

*The AHSN Network*

# AHSN Network Workforce Report

**Annual Review 2022-23**



# Executive summary



## Introduction:

An overview of the AHSN Workforce activity



## 2022/23 Impact:

A showcase of innovative work with workforce impacts



## Future vision:

Opportunities and ambitions

- The NHS workforce in England is in crisis: **urgent action** is required to tackle a challenging cycle of shortages and increased pressure on staff, which was exacerbated by the COVID-19 pandemic.
- AHSNs are positioned as a part of the NHS response to this challenge by demonstrating how **innovation** can drive efficiencies and improvements in ways of working, resulting in benefits for the workforce including upskilling and time back to care.
- As part of the **AHSN National Workforce Collaborative** we measure the outcomes of our programmes to demonstrate the **long-term workforce benefits of innovation**.
- This report showcases the types of innovation projects and programmes we have delivered in 2022/23 that contributed to creating efficiencies for NHS staff, as well as opportunities and ambitions for the future.

# The Workforce Collaborative

The national AHSN Network Workforce Collaborative was established to bring together Workforce Leads from all AHSN regions, to share ideas, learning and innovations that can benefit the health and care workforce.

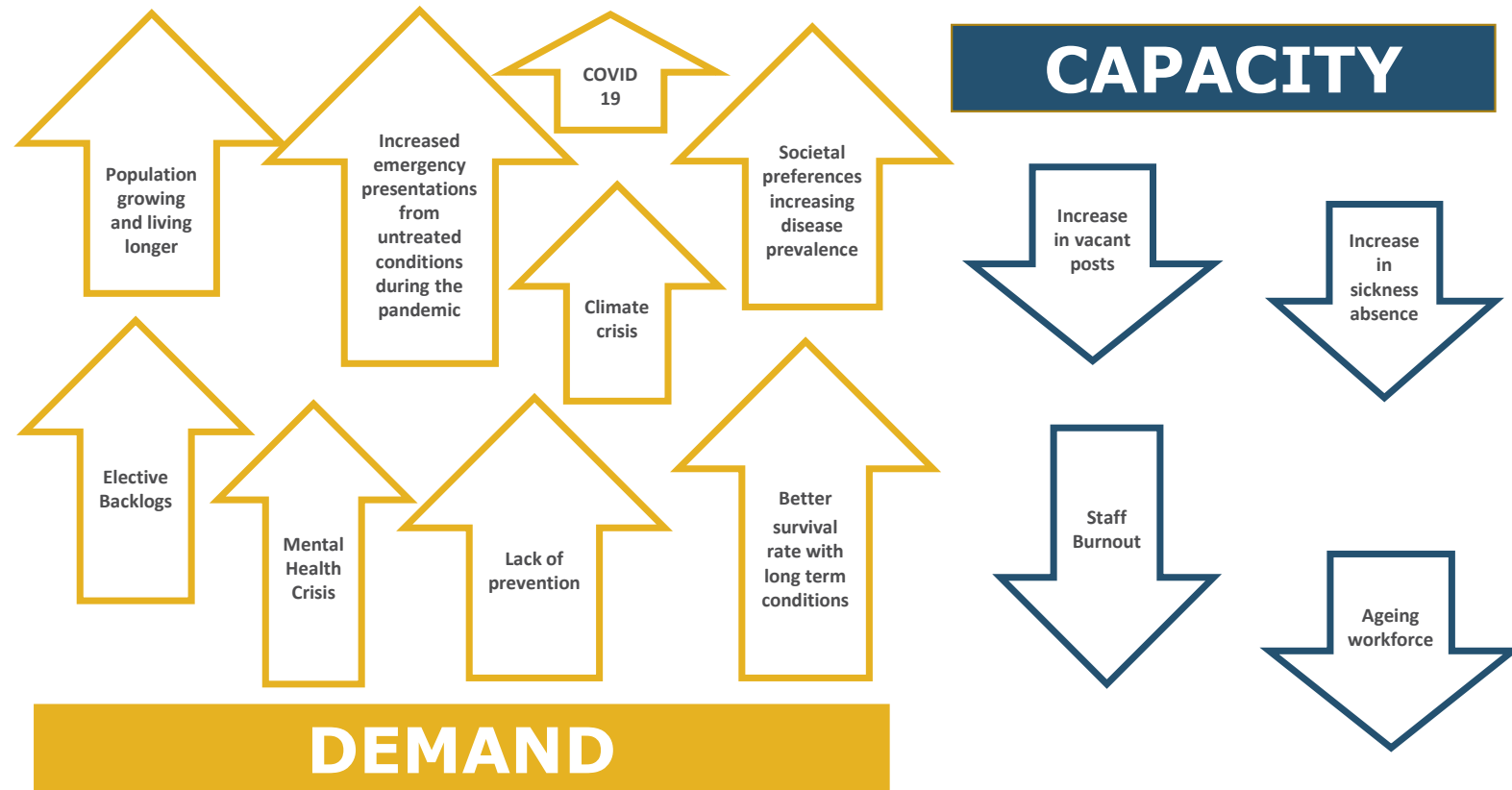


What is the single biggest challenge facing the NHS?

# THE WORKFORCE GAP

**Shortage of  
86,500 FTE  
staff**

The demand for NHS services is increasing year on year as we see an expansion in our population and people living with complex health conditions. The gap between the demand and the capacity in our workforce is growing and there are not enough people available to support our existing models of care.



# The role of innovation

It is important for us to rethink the way in which we work and respond to the workforce challenges that we face.

**AHSNs are positioned as a part of the NHS response to this challenge by demonstrating how innovation can drive efficiencies and improvements in ways of working resulting in many benefits for the workforce including upskilling and time back to care.**

## INNOVATION IS A WORKFORCE BENEFIT



**Our vision**

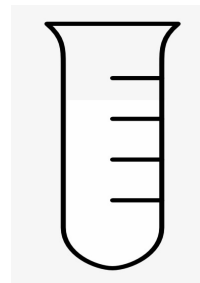
**As a collaborative network, AHSNs will work together to address the national workforce challenge by delivering evidence-based innovations that realise transformational benefits for the health and care workforce, both now and for the future**

# Our metrics

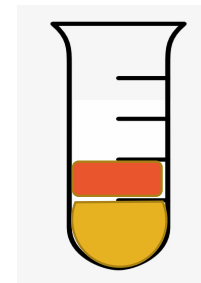
As a group of workforce leads from across the network, we have come together to establish a collaborative working group that has focused on developing the networks approach to generating workforce benefits in a meaningful way.

We have raised awareness within the AHSN teams to consider programmes through the lens of the workforce challenge and have developed a first iteration of a standard set of metrics that can be applied and aggregated across a portfolio of variable programmes to articulate the workforce benefits in a consistent way, in alignment with the AHSN Network Outcomes Framework.

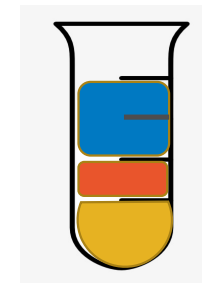
Applying standardised metrics will allow us to demonstrate the benefit that innovation has to the workforce at a network level which supports the narrative that innovation is a workforce benefit. The productivity gains of innovation are not currently recognised and offset against the workforce gap. This work will allow us to demonstrate efficiencies that innovation can produce and contribute to the shortfall in workforce.



Workforce gap



How we address the workforce gap



How this programme could help to address the workforce gap

Retention  
Recruitment

Innovation  
Retention  
Recruitment



# 2022/23 Impact

A showcase of innovative work with workforce impacts

# A summary of our impact

Between the beginning of April 2022 and the end of March 2023, the AHSN Network has delivered **247** local projects that have generated benefits to the NHS workforce.

We have also been able to demonstrate workforce impacts across **5** of our National Programmes.

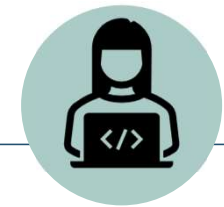
This work has resulted in **40,523** staff being upskilled by improving their knowledge, skills and confidence. Some of these initiatives also looked at how many staff reported their experience of providing care had improved, this was the case for **5,346** staff.

At the AHSN Network we are keen to share the narrative that innovation is a workforce benefit because of the productivity gains it creates for staff. This is seen by the fact that our innovation projects have released **358,233** hours of time back to care.





A showcase of local projects that contributed to:



# 40,523 Staff with improved knowledge, skills or confidence

## West Midlands CVD Workshops

A programme designed by the West Midlands AHSN and partners to improve the diagnosis and management of hypercholesterolemia and atrial fibrillation(AF). The programme was developed, in line with NHS plans, to identify more people at risk of cardiovascular disease(CVD) through health checks and upskilling staff to improve the detection and management of hypercholesterolemia and AF.

The aim is to provide practical upskilling workshops to all healthcare professionals in primary care who are involved in the diagnosis and management of cardiovascular conditions such as atrial fibrillation (AF), hypertension, hypercholesterolaemia and heart failure (HF). The content of the workshops are designed to help support primary care teams deliver on the cardiovascular ambitions outlined in the NHS Long Term Plan and meet the requirements of the CVD PCN DES.

## KSS Hexitime Skills Exchange

Hexitime is a digital platform that empowers individuals and teams working across health and care to share knowledge, skills and services regardless of their location in a equitable way. It allows innovators and improvers to access specialist knowledge, or gather data within their organisation by volunteering their time elsewhere, earning time credits. KSS AHSN is a strategic partner with Hexitime, supporting their work, and helping them develop their organisation to become a Community Interest Company. As a result of this work 2811 staff within and beyond Kent Surrey and Sussex have been upskilled.

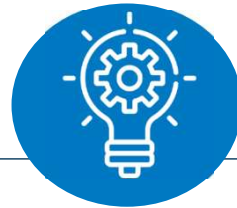


## Oxford Intelligent Intermittent Auscultation

The programme aims to improve safety for mothers and babies in low-risk labour and birth by improving the knowledge, skills and confidence of midwives.

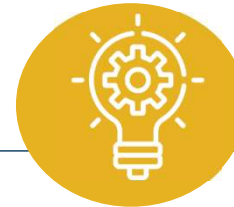
It enables midwives to build up an accurate picture of how the baby is coping with the stress of contractions and take the right next steps based on whether they identify any deterioration or abnormalities in the fetal heart rate.

The training package supports the NHS Long Term Plan and responds to the national Each Baby Counts 2020 final progress report, which highlights the importance of intermittent auscultation and identifies specific training requirements.



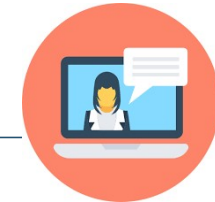
## East Midlands Innovation Academy

A free course series delivered through a partnership between EMAHSN and Medilink Midlands. The Academy has been designed for those who would like to gain an understanding of how the NHS takes forward new innovative products to improve patient care and outcomes, largely industry partners.



## West of England Academy

The Academy aims to support health and care professionals and industry innovators to gain knowledge and develop essential skills for innovative thinking and working. This is delivered by events (virtual or face-to-face training opportunities) and resources (digital). This year 4,181 staff have participated in online learning and 287 people have attended events.



## Wessex Frailty E-Learning for Excellence

In 2018, nationally, there was no centrally held and approved frailty training programme that met the Skills for Health frailty framework. There was patchy training and education on frailty across Urgent and Emergency Care across London and within Wessex. The Frailty E-learning for Excellence Programme was launched in May 2021 by the Healthy Ageing team at Wessex Academic Health Science Network and the London Clinical Frailty Network via Health Education England to over 120 national, regional and local organisations across all four nations of the UK. The evaluation covered the development and spread of a high quality, evidenced best practice frailty e-learning programme. Since May 2021 there have been over 40,000 launches.

A showcase of local projects that contributed to:

**5,346**

## Staff with an improved experience



### Innovation Agency Coaching Academy

The Coaching Academy support individuals, teams, organisations and systems at all levels of health and care to build cultures that develop, spread and adopt innovation, continuously improve, nurture equity and inclusion and ultimately deliver great care for service users. This year has seen the delivery of several programmes including:

- Innovators Mindset – A course for people brimming with ideas who want to develop or reaffirm a mindset for bold, innovative thinking and behaviours.
- Improvement in Systems – A course that will help navigate change and enable improvements in complex environments.
- Safety Culture Improvement – A course for small groups to tackle a specific safety or improvement challenge in their organisation. Through this challenge they will learn: how to apply a culture diagnostic tool; about quality improvement tools and techniques; and how to improve the safety culture in their workplace overall.
- Coach training – A course designed for health and care professionals and community partners across the North West coast where learners achieve a recognised EMCC accreditation in coaching.
- Facilitated collaboration – A variety of bespoke sessions tailored to local needs where we provide expert facilitation that creates space and time for leaders, clinicians and programme managers to come together to share, learn and integrate shared priorities and unique challenges to improve health and care in their organisations and across the whole system.

Staff that have attended these courses have not only developed their knowledge, skills and confidence but they have also reported that their experience of providing care has improved as a result.



### KSS SimEPR

In line with the NHS Long Term Plan, electronic systems are becoming increasingly common in healthcare settings but practical medical education in the UK continues to use paper-based methods.

SimEPR aims to address this 'digital gap' in clinical training by creating an educational experience that is more representative of true clinical practice and additionally equips future workforce with the skills to safely and confidently use electronic patient records. In turn, this will optimise patient outcomes by reducing the incidence of electronic system-related clinical errors.

Across four medical simulation centres piloting the solution, 166 medical students/junior doctors have used SimEPR during their simulation training to-date. Multicentre data revealed clear benefits to simulation training:

- 86% of trainees reported SimEPR created a more realistic training experience
- 82% of trainees reported SimEPR helped augment their clinical learning
- 86% would recommend their department continues to use SimEPR for future simulation training

SimEPR was developed by Dr Arron Thind, a GP trainee. Throughout his training, he noticed a discrepancy between the use of electronic systems in clinical practice and the use of paper-based methods in routine medical training.

Kent Surrey Sussex AHSN has helped his work with peer support through its Innovation Leads Network and facilitated introductions to local medical schools.

A showcase of local projects that contributed to:

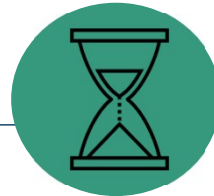
**358,233**

**Hours released back to care**



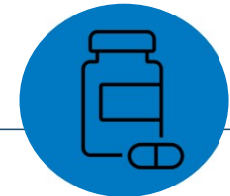
**Innovation Agency PR  
Digital Adoption: Rehab  
Guru**

The introduction of a digital exercise prescription platform into menu of pulmonary rehabilitation treatment options for eligible respiratory patients in Cheshire and Merseyside. Further to a piece of complex change and service redesign work this project moved into the first step of an implementation phase by introducing Rehab Guru which went on to demonstrate positive impacts for staff, saving them time back to care.



**KSS, Wessex and Oxford  
S12 Solutions**

S12 Solutions is a mobile application and website created to make the Mental Health Act (MHA) assessment set-up and claim form processes quicker, simpler, and more secure. S12 Solutions is designed to facilitate this process by giving the AMHP access to up to date s.12 doctor availability. The platform also aims to speed up the process for paying s.12 doctors once an assessment is complete and reduce the opportunity for data breaches by automating the process. This speeds up the process to ensure the most appropriate clinician undertakes the s.12 assessment in a timely manner.



**Oxford, South West, Wessex  
and KSS eRD**

The NHS Long Term plan reiterates the need to have the right number of clinicians to safely care for patients. Electronic Repeat Dispensing (eRD) reduces workload for prescribers allowing better prioritisation of resources, with effective eRD saving up to 46 minutes a day of GP time. This means that if 80% of all repeats issued as repeat dispensing, 2.7 million GP hours could be saved.

# National Programme: FOCUS ADHD

The Focus ADHD programme has been delivered across all 15 AHSNs over the past 3 years. It uses an objective assessment tool (QbTest) for the assessment of ADHD as a supplement, rather than replacing, conventional clinical examination and subjective assessments and reports.

It is estimated that 1 in 20 school aged children are living with ADHD. ADHD is a highly treatable condition but on average children are waiting 2 years to get their first appointment and a further 18 months to obtain a diagnosis. QbTest offers a more objective and efficient approach and as a result of this programme has now been spread to 69 trusts nationwide to support the diagnosis of over 55,000 patients.

This has supported the NHS workforce by releasing **72,329 hours back to care.**

The logo for the FOCUS ADHD programme. The word "FOCUS" is written in a bold, sans-serif font. Each letter is a different color: 'F' is blue, 'O' is orange, 'C' is green, 'U' is yellow, and 'S' is red.

*Transforming ADHD Diagnosis*

# National Programme: Early Intervention in Eating Disorders

The Early Intervention in Eating Disorders programme has been delivered across all 15 AHSNs over the past 2 years. It supports the spread and adoption of the FREED model, supporting mental health teams across England to accelerate diagnosis and treatment of eating disorders in young people.

Eating disorders are serious condition, carrying one of the highest mortality rates among mental health conditions. Peak onset for eating disorders is during adolescence and early adulthood, with the 18-25 age group accounting for half of the referrals. The FREED model, developed by a team of researchers at South London and Maudsley NHS Foundation Trust and King's College London, is a treatment model within an eating disorder service which provides rapid intervention, helping to reduce the length of time that an eating disorder goes untreated. Individuals referred to a FREED service will receive a telephone consultation within 48 hours of referral and begin treatment within four weeks, or two weeks especially in clinically serious cases.

This work has supported the NHS workforce by releasing **265,804 hours back to care** and **improving the knowledge/skills/confidence** of **2,640** staff.



# National Programmes: ACC Rapid Uptake Products

The NHS England Accelerated Access Collaborative (AAC) supports the NHS to more quickly adopt clinically and cost-effective innovations enabling patients access to the best new treatments and technologies.

The national Fractional exhaled Nitric Oxide (FeNO) and Asthma Biologics (AB) programmes are part of the AAC's Rapid Uptake Product (RUP) programme which aims to accelerate adoption of late-stage innovation (post-NICE appraisal). The FeNO and AB programmes were delivered as sister programmes from April 2021 to March 2023. All 15 AHSNs in England actively delivered these programme in their local geography, with Wessex AHSN and Oxford AHSN acting as programmes leads respectively.

## FeNO

FeNO tests measure the amount of nitric oxide when someone exhales and provides an indication of eosinophilic (allergic) inflammation in the airways. The test takes around 10 seconds to complete and alongside a detailed clinical history and other tests, FeNO can be used to support asthma diagnosis and management in adults and children (5+ years).

The programme **developed two national training modules**, hosted by HEE and funded by the NHSE AAC, to develop the capability of the respiratory workforce and support the sustainable adoption of FeNO testing.

This work has supported the NHS workforce by **improving the knowledge/skills/confidence** of **2,584** staff. Of these staff, **91%** reported an **improved experience of providing care**.

A further **722** people joined the **national FeNO learning Collaborative series**.

## Asthma biologics

Asthma biologics are an innovative group of medicines that offer an important treatment option for people with severe asthma. It is a specific type of asthma which is difficult to control, even with optimised inhaled asthma medication.

A package of educational resources, including information documents, podcasts, posters, learning modules and webinars, was created to support clinicians. The Asthma Biologics toolkit was designed in a practical way to support teams adopting and sustaining the use of asthma biologics.

This work has supported the NHS workforce by **improving the knowledge/skills/confidence** of **1,439** through education modules and webinars. A further **21,685** staff have received **improvements** through accessing the toolkit. **96%** of staff reported an **improved experience of providing care**.

# National Programme: Polypharmacy



In England, the NHS primary care system dispenses over 1 billion prescription items every year. As more people live longer with multiple long-term health conditions, the number of medicines they take often increases. This can create a significant burden for the person trying to manage multiple medicine regimes, and in some cases it can cause harm.

Problematic polypharmacy adds a cost to the healthcare system and diminishes quality care for the patient – and most of this is entirely preventable.

The AHSN Network national polypharmacy programme is creating clinical, multi-stakeholder communities of practice across England, hosted by regional AHSNs, focusing on problematic polypharmacy within local areas. Training through evidence-based polypharmacy Action Learning Sets (ALS) is being rolled out across England to support GPs, pharmacists and other healthcare professionals who undertake prescribing or medication reviews to understand the complex issues around stopping inappropriate medicines safely.

This work has supported the NHS workforce by **improving the knowledge/skills/confidence** of **1529** staff through action learning sets and educational webinars.



# Qualitative workforce impacts

This report mainly focuses on the impacts of our local and national delivery programmes in relation to the associated workforce benefits. However, much of our work in the network takes place in the pre-implementation space where we focus on supporting innovations with their development, supporting the creation of innovation ready culture and supporting the redesign of services to optimise the deployment of resources with the inclusion of innovation. This is a showcase of the types of projects we do in this space that also have an impact on the workforce:



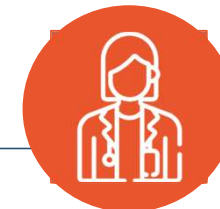
## **Innovation Agency Complex change and service redesign for adult ADHD**

The shortfall in capacity for adult ADHD services means access is severely restricted to secondary care. This results in long waiting times, providers stopping service provision and the bar for referral becoming very high, leaving many in primary care without access to support. As part of a complex change and service redesign project we have collaboratively developed and socialised a future service model that will improve outcomes by introducing innovation in order to optimise the deployment of resources and embrace integrated care concepts. This future state design has been approved for implementation across Cheshire and Merseyside ICB and will look to demonstrate time released back to care benefits for the workforce.



## **Oxford, NENC, UCLP and Eastern Developing Health and Wellbeing Leads**

The NHS has a workforce crisis, the 2022 staff survey showed a decrease in staff morale against long-standing vacancies across professional groups. The National Health and Wellbeing Framework was reshaped in 2021. Alongside this updated framework, NHSE highlighted the need to develop the staff who lead in this space. Four AHSNs (Oxford, NENC, UCLP & Eastern) collaborated with NHS organisations to identify the development and support needs for health and wellbeing staff. Over 500 health and wellbeing leads and senior responsible officers have contributed - via surveys, workshops and interviews - to developing a better understanding of the development needs and aspirations of this staff group. It is clear that evidence-based health and wellbeing interventions, with robust implementation and evaluation, are needed to ensure staff experience improves. We need both strategic and operational health and wellbeing staff to deliver this. The final report is expected to be published in July 2023.



## **Y&H AHSN PA/AA Evaluation**

Health Education England(HEE) commissioned Yorkshire & Humber AHSN so evaluate the impact of Physician Associate (PA) roles in primary and secondary care, and Anaesthesia Associate (AA) roles, on NHS patients, services, and workforce. NHSE and HEE were keen to identify if the PA & AA roles are providing an impact upon workforce challenges within primary and secondary care and use the intelligence to help inform the NHS Workforce Strategy. The evaluation showcased the benefits and limitation of PA and AA's across both primary and secondary care settings and acted as vital research to inform NHS England's Workforce Strategy. The evaluation report included recommendations on how both roles can be best maximised to combat the workforce challenges that both primary and secondary care are facing and help realise the NHS People Plan ambitions.



A stylized globe graphic composed of a grid of curved lines, rendered in a lighter shade of blue than the background, positioned at the top of the slide.

# Future Vision

Opportunities and ambitions

# What's next?

1

**Continue to show the positive impact innovation can have on the NHS workforce challenge**

We will continue to recognise workforce as a cross-cutting theme so we can continue to put momentum behind demonstrating impacts and articulating benefit to the NHS against one of its biggest challenges

2

**Continue to collaborate nationally to create greater impact; across regional boundaries**

Each AHSN will retain a named workforce lead that can contribute to collaborative meetings and ensure their respective AHSNs are continuing to track impact and working together to scope further opportunities

3

**Build on the success so far and expand on the foundations established through this work**

Our workforce activity is still in its relative infancy and there are still many more impacts that we can collect, our data can be improved and our approach can be expanded across other areas