Into The Dragon’s Den: Developing Your Clinical Business Skills

RCLST Conference Workshop
11.45am-1.15pm
17th September 2014
Workshop objectives

1. To have a far greater understanding of the principal drivers and nature of change facing SLT services.

2. To build personal and team resilience during times of continuous change.

3. To be capable and confident enough to be able to produce an action plan for achieving greater influence and control.
<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>11.45</td>
<td>Chairs introduction</td>
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<tr>
<td>11.50</td>
<td>Kamini Gadhok: A national perspective: Royal College of Speech and</td>
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<td></td>
<td>Language Therapist’s approach to future service provision and change.</td>
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<td></td>
<td>Outline of approach being taken by RCSLT to support SLT leaders and</td>
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<td>staff</td>
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<td>12.00</td>
<td>David Amos: Contributing to consultation on planned changes –</td>
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<td>Understand, influence and control</td>
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<tr>
<td>12.25</td>
<td>Q&amp;A with Sue McCormick and Jenny McConnell: making the clinical</td>
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<td>business case for SLT services</td>
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<td>12.35</td>
<td>David Amos: Making the clinical business case</td>
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<td>12.50</td>
<td>Plenary: Q&amp;A and discussion</td>
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</table>
The national perspective: RCSLT approach to future service provision and change
Understand, influence and control: project objectives

- Reputation that “if you want to find out what is going on, and what to do, you track down an SLT”
- SLT services able to meet demand
- Evidence that SLT services are good value for money and operating productively
- Activities which are sustainable beyond the life of the project
- Recruitment of more SLT staff into RCSLT membership and participation
- Increased pool of competent, confident and capable SLT leaders
- Acknowledgement that SLT leaders have recognised the challenges ahead and can play a significant role in the leadership and service development of their organisations
- Identification of future SLT leaders
- Transferable to other AHP professional staff
- Transferable to UK-wide application
In-scope: staff and sectors

- NHS
- Private practice
- Commercial organisations
- Local government
- Education
- Justice services
- Other AHP professional staff

How many SLT staff and in how many teams are there in each region?
Speech and language therapists workforce forecast

1. **Increased demand** is likely as a result of policy initiatives, however this demand has not yet been quantified.

2. Increasing demand is also likely to result from the **ageing population**, the rise in dementia, and the increasing number of children with complex speech, language and communication needs.

3. Despite the general recognition that demand is increasing, a number of strategic health authorities (SHAs) are identifying **potential oversupply**, and the majority are reducing their planned commissions for the 2011/12 academic year.

4. The age profiles for the NHS workforce and of the Royal College of Speech and Language Therapy (RCSLT) membership both suggest that there is **no significant risk of a retirement bulge** in the next five years.

5. The supply of speech and language therapists is predicted to **increase** by 36 per cent (headcount) in the next five years.

Source: Centre for Workforce Intelligence: Speech and language therapists: Workforce risks and opportunities – education commissioning risks summary from 2012, March 2012
Developing your clinical business skills

• Outline of key issues facing SLT services in the NHS, education and other sectors

• Update on what is happening and how change is being addressed by SLT services across England
NHS Funding profile: Nuffield Trust

1. Funding pressure on the NHS
2. Increase in allocation in line with NHS long-term average
3. Increase in allocation in line with GDP
4. Real-terms freeze in allocation
NHS (England) workforce trends

Non-medical staff trend

WTE
England NHS

Speech and language therapy staff - HCHS

<table>
<thead>
<tr>
<th>Year</th>
<th>WTE</th>
<th>Headcount</th>
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<tbody>
<tr>
<td>2002</td>
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<td></td>
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<tr>
<td>2003</td>
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<td>2013</td>
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<td>2014</td>
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Northern Ireland NHS

Speech and language therapy workforce trends

2009 2010 2011 2012 2013 2014

- SLT WTE
- SLT Headcount
- SLT support WTE
- SLT support headcount
Understanding a changing world

- **Less revenue** to run existing services
- **Lack of clarity** about how services will be commissioned
- Potential increase in the use of **personal budgets**
- Increase in **privately funded SLT**
- **Changes affecting the SLT team** themselves and the rest of the organisation within which it fits
- **Growing demand** for services driven by demographic change and new ways of meeting patient and client need
- **Merger** at either employer or department level
- Dramatic **changes at the top** of the employer facing insolvency
- Opportunity to introduce **new patient/client pathways** and ways of working which are more efficient and better for those in need
- **New professional development** requirements and limited time to undertake
What could my organisation be planning?

1. Making a 5-7% cost improvement each year
2. Merging with another provider organisation
3. Merging the clinical service with another one
4. Placing the SLT service under the leadership of another profession
5. Introducing a service level agreement
6. Undertaking a job evaluation exercise
7. Implementing advanced job planning
8. Being involved in a procurement exercise
Key issues highlighted by SLT teams

1. Immediacy of proposed consultation and changes
2. How best to contribute to decision-making process where previously services have operated separately
3. Determination to consider patient care (risk, evidence-based, quality) as well as financial matters together
4. Opportunity to make common sense and professional contributions to change within the constraints of imposed limits (financial targets, staged reform)
5. Support required on building team resilience; how best to quantify the specialist contributions; and following a clinical business-like approach
6. How to generate revenue from retaining or winning commissioned services
7. Clarifying objectives and plans
8. Using workforce models and benchmarking
9. Specific support:
   – Contribution to formal consultation exercises
   – Review of consultation documentation
   – Horizon-scanning with regard to future service and financial challenges
   – Building leadership and team resilience
   – Action planning and objective-setting
   – Evaluating service safety
   – Influencing strategy and tactics
A typical NHS acute trust workforce profile

Total workforce (wte)

- Medical staff: 11%
- Qualified nursing and health visitors: 30%
- Qualified AHP: 6%
- Qualified healthcare scientists: 4%
- Other qualified scientific and technical: 3%
- Support to clinical staff: 30%
- Central functions: 5%
- Hotel, property and estates: 9%
- Managers: 2%
Creating extra workforce capacity and capability

- Capacity used to generate additional revenue
- Capacity used to reduce spend elsewhere
- Capacity removed as redundant
- Capacity used to enhance service elsewhere
Planning for workforce change

Graph showing workforce change over time with categories for Combined, Developments, and Base, with data points from 2012/3 outturn to 2021/2.
New roles and extended responsibilities

Acute intervention respiratory service assistant practitioner (AIRS)
Allied health professional advanced practitioner
Anaesthetics advanced practitioner
Apprentice
Approved clinician _ mental health
Approved mental health professional (AMHP)
Audiology assistant practitioner
Clinical technology senior assistant practitioner
Community paramedic practitioner – immediate care support
Creative therapy assistant
Critical care practitioner
Community (generic) worker (integrated support worker)
Cytology (diagnostic) assistant practitioner
Dental support worker
Dementia pathway coordinator (assistant)
Dietetics extended role – oral nutritional
District nursing assistant practitioner
Emergency care practitioner
Endoscopy practitioner
General surgery practitioner (surgical care advanced practitioner)

Graduate mental health primary care worker
Healthcare assistant
Histopathology advanced practitioner
Home care worker (extended)
Maternity support worker
Mental health support, time and recovery worker
Myocardial perfusion stress testing supervision
Neonatal advanced practitioner
Newborn hearing screener
Nuclear medicine assistant practitioner
Nursing (diabetes) extended responsibility
Occupational therapy advanced practitioner (hand therapy)
Occupational therapy support worker
Orthopaedic services advanced practitioner role
Orthopaedic technician
Orthopaedic therapy assistant practitioner
Orthotic technician
Paediatric nurse practitioner

Perioperative specialist practitioner
Personal health navigator
Pharmacy technician liaison
Physician assistant/associate
Physiotherapy assistant/support worker
Physiotherapy assistant practitioner
Podiatry assistant
Podiatry assistant practitioner
Podiatrist extended responsibility – diabetes service
Prosthetic technician
Radiology assistant practitioner
Radiography/speech and language therapy extended responsibility in stroke services
Radiotherapy advanced practitioner
Remote diagnostic technician
Scrub advanced practitioner
Speech and language therapy assistant practitioners
Stroke assistant practitioner
Surgical care practitioner
Technical officer assistant
Ward services operatives
The full team
Job planning: clinical specialists/practitioners

In-scope:

- Clinical nurse specialists
- Physiotherapy
- Occupational therapy
- Pharmacy
- Radiography
- Speech and language therapy
- Dietetics
- Pathology

- Senior and specialist staff – mainly bands 8, 7 and some 6s
- Work autonomously or within a specialist field
- Contribute to and highly influential on the clinical performance of the trust
- Primary responsibilities for the delivery of patient care in their own right and as members of multi-disciplinary teams
Job planning with clinical specialists

Clinical specialists:
- Using the same currency [DCC/SPA/PAs]
- Timetabled
- Quantified
- Aggregated
- Allocation between direct clinical care and SPA time

Clinical impact features:
- Admissions and attendance avoidance
- Reducing length of stay
- Improving the patient experience
- Risk avoidance
- Enhancing the productivity and efficiency of others
- Developing the skills of other clinicians
- Income generation
- Service development
Clinical specialty service business plan
M1

Objective-setting and Personal Development Plan
M3

Specialty and individual in-year review
M6 and M9

Appraisal, revalidation and new job plan preparation
M12

Team-based job planning
M2
## Quantifying the specialist contribution

<table>
<thead>
<tr>
<th>(Direct) Direct Clinical Care [DCC]</th>
<th>(Indirect) Direct Clinical Care [iDCC]</th>
<th>Supporting Professional Activity (personal)</th>
<th>Supporting Professional Activity (others)</th>
</tr>
</thead>
</table>
| To work as an autonomous, advanced practitioner, with an extended scope of SLT practice  
  - To use advanced clinical reasoning, evidence based practice, understanding of medical diagnosis, previous experience and wide-ranging knowledge of treatment options across all SLT specialisms to plan and implement individual therapy programmes using extended skills and specialist therapy techniques.  
  - To use an extended depth and breadth of experience across all specialisms to manage a highly complex caseload  
  - Direct delivery of face-to-face therapy programmes  
  - To provide emergency cover for other staff within the team  
  - Advanced diagnostic /videofluoroscopy skills  
  - To act as an expert resource for Consultants, GPs and other health professionals | SLT voice for clinical development within the multidisciplinary team arena  
  - To provide professional representation of SLT service  
  - Support best practice through appraisal and competency frameworks  
  - Lead the development of service improvement  
  - Oversee clinical policy | To demonstrate continuous professional development  
  - To provide professional representation of SLT service  
  - Support best practice through appraisal and competency frameworks  
  - Lead the development of service improvement  
  - Oversee clinical policy | General training, education and formal teaching  
  - Advise on improving the efficiency, effectiveness and productivity of other staff through job planning  
  - To use an extended depth and breadth of experience across all specialisms to provide a high level clinical supervision  
  - Monitor the effective use of all resources across SLT  
  - Support all local SLT developments |
| 45% of role | 25% of role | 20% of role | 10% of role |
Q&A with Sue and Jenny

Sue McCormick, Professional Manager SLT, Pennine Acute Hospital NHS Trust, and

Jenny McConnell, Head of Therapy and Outreach Services, Dawn House School
Making the clinical business case
NHS productivity: 1995-2010 [ONS survey]
Workforce cost reduction productivity improvement opportunities

- **Increasing staff attendance**: reducing backfill costs and creating redundant capacity
- **Increasing the proportion of direct time spent delivering care**: reducing costs per case
- **Reducing unit labour costs**: optimising or changing pay, terms and conditions, and outsourcing
- **Shifting roles and responsibilities**: training and deploying lower levels of staff
- **Procuring better value for money temporary staffing supply**: commercial solutions and partnership deals
- **Engaged and motivated staff**: diverse, effective teams, well-led and rewarding careers
- **Deploying infrastructure to increase efficiency**: using advanced technology and new working environments and arrangements
Key indicators: SLT workforce and budget profiling

- Number of whole time equivalents
- Number of headcount
- % of bands 1-4; 5-6; 7; 8+
- Contract targets (volume/quality) – 2014/15
- Contract performance 2013/14
- Year to date performance (2014/15)
- Access targets
- Skills audit
- Diversity and equality profile
- Recruitment and retention trends
- Financial targets
- Sickness absence % (compared with Trust as a whole)
- Pay budget – 2014/15
- Non-pay budget – 2014/15
- Training and development expenditure and plans
- Month 3 income and expenditure position
- Market analysis – other providers
Clinical business language dictionary

Acquisition
Budgetary management
Consultation
Co-production
Cost avoidance
Cost reduction
Efficiency
Heads of terms
Merger
Procurement
Productivity
Privatisation
Public-private joint venture
Redeployment
Service level agreement
Tendering
Public sector procurement practice

- Takes longer than planned
- Needs to be quicker in order to meet needs
- Unmet deadlines
- Limited provision of required information
- Is often under-managed (insufficient opportunity cost investment)
- Commercial capability limited
- Procurer often moves on having awarded contract and focuses on other matters
- Procurement often a means for dealing with a poor in-house and unknown service
- Concern that service changes will be charged at a premium
Ideal features of procured services

- Clear, measurable and flexible specification
- Shared responsibility for desired performance
- Shared benefits from effective delivery of service
- Methodology to deal with unforeseen changes which are mutually beneficial
- Commercial basis for contracted service
- Post-procurement partnership
- Notified individual accountability
Using a business case format

- Executive summary
- The strategic context
- Analysis and recommendation
- Viable options
- Justification and recommendation
- Management and capacity
Setting objectives

• Setting objectives using the “SMART” approach:
  – Specific
  – Measurable
  – Achievable and agreed
  – Relevant
  – Timed and tracked

• Objectives can cover
  o Quality
  o Activity and efficiency
  o Clinical outcomes
  o Clinical standards
  o Local service objectives
  o Management of resources, including efficient usage
  o Service development
  o Multi-disciplinary team working

• Objectives can also be established by assessing each one:
  – What risks are associated with the objective
  – How mitigation can be deployed in order to reduce/eliminate risks
  – Identify contingency plans for circumstances where the delivery of the objective is not on course
  – Establish what enablers are required in order to achieve the objective
### SMART Objectives

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Criteria</th>
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<tbody>
<tr>
<td><strong>Specific</strong></td>
<td>Is the objective precise and well-defined? Is it clear? Can everyone understand it?</td>
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<tr>
<td><strong>Measurable</strong></td>
<td>How will the individual know when the task has been completed? What evidence is needed to confirm it? Have you stated how you will judge whether it has been completed or not?</td>
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<tr>
<td><strong>Achievable</strong></td>
<td>Is it within their capabilities? Are there sufficient resources available to enable this to happen? Can it be done at all?</td>
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<tr>
<td><strong>Realistic</strong></td>
<td>Is it possible for the individual to perform the objective? How sensible is the objective in the current business context? Does it fit into the overall pattern of this individual’s work?</td>
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<tr>
<td><strong>Timely</strong></td>
<td>Is there a deadline? Is it feasible to meet this deadline? Is it appropriate to do this work now? Are there review dates?</td>
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Building team resilience in challenging times

Succeeding as a manager: five ways to build a resilient team” by WFC Consulting (2006). It provides a useful checklist for staff in their roles as both managers and employees:

1. Build your own personal resilience.
2. Encourage autonomy and flexibility.
3. Help employees manage change.
4. Provide opportunities for ongoing learning.
5. Help employees find a sense of meaning in their work.
# Building resilience

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<tr>
<th>Characteristics</th>
<th>A resilient individual...</th>
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<tr>
<td>Positive</td>
<td>...sees opportunities for success not failure</td>
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<tr>
<td>Focused</td>
<td>...sets and achieves goals and stays centred on ultimate objectives in light of setbacks</td>
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<tr>
<td>Flexible</td>
<td>...finds new and creative ways to approach situations</td>
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<tr>
<td>Organised</td>
<td>...manages ambiguity in an orderly way</td>
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<tr>
<td>Proactive</td>
<td>...takes initiative and gets involved</td>
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Q&A and discussion