IASLT | The Irish Association of Speech + Language Therapists

Experiences of Speech and Language Therapists in Enhanced Community Care Networks and recommendations for Change.

Approved by the IASLT Board: **22nd August 2023**

> ***"Equitable service for all but no consideration of staffing levels, resources, training, specialist supervision, experience and competencies leading to dissatisfaction, stress and low morale amongst Speech and Language Therapy staff".***

Having observed the establishment of the Enhanced Community Care Networks (ECCNs) and with learning available from the first ECCN pilot areas, it is timely to consider the experiences of the SLT community currently working within Enhanced Community Care Network (ECCN). In order to understand their experiences, this year IASLT completed a number of in-depth focus groups with IASLT members. These focus groups included members of all clinical grades and experience with broad geographical representation as well as a survey with IASLT members.

IASLT issued a statement on the roll out of Progressing Disability Services (PDS) in July 2022: IASLT Statement on the roll out of Progressing Disability Services (PDS). The failings of PDS continue to be experienced nationally resulting in significant recruitment difficulties and loss of skilled clinicians from the area. We firmly believe that lessons can be learned from the failures within PDS. We have made several key recommendations and we believe if these are followed it will ensure that ECCNs do not experience the same failures.

In this survey only 20% of respondents told us that their experience of ECCNs had been positive. Our focus groups and national survey indicated that the experiences of the SLT Community vary nationally from ECCN to ECCN. Experiences conveyed to us reflect a spectrum from positive to negative. Experiences vary depending on the relationship between the SLT Manager (SLTM) and the Community Health Network (CHN) Manager. They vary depending on the level of support that the SLTM can provide, in terms of clinical governance, supervision and risk management. IASLT members are reporting enhanced multi-disciplinary team (MDT) working within ECCNs and recognise the value of multidisciplinary meetings for management of complex cases for service users. They highlighted the requirement for staffing full complements of MDTs. Currently some SLTs feel that very little has changed in terms of their day-to-day practice with the transition to ECCNs, others report feeling burnt out and left to manage longer waiting lists which are more complex with less support available. There was an overriding view that our members reported that they feel there is currently more emphasis on reducing waiting times and less on providing the best service and outcomes. There is significant concern for the future even within teams that are currently functioning well as they observe challenges within other ECCNs. Much of the concern centres around clinical governance, risk management and professional autonomy.

This document focuses on these concerns and identifies key themes emerging. We also make a number of key recommendations.

Key themes emerging:

1. **Clinical Governance, Risk Management and the Roles of Discipline Manager and Network Managers.**

"Clinical governance has been significantly compromised since the transition".
"Supervision practices have been hindered. and overall quality of service has reduced".
"Recruitment and co-ordination of staffing across an area is more complicated".
"The role of the SLT Manager varies from ECCN to ECCN".

Our members expressed significant concern in relation to clinical governance, risk management and professional autonomy. There are concerns about the expectations that Discipline Managers hold clinical governance while the CHN Managers are named as the accountable and responsible person for matters that are specifically clinical, such as caseload management and prioritisation. A key concern arising from the current lack of clarity is the impact on risk assessment and management.

Information provided within HSCP & Discipline Managers' job specifications and the recent CHN handbook is a source of significant concern for members of our profession. Job specifications include the following "The head of discipline is accountable and responsible for providing clinical governance and assurance regarding professional practice, quality and standards and will have lines of supervision with relevant staff in this respect". Clinical supervision structures alone will not provide assurance that clinical governance is robust. As an action going forward, further clarification is required in terms of delineation of both the Discipline Manager and CHN Manager roles as they relate to oversight of clinical governance and risk management.

2. **Paediatric inclusion in ECC**

"There is no clear place or role for Paediatric services. We have not been prioritised for additional training or given any new posts".

While some training has been provided, there has been no addition in terms of staffing for paediatrics. The profile of clients supported in Primary Care has changed post Progressing Disabilities, to include those with more complex needs. There is a

pervasive sense of paediatrics not being part of ECC structures. There are significant challenges in terms of managing competing demands with an increase in meetings (e.g., management groups, primary care team meetings, clinical team meetings), a heavy administration burden, recruitment, and retention challenges in combination with increase in client complexity.

3. Client Outcomes.

"There is now more of a focus on waitlists and numbers rather than actual client outcomes".

IASLT members commit to working with compassion, dignity and respect for all service users, families / support systems and cultures. Our members wish to provide the highest standards of care and are frustrated by current metrics and a lack of focus on service user outcomes and current service limitations. These are having an impact on job satisfaction and burnout, particularly in paediatric services.

4. Recruitment and Retention, Lack of career pathways.

"My experience of the ECC is the opposite of enhanced due to severe staff shortages".
"I don't feel my skills are valued".
"There is no career progression within ECCN / primary care beyond senior grade".
"There are no proposals in place to recruit any clinical specialists in primary care. This results in a loss of experienced clinicians in the service due to better boundaries and more opportunities elsewhere within the national health services".

Recruitment and retention challenges within Enhanced Community Care Paediatric Teams was raised as a concern by members. 90% of respondents reported vacancies in the ECCN Team.
Only 40% of respondents reported that they intend to remain working within their current ECCN given current challenges.

5. Requirement for Administrative support.

"There is no additional admin support and nearly all of administrative tasks from sending out appointments, cancelling appointments when sick to processing discharges need to be completed by clinicians".
"Extra roles, extra admin, less time for clinical role, negative impact on my job satisfaction, longer waiting lists for clients despite regular correspondence advocating on their behalf ".

Access to appropriate levels of administrative support was highlighted by IASLT members as an ongoing challenge which is significantly impacting on the clinical time available to service users. Restructuring to networks has resulted in restructuring of dedicated discipline specific administrative supports to a network and general allocation model, reducing the access, effectiveness, and efficiency of administrative support.

Summary and Recommendations.

As we continue to advocate for service users, our members and the SLT profession, IASLT is making a number of key recommendations.

1. There is a requirement for **clarity** regarding roles and responsibilities within the ECCNs and recognition of the **equal importance of roles of Discipline Managers and Network Managers.**
2. There is an urgent need for **clarity** regarding key differences between clinical **governance, supervision, clinical and operational line management and performance management.**
3. A **meaningful review of CHN Manager and HSCP Manager's role and remit** to clarify lines of responsibility and authority is required.
4. **Enhanced career pathways** are required to realise the full potential of Speech and Language Therapists.
5. A comprehensive **workforce planning strategy and implementation** is urgently required. Recognition of the clinical expertise held within the profession in ECCNs and the allocation of **appropriate clinical specialist posts** to reflect this expertise.
6. A **meaningful review and change** in relation to how **current metrics** are recorded to ensure a **focus on client outcomes rather than waitlists and numbers.**
7. Expansion of **professional development** including master's degrees and research opportunities.
8. Provision of **administrative support** to ensure that clinical time is not diluted by a focus on administrative tasks.