



The importance of leadership in speech and language therapy services

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Introduction

People with communication and swallowing needs require high-quality, safe speech and language therapy services and these services need to be cost-effective. This can only be achieved with the right professional and clinical leadership. This document sets out what the RCSLT believes is the baseline leadership capacity and capability that services require.

Why is leadership so important?

The importance of effective leadership in delivering high-quality healthcare has been highlighted through extensive research (for example The Kings Fund, 2011/2015/2017).

Changes to healthcare provision in all parts of the UK are making it increasingly important that services develop and use their leadership resources – both clinical and professional. A service that does not meet this baseline is unlikely to be safe and high-quality. Regardless of its cost, it will not be effective.

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Clinical responsibilities

All speech and language therapy services must maintain clinical leadership capacity and capability to ensure that:

- service delivery models are based on up-to-date research evidence;
- updates within the clinical field are monitored to inform changes to service delivery;
- the service uses the latest, specialist, clinical resources, as recommended by research evidence, including evidence-based information technology (IT) resources;
- all clinicians are supported to use an evidence-based approach (Sackett et al, 2000, p1) to practice. This requires the use of clinical expertise to consider research evidence, patient preferences and local circumstances to determine appropriate speech and language therapy intervention and assessment;
- all clinicians within the team are supported to maintain up-to-date clinical knowledge. This may be achieved through supervision, in-house training, or the provision of second opinion support by a clinical specialist; and
- the service contains the capacity to disseminate best practice guidelines to key external stakeholders – for example nurses, care home staff, carers, parents and schools.

These responsibilities are imperative for ensuring positive clinical outcomes for service users; the cost-effectiveness of the service; and compliance with regulatory requirements including the Health and Care Professions Council (HCPC), Care Quality Commission (CQC) and Ofsted.

Professional responsibilities

Speech and language therapy services must also maintain uni-professional leadership capacity and capability to ensure the service has:

- strategic vision and direction, aligned to the aims of the organisation and partnership arrangements with other local health, education and social care service providers;
- a workforce and skills mix that is appropriate to deliver a service in line with the latest professional guidelines and standards, as provided by the RCSLT and HCPC and taught on pre-registration speech and language therapy programmes;
- input and expertise at a sufficiently senior level within the organisation and across local health, education and other agencies so that the needs and preferences of people with speech, language, communication and/or swallowing needs are considered and reflected at a strategic and operational level.

Providing this professional leadership capacity and capability within the speech and language therapy service will also ensure:

- developments in national policy and guidance are monitored and the clinical team are supported to implement these changes within the service;
- the effectiveness of the service is monitored and improved through service evaluation, clinical audit and/or research projects;
- the service can identify and respond to the needs and preferences of the population it serves through the use of clinically focused public and patient involvement initiatives;
- key research priorities are identified. This includes promoting the allocation of funds to research in areas where there is no existing research knowledge;
- a detailed understanding of the speech, language, communication and/or swallowing needs of the local population is maintained in order to plan ongoing management of the speech and language therapy service in line with expected demographic changes, or changes to local and/or national policy;
- any issues relating to patient safety are appropriately managed and escalated, including to the clinical governance lead and on to the organisation's risk register;
- an overview of local health, social care and education service is provided for, along with detailed profession-specific knowledge, in order to identify clinical pathways that local speech and language therapy services can add value to.

For more information, email info@rcslt.org

Key references

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