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.

Workshop format

Time	Session
11.45	Chairs introduction
11.50	Kamini Gadhok: A national perspective: Royal College of Speech and Language Therapist's approach to future service provision and change. Outline of approach being taken by RCSLT to support SLT leaders and staff
12.00	David Amos: Contributing to consultation on planned changes – Understand, influence and control
12.25	Q&A with Sue McCormick and Jenny McConnell: making the clinical business case for SLT services
12.35	David Amos: Making the clinical business case
12.50	Plenary: Q&A and discussion

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.

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
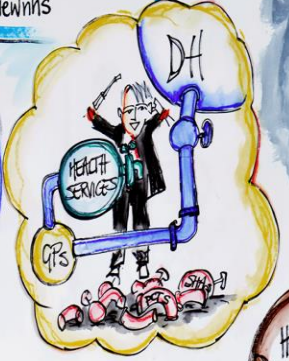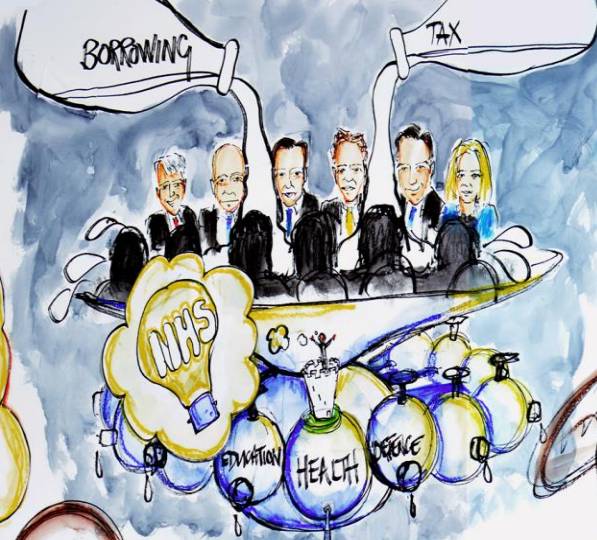
NHS Funding profile: Nuffield Trust

Funding pressures on NHS services from 2015/16 to 2021/22

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
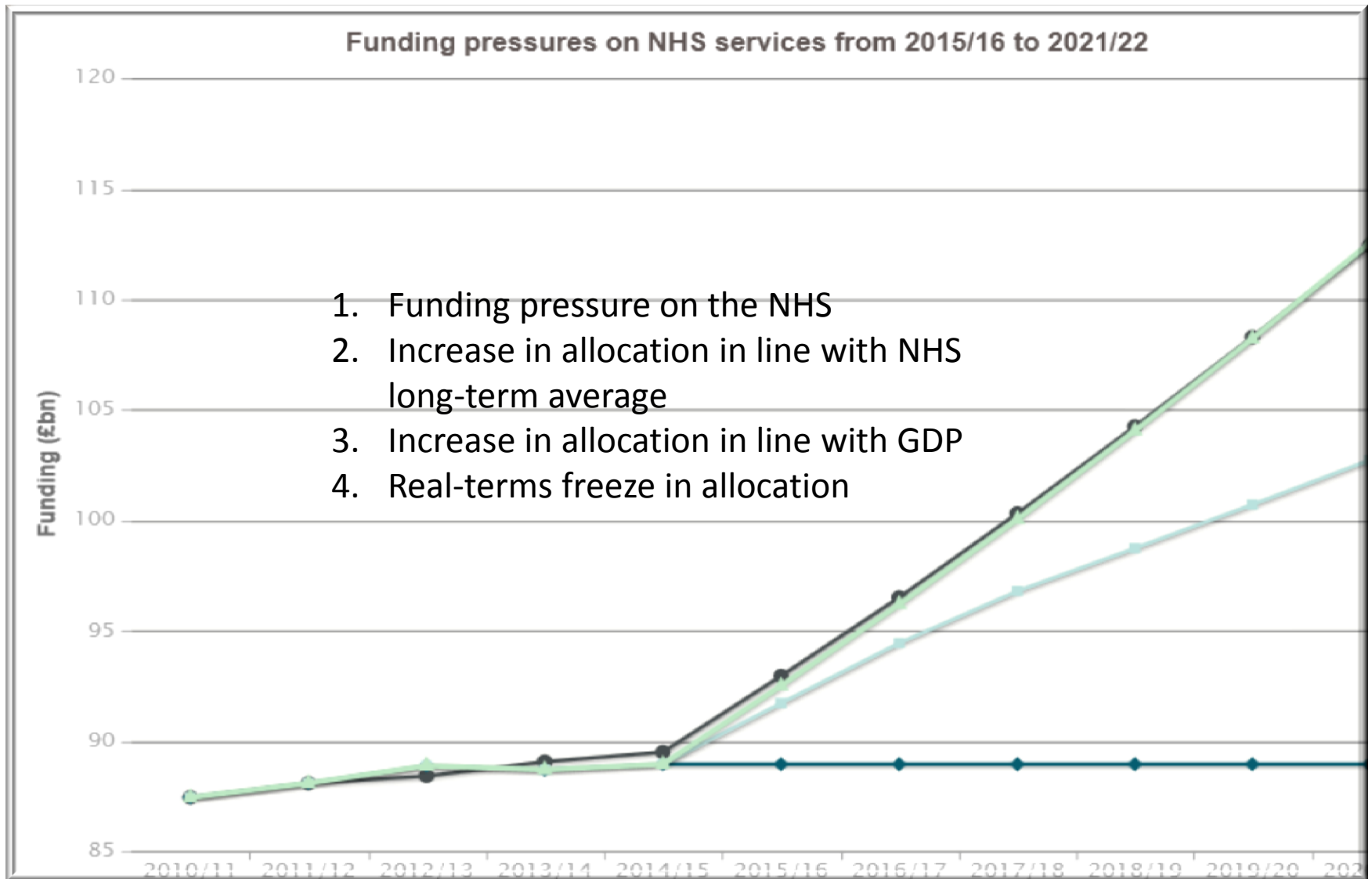
NHS (England) workforce trends

Non-medical staff trend
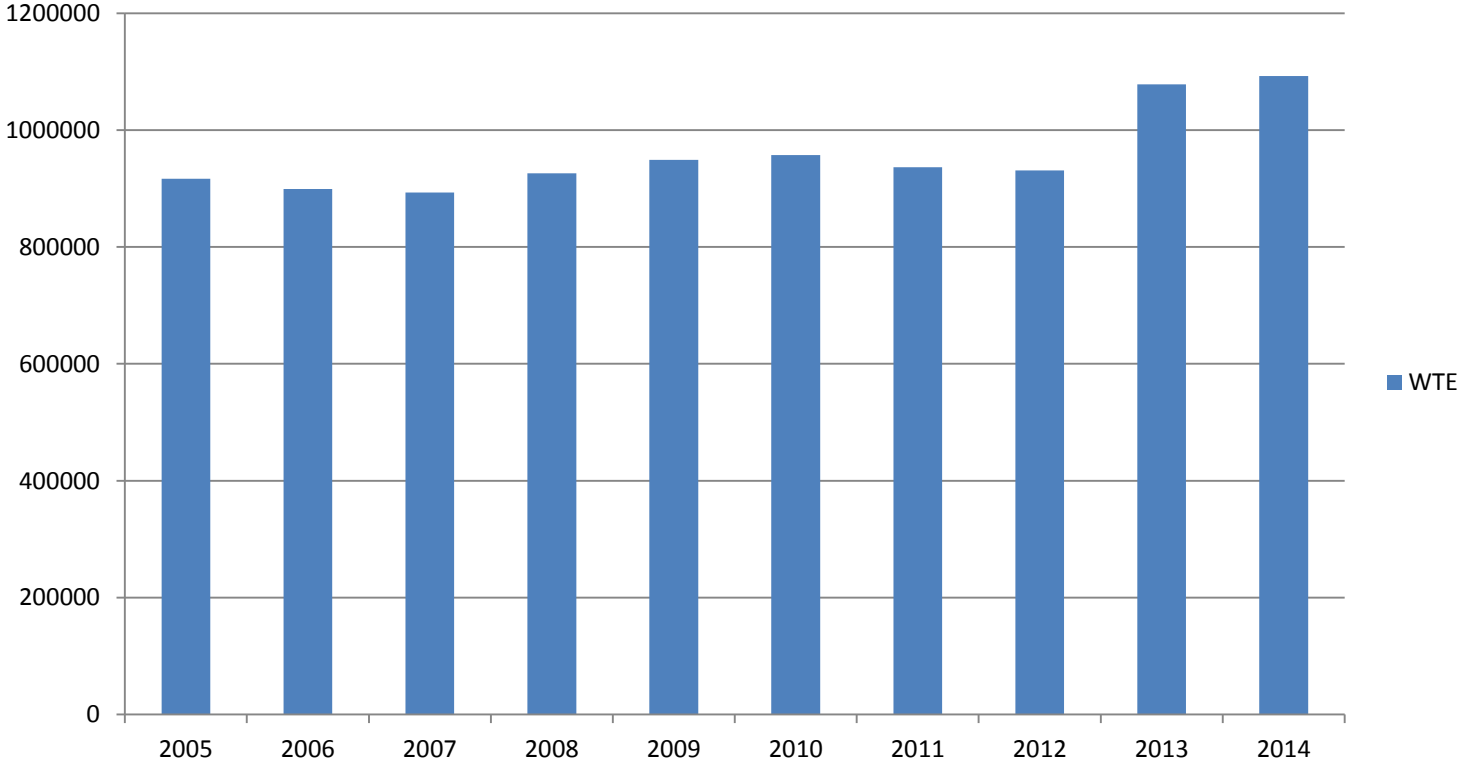
England NHS

Speech and language therapy staff - HCHS

Scotland NHS

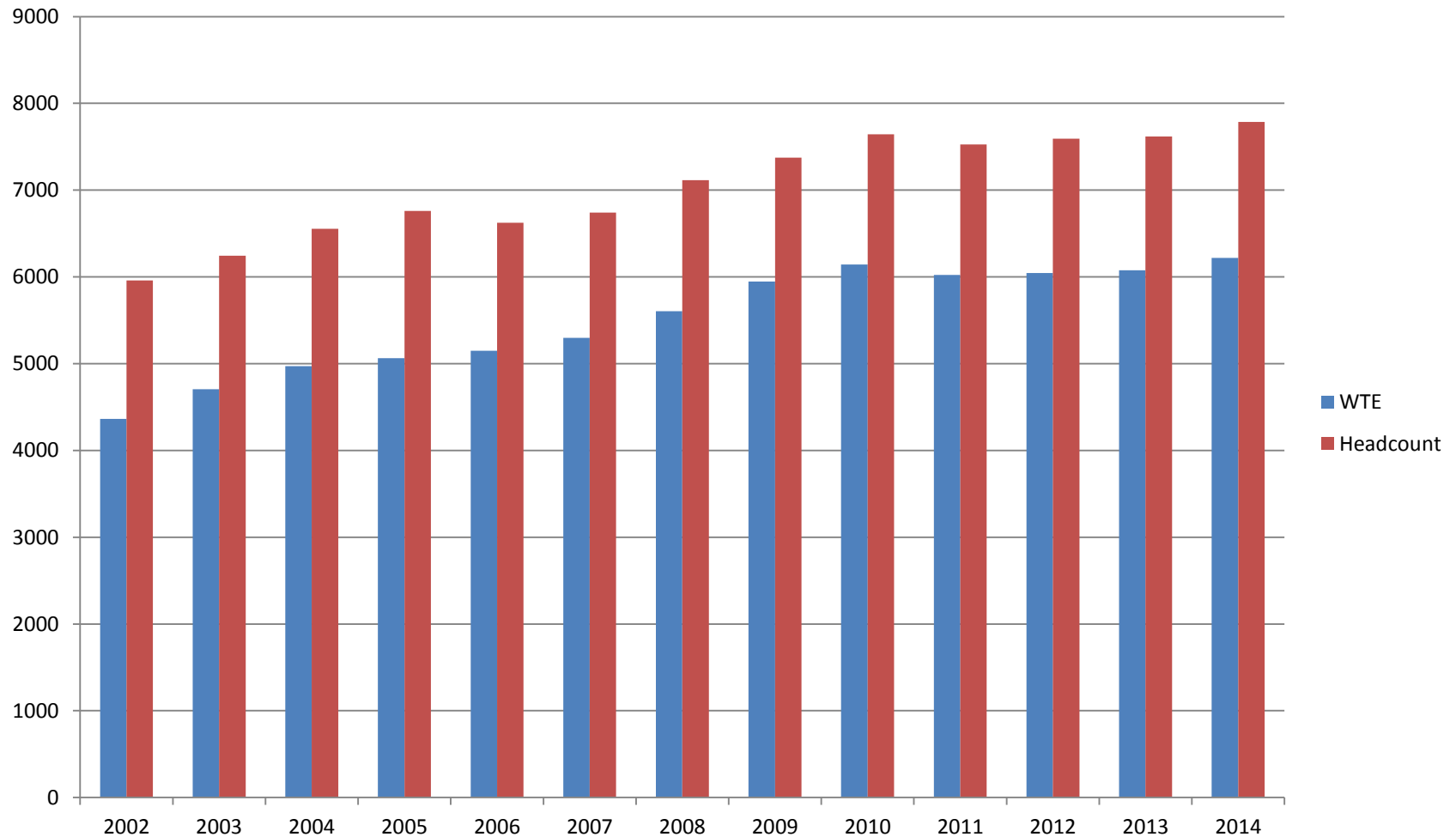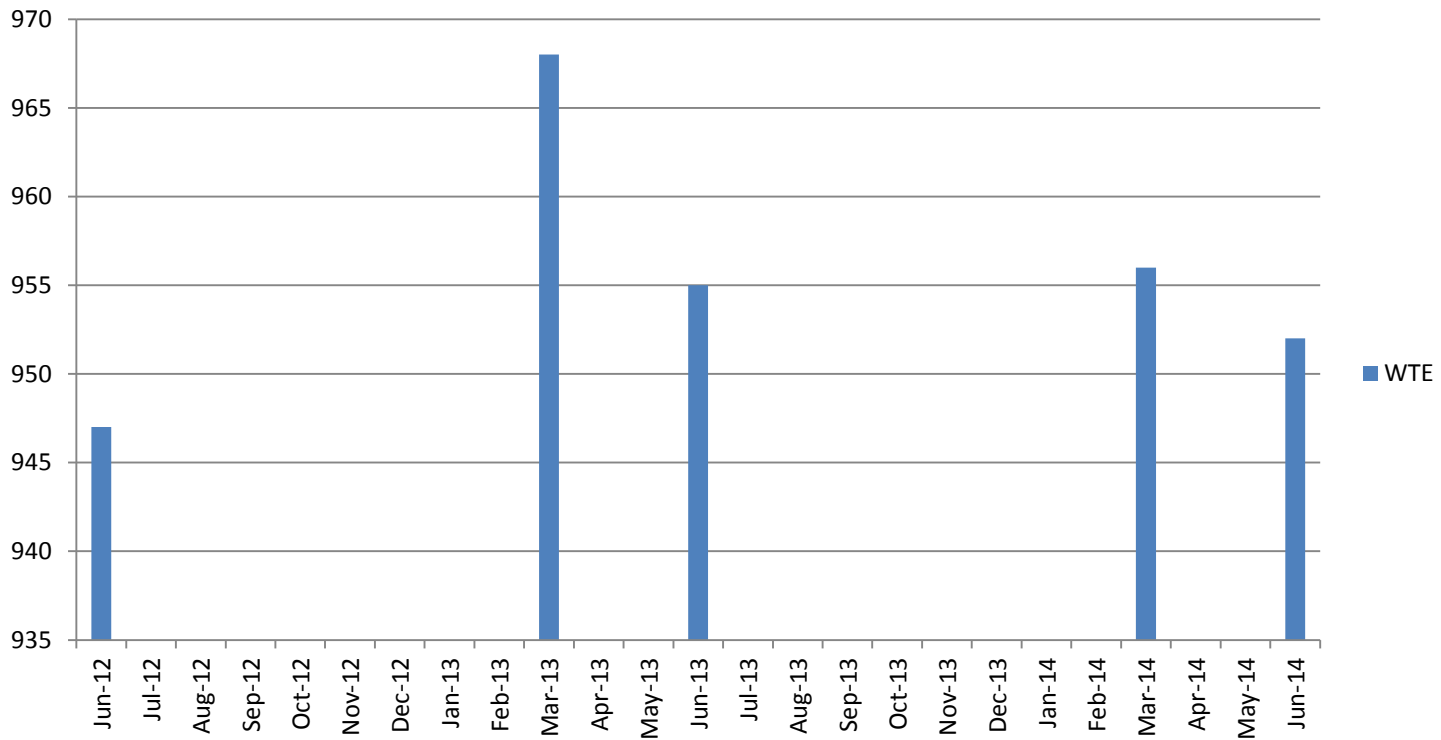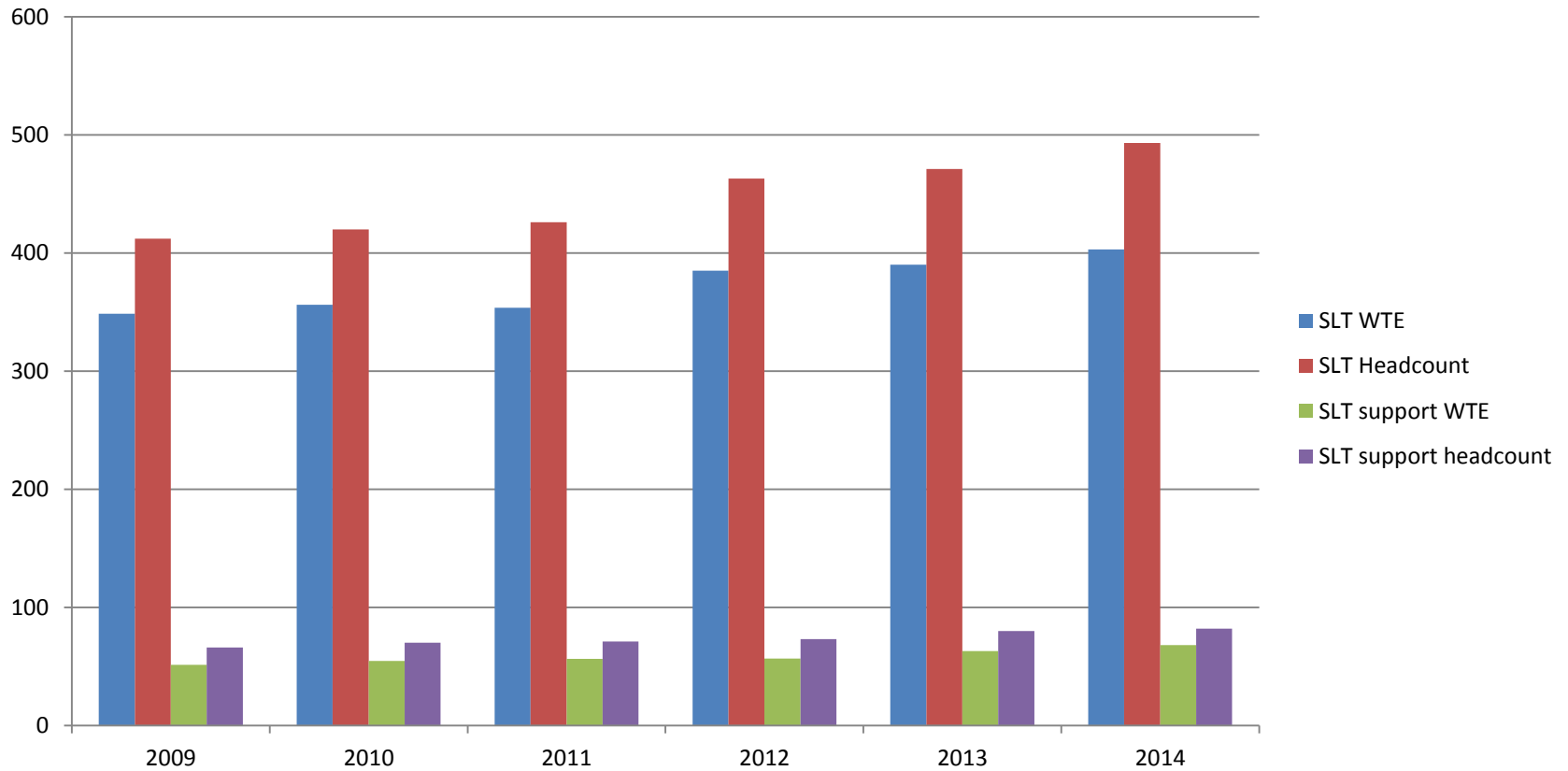**Speech and language therapy staff - HCHS (Scotland)**

Northern Ireland NHS

Speech and language therapy workforce trends

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 developmen**t requirements and limited time to undertake

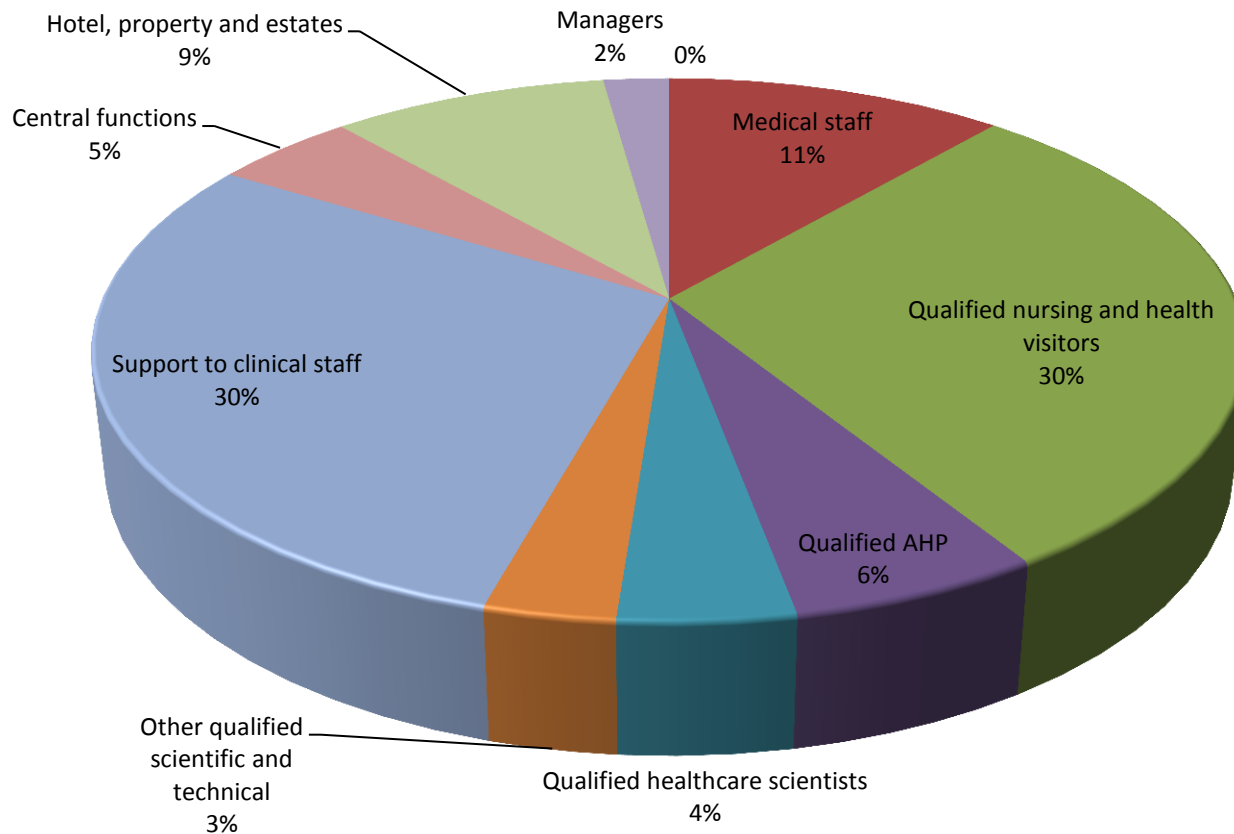# What could my organisation be planning?

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)

- Hotel, property and estates 9%
- Central functions 5%
- Managers 2%
- 0%
- Medical staff 11%
- Support to clinical staff 30%
- Qualified nursing and health visitors 30%
- Other qualified scientific and technical 3%
- Qualified healthcare scientists 4%
- Qualified AHP 6%
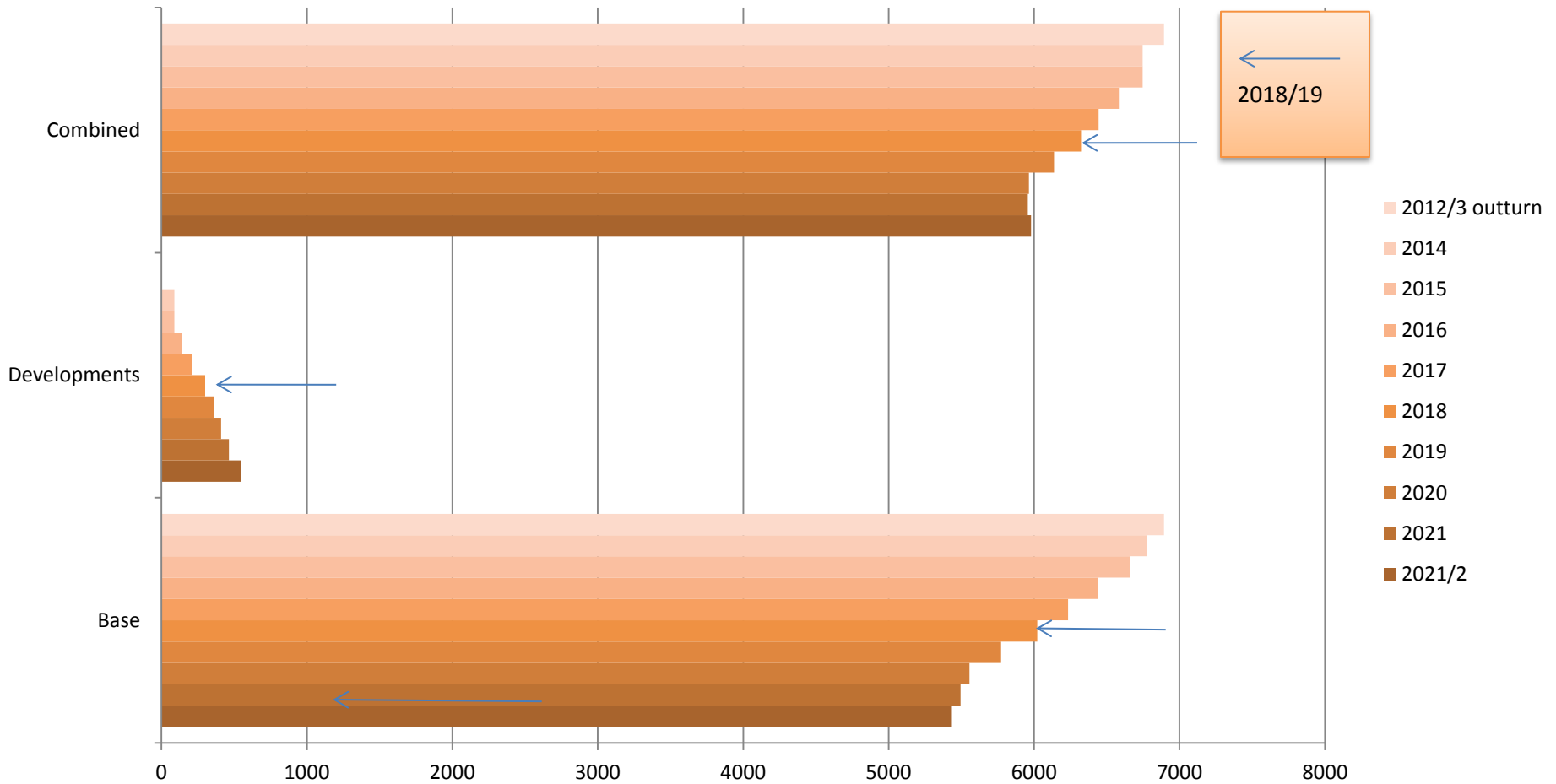
Creating extra workforce capacity and capability

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

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
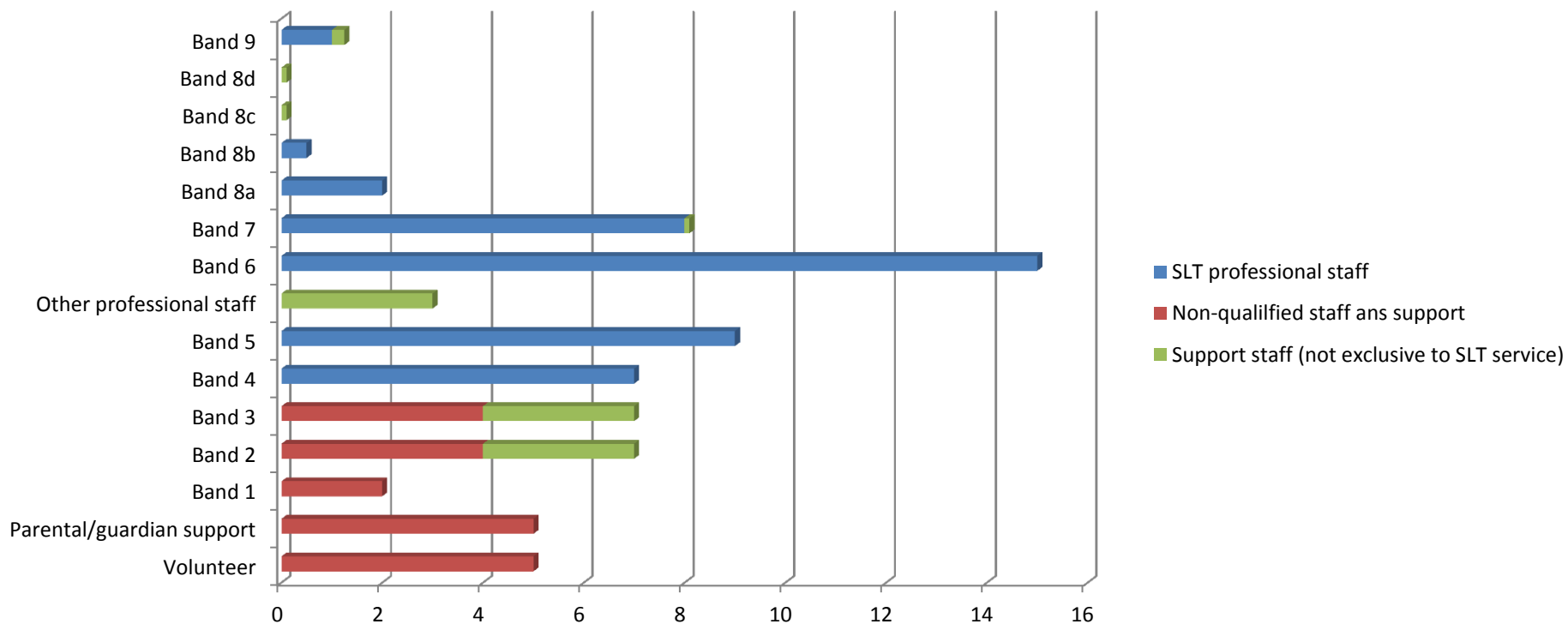
Speech and language therapy assistant practitioners

Stroke assistant practitioner

Surgical care practitioner

Technical officer assistant

Ward services operatives

The full team

Job planning: clinical specialists/practitioners

In-scope:

o Clinical nurse specialists

o Physiotherapy

o Occupational therapy

o Pharmacy

o Radiography

o Speech and language therapy

o Dietetics

o 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
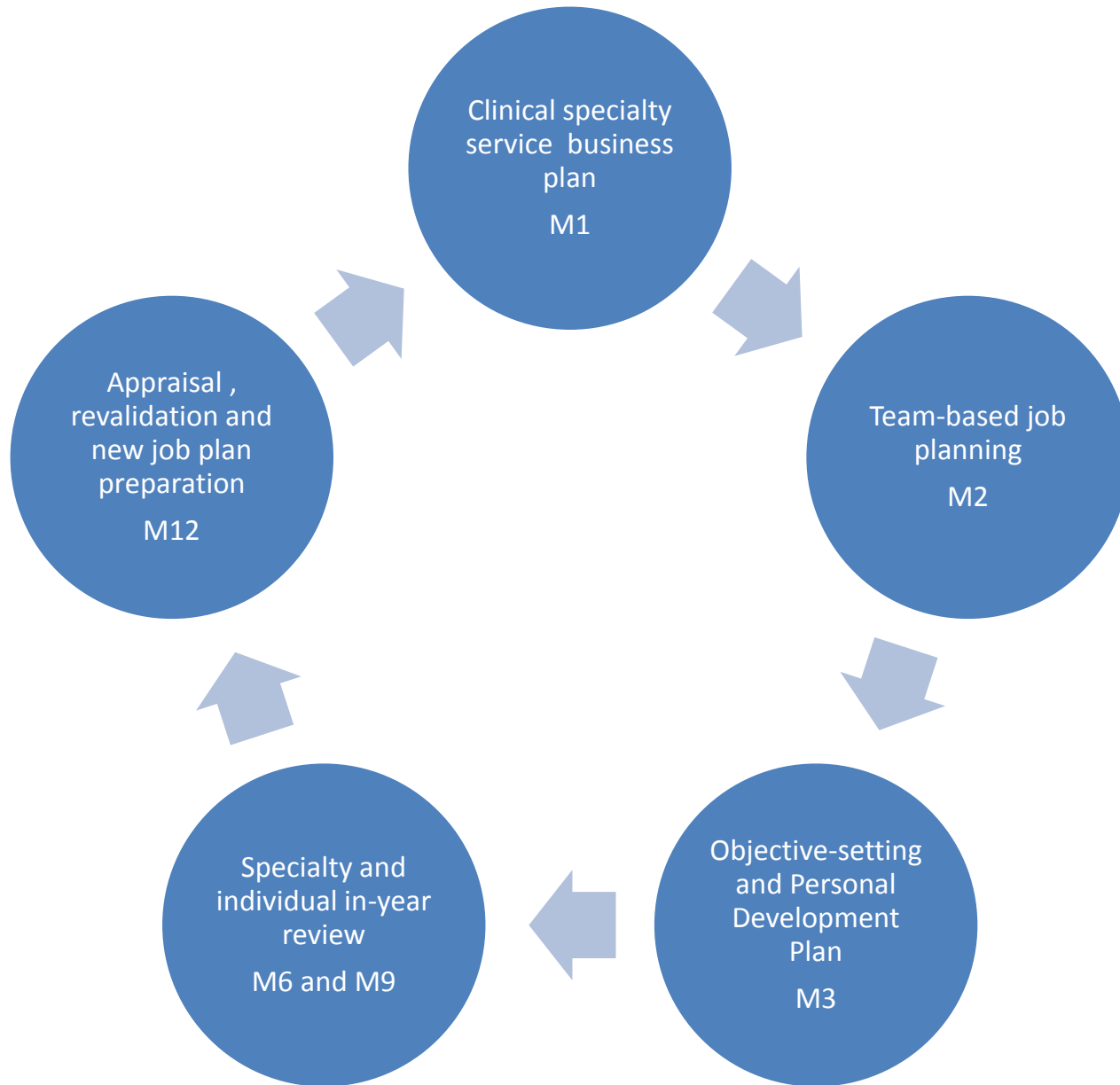
Quantifying the specialist contribution

| (Direct) Direct Clinical Care [dDCC]	(Indirect) Direct Clinical Care [iDCC]	Supporting Professional Activity (personal)	Supporting Professional Activity (others)
To work as an autonomous, advanced practitioner, with an extended scope of SLT practice o **To use advanced clinical reasoning, evidence based practice, understanding f the 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.** o **To use an extended depth and breadth of experience across all specialisms to manage a highly complex caseload** o **Direct delivery of face-to-face therapy programmes** o **to provide emergency cover for other staff within the team** o **Advanced diagnostic /videofluoroscopy skills** o **To act as an expert resource for Consultants, GPs and other health professionals**	SLT voice for clinical development within the multi-disciplinary team arena o To provide professional representation of SLT service o Support best practice through appraisal and competency frameworks o Lead the development of service improvement o Oversee clinical policy	o To demonstrate continuous professional development o To lead audit o To ensure that the service complies with clinical governance o To ensure that all clinical practice is benchmarked against all relevant national programmes and national standards o Statutory and mandatory training o To support the development and implementation of outcome measures o Ensure that all new research is disseminated and implemented o Face for speech therapy Divisional/departmental meetings	o General training, education and formal teaching o Advise on improving the efficiency, effectiveness and productivity of other staff through job planning o To use an extended depth and breadth of experience across all specialisms to provide a high level clinical supervision o Monitor the effective use of all resources across SLT o 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]
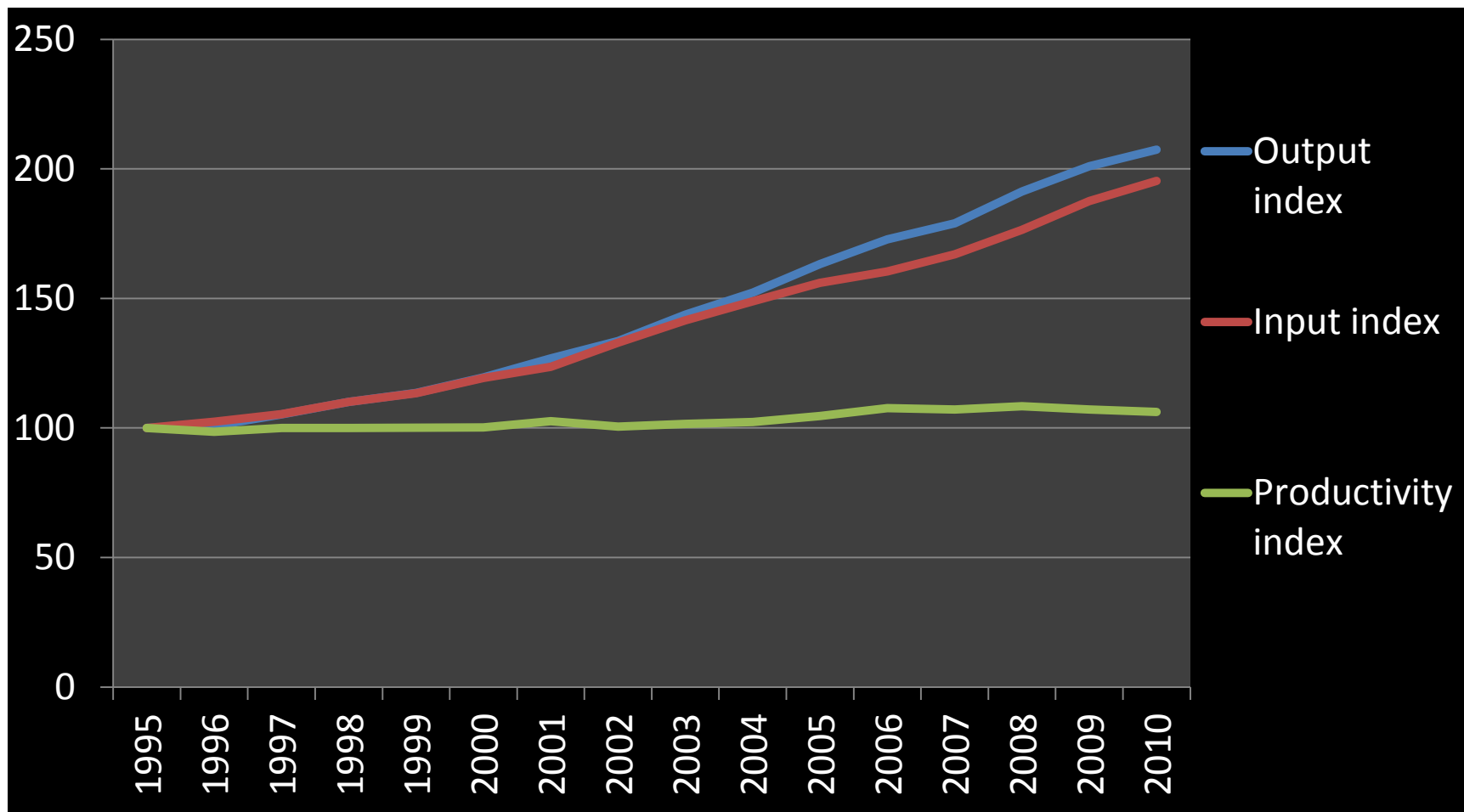
Workforce cost reduction productivity improvement opportunities

- **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:
    - **S**pecific
    - **M**easurable
    - **A**chievable and agreed
    - **R**elevant
    - **T**imed 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

www.learnmarketing.net
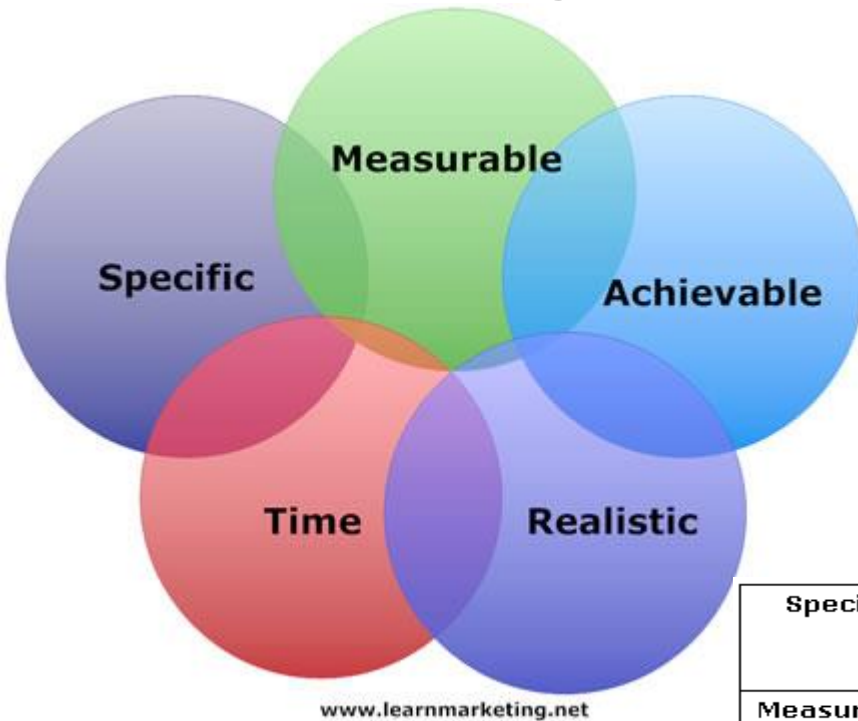
Specific	Is the objective precise and well-defined? Is it clear? Can everyone understand it?
Measurable	How will the individual know when the task has been completed? What evidence is needed to confirm it? Have you stated how you will judge whether it has been completed or not?
Achievable	Is it within their capabilities? Are there sufficient resources available to enable this to happen? Can it be done at all?
Realistic	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?
Timely	Is there a deadline? Is it feasible to meet this deadline? Is it appropriate to do this work now? Are there review dates?

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 a 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

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

Q&A and discussion