

Justifying your service following the COVID-19 pandemic

KEY WORDS

- » Business plan
- » COVID-19
- » SWOT
- » SMART

The COVID-19 pandemic has affected many different services over the last year, including tissue viability. In some cases these changes may have helped us see both the good and also what needs changing within the service. As things begin to return to normal you may want to justify and add to your service using the new information acquired. In this article, Karen Ousey explains how to make a business case for your service and what it requires.

Since the start of the COVID-19 pandemic Tissue Viability Services (TVS) have, in some geographical areas, been dispersed across healthcare areas to support a range of care interventions. The pandemic identified different ways of assessing, managing, and supporting people (staff, patients, and carers) with a wound or to maintain skin integrity and be able to identify early signs of a potential wound infection. The National Wound Care Strategy Programme (NWCSP, 2020) recommended that patients be supported to self-care, to increase the use of telemedicine and the use of tele-triage before home visits. As the country begins to release restrictions, and COVID-19-related admissions decrease, health professionals are beginning to return to their own services.

As health professionals begin to reflect on case-loads and the changing needs of patients there has to be consideration as to how post-pandemic services should be resourced and justified. Many senior health professionals may well be requested to produce business plans to support their service, with the potential need for an increase in face-to-face clinics, reduction in face-to-face clinics or investment in digital solutions to further develop telemedicine and tele-triage. At first glance the solution may seem to be an increase in staffing numbers, but is this really the resource required? This is the ideal time to undertake an analysis of your service including, where is it now, exploration of your short-, medium- and long-term priorities, why is the change required, what is the cost associated with any change/redesign, where will financing come from, will it be value for money and

how will you measure impact? There are a range of tools that can be accessed and used to complete this analysis.

The SWOT framework (*Figure 1*) is popular and easy to use, allowing the user to identify Strengths, Weaknesses, Opportunities and Threats for the project. Alternatively, a PESTLE analysis may be useful which encompasses Political, Economic, Sociological, Technological, Legal and Environmental aspects. Both these frameworks allow you to consider where the service is now and your future vision (Pestle Analysis, 2021)

Once the analysis has been completed then Specific, Measurable, Attainable, Relevant, or Time-Bound (SMART) objectives should be considered and developed (*Table 1*). It is important that any change to a service or redesign is discussed with the team to gain their input and support. Research is essential, for example, if you require extra clinical



Figure 1. The SWOT framework

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Table 1. Smart objectives

S	Specific	Clear statement of what is required — detailed, focused, concise and well defined e.g. increase in access to laptops, tablets for remote assessments
M	Measurable	How will you measure the outcome e.g. reduction of readmissions, reduction in wound infection, decrease in nursing community visits
A	Attainable	Objectives should be achievable/attainable — there needs to be 'buy in' from all team members
R	Realistic/relevant	Have clear outcomes rather than focussing on the means of achieving them
T	Time-bound	Set clear dates by which the project will be completed and measured include interim dates for assessment of progress

Table 2. Constituents of a business plan

Be focused	Your manager or the executive team do not want a lengthy document — clear and concise is the key
Clear objectives	These should have been identified during the analysis
Rationale for change	Be clear as to where the gaps in the service are e.g. is there an education need, is there increased staff sickness, are there vacancies, have numbers of people attending clinic increased
Be realistic	Do not ask for a whole new team or premises for a new clinic if there is no funding available
Costs	What will the cost be? There is always a cost associated - e.g. staff time for education, printing of materials, attendance at study sessions and procurement of equipment
Risks	Are there any associated risks? What plans are there to mitigate these risks?
Metrics	Present clear metrics as to how you will measure success or failure and time frames for completion
Communication	How do you intend to communicate the change to the team and others?
Executive summary	This is placed at the start of your business plan and should be written last to ensure it contains all the key information

hours, why? Is there an increase in patient numbers, are complex wounds being referred into the service increasing, has there been an increase in lower limb injuries? These will require prevalence and incidence data demonstrating the requirement for the changes being proposed.

Following agreement of the analysis and SMART objectives (Chartered Management Institute, 2011), a focused business plan is required to ensure appropriate investment.

WHAT SHOULD A BUSINESS PLAN INCLUDE?

Your business plan needs to be clear, concise

and without jargon, supported by an executive summary. Remember the people reading it will not necessarily have a background in tissue viability or wound care. The team assessing your plan will often be members of the senior leadership team, procurement and senior clinical practitioners. They will want to be assured that the change or investment is needed at a cost-effective price and will enhance the existing service. As such, you must show the gap in your service which requires addressing, which meets local and national priorities and, presents clear financial forecasting supported by quantitative measures for success (Table 2).

There is always a risk that the projects will not succeed, will require review, or may take longer to complete than first anticipated, it is essential that these are factored into your planning. The use of GANNT charts can be a useful visual tool for teams to review and measure progress against.

Ousey et al (2019) noted the complexities associated with the role of the Tissue Viability Specialist, highlighting that health professionals require the ability to develop and implement successful business planning, yet little education is provided for nurses and podiatrists via undergraduate or postgraduate curricula to teach and enhance business planning skills. We presented a unique partnership agreement between the University of Huddersfield and URGO Medical, resulting in a 30 Masters Level module preparing health professionals for developing, writing, and presenting successful business cases. The importance of understanding and being

confident in making changes to established services or planning new services cannot be over emphasised. As the UK and the rest of the world begin to emerge from this pandemic, and I am sure there will be more, there will be a need for all services to review pre-pandemic services. All members of the multidisciplinary team who are in a position that encompasses service development and redesign must have the opportunity to develop these skills. WUK

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