Aim
Development of a more flexible and competent allied health workforce for the South Island Health System

One component
The South Island Directors of Allied Health support the implementation of the Calderdale Framework as a clinically-led workforce development tool to facilitate a ‘best for patient, best for system’ approach. It provides opportunities to standardise patient care and achieve service efficiencies.

A position statement was signed August 2015
What will it achieve?

Implementation of the Calderdale Framework as a model of care for delegation and professional skill sharing

• Builds on the SI approach to allied health assistant training (Careerforce NZQA Level 3)
• Increases the use of the allied health assistant/Kaiawhina workforce to support patient-centred care
• Facilitates transdisciplinary practice & provides a focus for skill training initiatives
• Efficiencies arising from clearer delineation of roles and processes
• Opportunity for regions to act on identified priorities for Allied Health service re-design while benefiting from shared access to Calderdale Framework training, resources, support and learnings.
The Calderdale Framework

Do you need to increase workforce productivity?

Do you want to harness talent locally to assure a cost effective service?

Do you need to develop innovative services for your local population?

Do you want to assure the competence of your support staff?

Calderdale Framework

Overview

Originally developed in the United Kingdom by Effective Workforce Solutions, the Calderdale Framework is a workforce development tool that engages frontline staff at all levels to ensure safe and effective patient-centred care. It provides a clear and systematic method for reviewing skill mix, developing new roles, identifying new ways of working and facilitating service redesigns. The Calderdale Framework has been applied extensively to health services and is transferable to any setting. It can enable delegation to support staff or skill sharing between professional staff. Identifying tasks carried out in hours

There are seven stages to successful implementation of Calderdale Framework:

1. Awareness Raising - to engage all involved staff at the outset.

2. Service Analysis - this step is critical to establish potential changes that can be made. It is an objective process.

3. Task Analysis - consensus around altered practice is gained using decision making tables. Cost-benefit considerations are integral to this stage.

4. Identification/Generation of Local Clinical Task Instructions - accepted tasks are identified or written as local clinical task instructions.

5. Supporting Systems - communication networks are developed and underpinned. This is key to managing delegation roles and ensuring quality.
A workforce development tool that ensures safe and effective patient-centred care and provides a clear and systematic method for reviewing skill mix, developing new roles, identifying new ways of working and facilitating service redesign by:

- identifying tasks carried out in teams
- deciding which tasks can be delegated or skill-shared across professional boundaries
- creating local clinical task instructions (CTIs) to standardise how tasks are carried out
- providing structured training and competence assessment for professional skill-sharing and delegation practice
- establishing governance processes to support clinicians
- establishing systems to sustain the model of practice in the long term
Calderdale Framework – seven stages

1. Awareness Raising
   Focus is engagement

2. Service Analysis
   Focus is potential to change

3. Task Analysis
   Focus is risk assessment

4. Competency Identification
   Focus is best practice

5. Supporting Systems
   Focus is governance

6. Training
   Focus is staff development

7. Sustaining
   Focus is embedding & monitoring

7 Stages to Successful Implementation
Skill Sharing & Skill Delegation

• Robust methodology for considering who is best within the specific team to carry out a clinical task

• Are there clinical tasks that can be safely & effectively skill shared?
  – Reducing patient time to care
  – Increasing staff capacity to provide care

e.g. One patient screening interview gathered by either OT or PT providing info for both PT & OT?

• Are there clinical tasks that can be safely & effectively delegated?

• Standardization of specific clinical tasks according to best practice

• Training on tasks reduces variation and ensures best practice care
  – E.g. of When To Stop CTI - ‘first do no harm’
  – AHAs supported to know whether to treat and how & when to discontinue treatment episode
What have we achieved so far

• Drawing on UK & Queensland experience—a head start for developing CF leaders (facilitators), processes & resources.

• Creating a CF community to build capacity for change
  - 27 active facilitators & now 2 CF practitioners trained (train the trainers)
    - Sustainability for SI    Support for Central Region
  - Facilitators Network—builds support for new facilitators & provides direction & regional coherence—coordinated by SIWDH

Engaging and implementing change in patient care and service delivery through CF projects/work in each South Island DHB - led by facilitators
Calderdale Framework Forum

The Calderdale Framework – 7 stages to a competent & flexible healthcare workforce. The Calderdale Framework is a clinically-led workforce redesign tool for a competent and flexible workforce using delegation (to assistants and other support workers) and skill sharing across professions in the team.

Welcome to the Calderdale Framework Facilitators Forum. In this forum there are a range of resources for staff who are trained or are training as Calderdale Framework facilitators and who are involved in projects using the Calderdale Framework in the South Island of New Zealand.

Central Region CF Facilitators will also have access to the site and contribute content to it via SWDH from September 2017.

Below is a communications forum to add ideas, contribute to and start discussions.

In addition there is also:
Clinical Task Instruction – Regional ‘library’

South Island Regional CTIs

- WTS01 SINZ When To Stop PDF document
- Training Resources WTS01 SINZ
  - Training Resource CTI WTS01 When to stop – from SCDHR for facilitators use or adaptation.ppt
- ADL-D SINZ Home assessment preparation and assistance PDF document
- ADL-D SINZ Over toilet frame trial and training PDF document
- ADL-D SINZ Practice of Equipment to Assist with Toilet Transfers PDF document
- MOB-D SINZ Sit to Stand Monitoring PDF document
- MOB-D SINZ Mobility Practice (+/- aids) including stairs PDF document
- MOB-D SINZ Walk/Transfer Belts PDF document
- MOB-D SINZ Timed up and go (TUG) Assessment PDF document
- NMR-D SINZ Total knee replacement (TKR) exercises PDF document
- NMR-D SINZ Total hip replacement/hemiarthroplasty exercises PDF document
- NMR-D SINZ Older People: General Strengthening & Balance Exercises PDF document

- CTIs Awaiting Regional Sign Off
  - COM-D SINZ Dysarthria Therapy – Oral motor exercises.pdf
  - NMR-D SINZ PROM Lower limb.pdf

NMDHB Falls Handbook
  - Falls In Home Falls Prevention programme combined Final PDF.pdf
South Island Examples

- Integration of the Calderdale Framework and Enable Service Accreditation processes – now a regional project
- Move More Sit Less - SCDHB
- Needs Assessment Service Nelson/ Marlborough
- Physiotherapy Respiratory Outpatients - Task delegation to Allied Health Assistants - CDHB
- REACH Service Delegation and Skill sharing project – REACH Service, AT&R Unit, Southland Hospital, Invercargill (SDHB)
- In-home Falls prevention (NMDHB)
- NMHB System approach – AHA delegation
- Inpatient Elective Total Hip Joint replacements – AHA delegation
References

- Smith and J Duffy ‘Developing a competent and flexible workforce using the Calderdale Framework’ IJTR 2010; 17(5):254-262
- Pighills AC et al ‘Skill-sharing between allied health professionals in a community setting: a randomised controlled trial’, International Journal Therapy and Rehabilitation, Nov 2015

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