# Accessing professional supervision for SLTs

# Templates for business case and service level agreement

**Context**

An event for the Channel Islands and Isle of Man Hub hosted by RCSLT at the RCSLT HQ 14.3.2019 identified that access to appropriate Professional Supervision, particularly for complex cases, is a significant problem due to small service size, low complex patient numbers and geographical isolation.

This leads to issues regarding achieving, assuring and maintaining competency. It was agreed that the RCSLT would produce a business case template including an underpinning service level agreement template.

Ann Whitehorn, RCSLT General Trustee and Lyn Button, RCSLT Leadership Mentor agreed to undertake the project.

The following templates include guidance notes and examples taken from the clinical area of dysphagia and successful external supervision projects with the Channel Islands and the Isle of Man.

**RCSLT guidance and resources for members**

* Supervision information for speech and language therapists

<https://www.rcslt.org/members/delivering-quality-services/supervision>

* Preparing your business case

<https://www.rcslt.org/members/delivering-quality-services/service-planning-and-improvement/planning-preparing-your-business-case>

**RCSLT resources for employers of SLTs**

* Supervision: Information for employers of speech and language therapists

<https://www.rcslt.org/speech-and-language-therapy/guidance-for-delivering-slt-services/what-is-supervision>

# Business Case

[Insert title]

## Proposal

Include clear, succinct description of supervision arrangements proposed and how this fits with current service level agreements.

## Background

### Outline of service and clinical area

This will need to be personalised to specific service needs and clinical area.

Example using dysphagia as clinical area:

Approximately 75% referrals to adult SLT service are for patients with disorders of eating, drinking and swallowing. Referrals are received from varying sources such as medical consultants, AHPs, nursing staff, patients and families.

Aetiologies include stroke, progressive neurological disorders, head injury, cardiac events, head and neck surgery, respiratory disorder, upper GI issues.

A percentage of dysphagia referrals are complex cases requiring in depth assessment, ongoing rehabilitation and management in conjunction with the wider MDT. In the majority of cases the SLT will be required to lead this management.

An appropriately skilled and experienced SLT or one who has regular access to professional supervision from a senior specialist dysphagia practitioner working with this client group is required to manage these complex cases to ensure management and mitigation of risk.

### Volume and level of input of complex referrals to service

Include:

* Caseload numbers per therapist weekly
* Case banding range – number of therapy sessions required weekly
* Unmet need – actual number of sessions offered vs optimal need and shortfall

### Current staffing delivering this service

Include:

* Band of staffing and whole time equivalent dedicated to this patient group
* Specialist skills for managing complex cases
* Available timetabled professional supervision

## Benefits

Include a summary of benefits. Consider the following:

* Supervision is critical to the delivery of high quality service through:
  + accountable decision making and clinical practice
  + the facilitation of learning and professional development
  + the promotion of staff wellbeing.
* Supervision has been associated with higher levels of job satisfaction, improved retention, staff effectiveness and reduced turnover. It is also one way for a provider to fulfil their duty of care to staff

RCSLT information for employers of speech and language therapists, includes PDF ‘summary for employers of speech and language therapists’

<https://www.rcslt.org/speech-and-language-therapy/guidance-for-delivering-slt-services/what-is-supervision>

Include links to relevant resources here.

* RCSLT guidelines for finding an appropriate professional supervisor:

<https://www.rcslt.org/members/delivering-quality-services/supervision>

* RCSLT Dysphagia Training & Competency Framework:

<https://www.rcslt.org/members/clinical-guidance/dysphagia/dysphagia-learning#section-6>

* The International Dysphagia Diet Standardisation Initiative (IDDSI) Framework:

<https://www.rcslt.org/members/clinical-guidance/dysphagia/the-iddsi-framework>

## Risk management and governance

When the designated speech and language therapist managing this caseload is not sufficiently experienced or able to access appropriate levels of professional supervision from the skilled supervisor in a timely and accessible way there will be significant clinical and service risks.

Outline associated risks here.

Example using dysphagia as clinical area:

* Morbidity and mortality with consequent increased length of stay and significant cost to health economy. The daily cost of chest infection requiring hospital admission in the UK is £132,0551.
* Choking /aspiration pneumonia with risk of death
* Dehydration
* Malnutrition and weight loss

## Minimum supervision requirement to ensure appropriate risk management

Include clear, succinct description of supervision arrangements proposed and how this fits with current service level agreements.

* Minimum supervision requirement
* Frequency and cost as detailed in SLA of senior specialist practitioners time

Previous examples of successful external supervision projects with The Islands are:

* Band 5 Dysphagia Competencies ( RCSLT Level C) : achieved via 2 x weekly 1 hour Skype sessions with Professional Supervisor plus 6 weekly on Island 2 day visits to asses clinical competency in assessment, management and communication.
* Band 7 Complex Dysphagia Cases including Tracheostomy and Ventilator Dependency: 1 x fortnightly 2 hour Professional Supervision Sessions via Skype.

## References

Include any references here.

Example:

**1** Marsh, K., Bertranou, E., Suominen, S. and Venkatachalam, M. (2010) *An economic evaluation of speech and language therapy*, Matrix Evidence.

# Service Level Agreement

[Insert title]

This describes and defines the service provided and can be used as a template for any specific clinical speciality for which professional supervision is required.

#### Service description

This is an agreement between [the supervisee’s employing authority] and [the professional supervisor/their employer] who commits to providing appropriate supervision to [no. and band speech and language therapy clinical practitioner/s] in [clinical area]. The agreement covers the period [\_\_\_\_\_\_\_] to [ \_\_\_\_\_\_\_\_].

The identified professional supervisor will be a senior specialist practitioner in the relevant clinical area within the appropriate patient population, with significant previous experience of offering professional supervision.

#### Model of service delivery

Adapt for specific departmental needs.

Example:

The supervision will consist of 1.5 hours per week direct supervision via skype encompassing case discussion, formal and instrumental assessment, review of documentation including reporting, recommendations and future management plans.

#### Cover for supervision

No cover included for unplanned absence or annual leave of supervisor.

#### Cost

Costs will include all oncosts and expenses incurred to provide the appropriate professional supervision. Preparation and administrative costs must be included.

Example:

The cost will be the equivalent of 2.5 hours band 7 senior specialist SLT salary including oncosts. Additional 1 hour covers preparation time.

#### Issues

Any issues or concerns arising should initially be raised with the appropriate line manager of the supervisor / supervisee.

#### Terms and conditions

Terms and conditions will be according to the terms and conditions of the purchasing trust.

#### Termination of service level agreement

This service level agreement can be terminated by either party with a period of three months’ notice.

#### Signatories

Supervisee’s line manager:

Supervisor / supervisor’s line manager:

Date: