

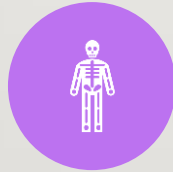
**THE
DEVELOPMENT
OF MID
YORKSHIRE
ADULT SLT TEAM;
RECRUITMENT &
A NEW MODEL
FOR STAFF
DEVELOPMENT**

- **CATHERINE FINN & CAROLYN MARTIN**
- **TEAM LEAD SPEECH & LANGUAGE THERAPISTS**
- **JUNE 2019**

BACKGROUND & CHALLENGES



MID YORKS – High pressure as a central service feeding in to other local services



Block contract for SLT; different divisions providing varying amounts of funding for SLT input across stroke / acute including critical care / head and neck / voice / community services



Mid Yorkshire serves more than ½ million patients across 3 hospitals and across the Wakefield District patch



Specialist Spinal and Burns units



Under resourced acute SLT service previously. On average 7-9 days wait from referral May 2018. (1-2 days May 2019.) Challenge of SSNAP



Staff finding b6 employment post dysphagia elsewhere. Mid Yorks re-recruiting to b5 posts; and the cycle continues.

SLT WORKFORCE CHANGES



Significant change in staff and skill mix when 3 most experienced and senior members of staff moved to other organisations / new roles.



This initiated a new leadership structure; 1 x Team Lead and 3 x new Clinical Leads (all b7)



Required a recruitment & retention strategy



Moving from a team of 14 – 23 members of staff in 9 months plus 3 bank members of staff



New junior staff and minimal experience across all bandings – how do we manage and support staff whilst growing the service and meeting the needs of all our patients?

CREATIVE THINKING & SOLUTIONS



Reflected on our unique situation – we were able to fill the workforce gaps but the skill mix was significantly reduced.



Became aware that advanced skills were difficult for SLT staff to obtain regardless of experience levels across the region based on leading 9 interviews in 6 months. Needed to release time for intense skilling up.



Who was interested in supporting staff and service developments? Was there a potential gap and match? Could we use the bank to recruit slt staff for non-patient work?



Needed to stop the Mid Yorks dysphagia training factory and find new ways to retain staff

APPROACHING NEIGHBOURHOOD NETWORK



2 main areas that I felt clinical expertise and supervision were required - stroke and voice. Stroke Clinical Lead offered as development post



Development B7 stroke post required and deserved specialist knowledge and very importantly – time. It was not feasible for me to deliver all of this (plus the day job) especially in areas which were outside my specialist knowledge area. Plus develop the other senior staff and bring in new junior staff



Spoke to Carolyn Martin, Team Lead at Locala with my vision. Also spoke to voice specialist to support with service development and supervision for voice staff.

WHAT I ASKED FROM SPECIALIST BANK STAFF



OBJECTIVE AND
'OUTSIDE' LISTENING EAR



NO PRECONCEIVED IDEAS
ABOUT ABILITIES AND
NEEDS OF NEW CLINICAL
LEAD STAFF NEW TO
POST



LOOKING AT STRENGTHS
AND CHALLENGES



CLINICAL EXPERTISE AND
EXPERIENCE OF
SUPPORTING STAFF IN
JUNIOR AND SENIOR
ROLES



FLEXIBLE APPROACH
ACCORDING TO SERVICE
AND STAFF NEEDS E.G.
121 SUPERVISION / GROUP
SUPERVISIONS /
COMPETANCY
DEVELOPMENT /
RESEARCH

BANK CLINICAL SUPERVISOR ROLE



SUPPORT TEAM
LEADER WITH
DELEGATED NON
CLINICAL 'SERVICE
SUPPORT' ROLES



DESIGN
TRANSITIONAL
SERVICE
COMPETENCIES; 5-6
AND 6-7



ASSIST WITH SERVICE
STRUCTURE AND RE-
DESIGN



REVIEW CARE
PATHWAYS AND SLT
ROLE EXPECTATIONS



PROVIDE DIRECT
CLINICAL
SUPERVISION AND
SUPPORT ACROSS
BANDINGS IN AREA
OF EXPERTISE



SUPPORT WITH
DEVELOPING STAFF
COMPETENCE TO
TRANSITION FROM
BAND 6-7 VIA
SUPERVISION
SESSIONS

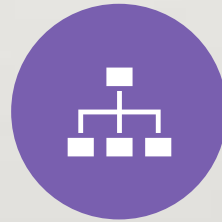
BAND 6-7 COMPETENCY FRAMEWORK



REVIEW OF MID
YORKSHIRE
OPERATIONAL ROLES
AND RESPONSIBILITIES
FRAMEWORK



COMPARISON OF BAND 6
AND 7 JOB DESCRIPTIONS



MAPPING OF GAPS
BETWEEN BANDINGS
AND ROLE
EXPECTATIONS



DISCUSSION WITH TEAM
LEADER AND STAFF
MEMBER REGARDING
STRENGTHS AND
PERSONAL
DEVELOPMENTAL AREAS



PERSONAL WRITTEN
COMPETENCY
FRAMEWORK
DEVELOPED.

CLINICAL SUPERVISION STRUCTURE



REVIEW OF COMPETENCY
FRAMEWORK WITH
AGREEMENT ON TARGETS
SET.



REGULAR SUPERVISION
SESSIONS ARRANGED TO
REVIEW PROGRESS.



TRAFFIC LIGHT SYSTEM
IMPLEMENTED TO
INDICATE ITEMS;
COMPLETED, ONGOING
AND NOT STARTED WITH
DISCUSSION ON
PRIORITY.



PROGRESSION BENCH
MARKED WITH CLEAR
STRUCTURE, USING A
RANGE OF DIFFERENT
EVIDENCE TYPES
(DISCUSSION, SELF
REFLECTION, EMAILS,
MEETING MINUTES,
POLICIES AND
PROCEDURES, COURSE
ATTENDANCE ETC)



OPPORTUNITY FOR SELF
REFLECTION AND
MODIFICATION OF
STRUCTURE AS
APPROPRIATE

POSITIVE OUTCOMES



RELEASE OF TIME
AVAILABLE FOR TEAM
LEADERSHIP ACTIVITIES



IMPARTIAL INDIVIDUAL
TO GUIDE THROUGH THE
PROCESS – SUPPORTING
WITH ACHIEVEMENTS
AND AREAS OF
DEVELOPMENT



OBJECTIVE SPACE FOR
DISCUSSION – DUE TO
NOT WORKING WITHIN
SERVICE



ABILITY TO PROVIDE
FEEDBACK
THROUGHOUT THE MID
YORKSHIRE STRUCTURE,
REGARDING POTENTIAL
SERVICE CHALLENGES



SUPPORTIVE
ENVIRONMENT FOR
DISCUSSING
FRUSTRATIONS,
CHALLENGES AND
CONCERNS

FUTURE STATE



Potential ongoing opportunities for non patient facing bank work at Mid Yorks



Stroke supervision & voice supervision as required / ad hoc



Potential for regional network of specialist bank staff



Ongoing review of staffing levels versus skill mix to understand the challenge and find the right solution



New development opportunities for experienced SLT's to work with other Trusts and teams without leaving their employers.