Freedom of Information Request: Our Reference CTMUHB_564_24

You asked:

Please see our responses highlighted in yellow below.

Q1. Is there a prosthetic and / or orthotic service at this Trust / Health Board?
Yes
No
If the answer is 'Yes' - please continue to Q2 and the rest of the FOI.
If the answer is 'No' - no further information is required thank you.

If you have answered yes to Q1:
Q2. Please confirm how many whole-time equivalent clinicians work in this P&O service?
Number of prosthetists 0
Number of orthotists 1

Q3. Is a nationally recognised Service Specification referenced/adopted for delivering this P&O service?
Yes – the NHSE Prosthetic Specialised Services For People Of All Ages With Limb Loss (1)
Yes – the NHSE's Orthotics Model Service Specification (2)
No – local specification
Unsure

(1) https://www.england.nhs.uk/wp-content/uploads/2018/08/Complex-disability-equipment-prosthetics-all-ages.pdf
(2) https://www.england.nhs.uk/wp-content/uploads/2015/11/orthcs-serv-spec.docx

Q4. Did the output of 'Job Planning' define the number and role of staff required for the service for either NHS-employed P&O clinicians, or for sub-contract clinicians when the contract was tendered? I.e. defining time for Patient-focused / Clinical Activity VS CPD/ Supporting Professional Activities time for each role?
Yes – job planning completed
No – job planning not completed but in progress
No – not planning to undertake Job Planning

Q5. Please confirm if the P&O service is delivered by a third-party commercial P&O company?
Yes - go to Q6
Yes in part - go to Q6
No - skip to Q7

Q6. Does the specification for this service explicitly require the cost of supporting non-mandatory training, education & development to be built in to

the service fee / session fee charged to the Trust/Health board? Where 'supporting' means, for example, the cost of courses, the cost of supervision, the cost of backfilling the clinicians CPD time.

Yes
No

Q7. Outside the usual requirement for fire safety, information governance, health & safety type training, is protected Training, Education and Development / CPD time built in to the clinic timetable for NHS-employed and/or sub-contracted P&O clinicians in this service?

Yes – protected time is allocated in the weekly timetable for each P&O clinician
No – protected time is not allocated in the weekly timetable for each P&O clinician

Q8. What outcomes do you see when protected time for Training, Education and Development is built in to the clinic timetable for P&O staff in this service? Tick all that apply

Good retention of staff
Good morale
Improved patient outcomes
Reduced returns / remakes
More MDT working
More advanced practice roles
More research / evidence
Other (please state) _____

Q9. Does the service have any of the following barriers to undertaking protected Training, Education and Development time for the P&O clinicians in this service? Tick all that apply

Staff Vacancies – unable to recruit
Staff Vacancies – unable to advertise
Staff vacancies – currently recruiting
High sickness absence
Higher workload than budgeted (waiting lists, increased demand)
No funding for training, education & development
Staff unwilling to undertake non-mandatory Training, Education & Development
Lack of available training schemes /courses
Lack of access to accredited institutions
No barrier to undertaking protected Training, Education & Development time

Q10. How are the costs of supporting protected Training, Education & Development time funded in the P&O service? – For example, the course costs, the cost of supervision, the cost of backfilling the clinician's CPD time? Tick all that apply.

The cost is covered by the Trust/Health board via the Learning Beyond Registration fund
The cost is covered by the Trust/Health board via another form of training budget
The cost is met personally by the clinician
The cost for sub-contracted staff is built in to the contract value/service fees charged by the contractor
The cost for sub-contracted staff is carried by the contractor - not included in the contract value/service fee

The cost is supported by third party product suppliers
The cost is supported by OETT (for orthotists and orthotic technicians)
Other _____

Q11. During the last 12 months, on average how much protected Training, Education & Development /CPD time per week was taken per 'preceptor' (up to two years post graduate) - not including admin time related to patient treatment?
0 days
0.25 days
0.5 days
0.75 days
1 day
More than 1 day
No preceptors in the P&O clinical team

Q12. During the last 12 months, on average how much protected Training, Education & Development /CPD time per week was taken per 'graduate' (2-4 years post graduate) - not including admin time related to patient treatment?
0 days
0.25 days
0.5 days
0.75 days
1 day
More than 1 day
No graduates with 2-4 yrs experience in the P&O clinical team

Q13. During the last 12 months, on average how much protected Training, Education & Development /CPD time per week was taken per 'experienced/enhanced practice clinician' (4 years +) - not including admin time related to patient treatment?
0 days
0.25 days
0.5 days
0.75 days
1 day
More than 1 day
No clinicians with 4+ years' experience in the P&O clinical team

Q14. During the last 12 months, on average how much protected Training, Education & Development /CPD time per week was taken per 'advanced practice clinician' - not including admin time related to patient treatment?
0 days
0.25 days
0.5 days
0.75 days
1 day
More than 1 day
No advanced practice clinicians in the P&O clinical team

Q15. Do all P&O staff in this service have access to Training, Education & Development to support practice across all 4 pillars of practice - clinical practice, education, leadership, evidence & research. Tick all that apply:

	Yes, all staff	Yes, some staff	No	Unsure
Orthotic/prosthetic clinical practice courses		x		
Education courses		x		
Leadership courses		x		
Evidence/Research courses		x		

Q16. As part of Training, Education & Development of P&O clinicians, does the service have a preceptorship programme to support new graduates into the working environment? Where preceptorship is defined as 'support to transition from an educational environment to a clinical setting to develop skills & confidence' (not onboarding / induction)

Yes
No

Q17. During the preceptorship period (up to 2 years) at what point are new graduates expected to treat their own caseload of triaged patients in this service?

3 months
6 months
9 months
12 months
18 months
24 months
Longer than 24 months

N/A.

Q18. Does this P&O service have clinic space to accommodate a graduate during their preceptorship programme and/or when shadowing a senior member of the clinical team?

Yes, all of the clinic space is adequate
Yes, most of the clinic space is adequate
Some of the clinic space is adequate
None of the clinic space is adequate

Q19. Have any P&O clinicians in this service used the 'Apprentice Levy' to fund enhanced and advanced level practice qualifications?

Yes – for enhanced practice
Yes – for advanced practice
No
Unsure

Q20. Does the Trust/Health Board or Integrated Care Board request activity and patient outcome Key Performance Indicators (KPI) to be reported for the P&O service?

Yes – activity KPI data is requested (Skip to Q23)
Yes – activity AND patient outcome KPI data is requested (Go to Q21)

No - no activity or patient outcome KPI data is requested (Skip to Q23)
Other _____

Q21. If patient outcome KPI data is requested, what kind of patient outcomes are requested? Tick all that apply
Goal Attainment Scores
Improved mobility/balance
Pain score
Patient satisfaction
Socket Comfort score
Other _____

Q22. Does the service receive more funding if improved patient outcomes are achieved?
Yes
No

Q23. Does your patient records system support P&O patient outcome measures to be reported?
Yes
No

Q24. Has the service employed support workers or technicians to see patients?
Yes (Skip to Q26)
No (Go to Q25)

Q25. Do the P&O clinicians in this service see low complexity patients who could be seen by a support worker or patient facing technician because the service does not employ a support worker or patient facing technician?
Yes, clinicians see low complexity patients who could be seen by a support worker or technician
No

Q26. Does the P&O clinical lead for this service have direct communication with the Trusts/Health Boards Lead AHP / Chief AHP / AHP Director/ Director of Therapies and Health Science?
Yes
No

Q27. Have any P&O clinicians in this service, recently or in the past, applied for a leadership role at the Trust/Health Board outside of the P&O service?
Yes, successfully applied for a leadership role
Yes, applied but were unsuccessful
No, unable to apply due to skills required
No, unable to apply as not an NHS employee (sub-contractor)
Other _____

Q28. To meet growing demand for P&O services, is an increase in overall costs for this service built in to the financial element for this service year on year?
Yes, staff salary increase in line with AfC (Agenda for change) staff costs is built in
Yes, increase to cover AfC staff costs and inflation is built in
No, there is not a built-in increase to cover staff and other costs.

No, there is not a built-in increase as cost increases are required to be offset by efficiency initiatives

Unsure

Q29. Has the service employed a graduate apprentice prosthetist or orthotist during the last 24 months?

Yes

No – go to Q31.

Q30. What salary do you pay the P&O graduate apprentices in this service during their apprenticeship?

AfC Band 2

AfC Band 3

AfC Band 4

Other (please state)

_____

Q31. Does this service follow The British Association of Prosthetists and Orthotists (BAPO) recommended clinic appointment times of 30 minute and 60 minute time slots?

Yes

Yes along with 20 minute time slots where appropriate

No, planning to in the next 6 months

No, planning to in the next 12 months

No, not planned yet