!”

Some relatives are joining the patients at lunch club, commenting how much they enjoyed seeing the interaction

**With RA support, lunch club is now available 7/7.**

# Project Recommendations

- The development of an integrated workforce, and further development of the RA role should be taken forwards by a tripartite leadership team
- This model of leadership has potential for investment and growth – nurturing a leadership team aligned to pillars of Advanced Practice
- Further development of these individuals in the 4 pillars of advanced practice could give future opportunity for non-medical consultant roles



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# Reflections

- Project highlighted the potential for integrated working – need to explore further and target appropriately
- Integrated working is NOT about the introduction of new role(s)
- Integrated working requires integrated leadership, integrated establishments and integrated budgets to provide necessary infrastructure to support workforce change
- Integrated working = culture shift
- Project provides evidence but need leap of faith
- Workforce needs innovation but need to equally deliver targets – no flexibility afforded
- National funding helpful but time limited which constrains evidential data



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# Next Steps

- Methodology trialled being used in CE's 'BIG' Projects
- Other areas also being targeted that can benefit from the 'Who fills the water jug' analogy – Workforce around the patient
- Work continue in developing the integrated infrastructure
- Continue work with WEDS to develop the Education pathway for RAs
- Volunteer workforce drawn from the University population gains momentum – to explore expanding to other professional groups and University courses