

Preparing tissue viability clinicians to understand business planning

KEY WORDS

- » Audience priorities
- » Business plans
- » Engagement
- » Presentation skills
- » Tissue viability services

Tissue viability services have been reconfigured and developed as a result of increased pressure on the NHS to deliver more efficient services that maintain quality of care. There is a need for tissue viability clinicians to develop the skills to outline and effect positive changes in practice. For this, they need business development skills, one of the most important of which is presentation skills. This article describes how to put together a presentation that will successfully promote a business case for change in clinical practice.

For the past decade, the NHS has been under increasing pressure to reduce waste, make the best use of available resources, embrace technology, reduce unnecessary hospital visits and improve discharge procedures while ensuring quality of care is maintained. Numerous initiatives have been launched to assist in meeting these demands, including the Getting it Right First Time (GIRFT) methodology, which aims to improve quality, productivity and outcomes for patients by reducing complications and litigation and improving outcomes (<https://gettingitrightfirsttime.co.uk>). The aim was for the application of GIRFT to result in savings to the value of £400 million in 2017–18 (NHS England, 2019).

The momentum for positive change within the wound care arena has been building over the past 5 years. The publication of several papers highlighting the current and future costs of wound care to health services (Guest et al, 2015; Gray et al, 2018) increased the debate surrounding how to improve care interventions and reduce unwarranted complications. NHS England's 2016 Leading Change, Adding Value wound care project considered a national approach to wound management aligned to specific conditions. In 2016 and 2017 there were debates in the House of Lords during which it was recognised that academics, clinicians and policy makers should come together to drive a national pathway that is holistic, focused on prevention and risk assessment, and uses technology and clinical knowledge to accurately measure and treat wounds (Browning, 2017).

Together these catalysed the launch of the National Wound Care Strategy Programme, which aims to develop recommendations that support excellence in standards of care relating to the prevention, assessment and treatment of people with chronic wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers (Adderley, 2018). These proposals are aimed at improving the patient journey and outcomes. Alongside these changes there has been reconfiguration and development of tissue viability services to ensure these proposals are effectively implemented and their outcomes measured. However, whether senior tissue viability clinicians have been provided with the necessary skills to embrace, successfully change and deliver these new services needs to be considered.

A COMPLEX ROLE

The complexities faced by tissue viability clinicians and the skills and knowledge required to perform this role have been discussed in the literature (Ousey et al, 2014; 2016). It is becoming increasingly important for senior clinicians to be able to change practice. For this, they need to be able to develop and present business plans. Unfortunately these skills are rarely embedded into undergraduate or specialist tissue viability post-registration courses, resulting in a knowledge gap between the ever-changing requirements of a fast-moving NHS and the ability to complete an effective, concise business plan.

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Box 1. TVLC Business Skills Development module content

- Strategic planning and business case development
- Scoping, defining and planning a project to develop practice
- Lean methodology
- Problem solving
- Effective time management
- Planning for change
- Dealing with challenges
- Assertiveness
- Budgetary control
- Pilot and implementation
- Presentation skills

Box 2. Establishing credibility

- Carry out research: show that the project/service changes have been considered from various angles and have contingency plans
- Use facts and figures to support claims and conclusions
- Be clear: avoid unnecessary jargon, acronyms and technical details
- Be realistic: forecasts and trends should be rational and backed up by data

Business skills development training

To address this gap, the University of Huddersfield has collaborated with Urgo Medical to develop, validate and implement a 30-credit Masters module entitled Tissue Viability Leading Change (TVLC): Business Skills Development. This module is open to all registered clinicians who work in a tissue viability service. It is a direct result of successful tripartite working between academia, clinical experts and industry. It provides knowledge and skills that will enable clinicians to understand, prepare and deliver a business plan that will assist in the implementation of change in clinical areas.

Each learner is expected to bring to the module a 'live' business case idea for development. As such, it is necessary that the proposed plan has been agreed and is supported by the learner's employer, as there is an expectation it will be presented to the trust board at a later date. The module explores and analyses the elements in *Box 1*.

The inclusion of presentation skills in a business skills module is essential. Without the confidence to present to senior staff, such as trust board managers, procurement, finance teams and other appropriate stakeholders, the business case will not be accepted. This element of the module enables the learner to engage the audience and transmit his or her messages concisely and with clarity while being acutely aware of the priorities of the audience.

BUSINESS PRESENTATION SKILLS

Although most clinicians present with confidence to audiences on a daily basis, either as a member of the multidisciplinary team or facilitating teaching sessions, presenting a business case requesting extra staff, new clinicians or changing a service requires a different set of skills.

Target content and establish credibility

Before presenting the business plan, it is important to consider the audience. Target the content of the presentation according to audience members' interests, knowledge and goals. If the audience is mixed, it may help to ask what their roles are: you could ask people to introduce themselves if the group is small or to put their hands up if they work in a particular area for a large group. Many members of senior management will not have detailed medical knowledge, so keep the message simple and clear,

avoiding the use of unnecessary jargon, acronyms and technical details. An offer can be made to provide additional details on request after the meeting.

Business cases are more likely to be accepted and championed if they are presented by someone who can demonstrate that they understand the concepts underlying the case, have done the relevant research, can back up assertions with facts, and have considered the impact of any proposed changes from various angles. *Box 2* outlines how to establish credibility with an audience. Consider how the proposed project might impact:

- ▶▶ Patient outcomes: What are they currently and what will they be following change?
- ▶▶ Patient experience: Can this be improved? How can it be measured, eg questionnaires?
- ▶▶ Staffing or skills levels: Are additional staff members needed? Is training required? How can that be delivered?
- ▶▶ Delivery costs/cost savings: What are the set-up costs? What are the potential cost savings in the short-, medium- and long-term?
- ▶▶ Available treatments: Are the most appropriate products being prescribed? Do they reflect the current evidence base? Do treatment pathways follow best practice/guidelines?
- ▶▶ Length of stay: What is it currently? How might it be reduced, eg repositioning vulnerable patients hourly to reduce the risk of pressure ulcers? By how much?
- ▶▶ Management and accountability: Who is responsible for delivering aspects of the project?
- ▶▶ Piloting change: How will change be introduced and assessed?
- ▶▶ Roll-out, audit and reaudit: How can change be scaled up, assessed and improved?

Focus on the aims of the proposed changes, how these will be delivered and the associated benefits. Give estimated time lines for delivery.

Research

Try to find out about the size of the audience, audience expectations, the venue and its layout. Ask various questions. Will the presentation be to a small panel or large group? Should audience members be sent the presentation and/or background information in advance? Does the PowerPoint presentation need to be in a particular format? Is PowerPoint the best way of engaging with people?

Box 3. Creating the presentation

- Tailor the presentation to the audience's knowledge level
- Structure it in a logical manner
- Use headings and bullet points
- Keep text brief
- Use pictures where appropriate
- Don't have more slides than minutes in the presentation
- Identify take-home messages
- Consider whether to provide copies of slides to attendees

Will a body-worn microphone be provided? Will the presentation be recorded or videoed? Who else is speaking and will there be an overlap in presentation content? Such knowledge will enable better preparation and should remove anxiety about what to expect.

Creation

Before putting a detailed presentation together, take time to consider how it should be structured. Make sure the content flows in a logical manner. Consider what audience members should do with what they have learnt. Reinforce key messages by telling the audience what is going to be talked about in an introductory slide, talking through the proposed project while progressing through the slides, and then summarising what has been discussed in a concluding or key points slide. Include contact details on the last slide if people need to be able to get in touch.

Use headings and bullet points on each slide but do not use slides as a script — less is more, so keep it brief to ensure the audience listens rather than reads during the presentation. Avoid using unnecessary capital letters, as they are difficult to read. Pictures are great aids and should be used to illustrate points. However:

- ▶▶ Avoid using lots of cartoons or animations, as these can be distracting
- ▶▶ Beware of breaching copyright by using figures from published materials, such as journals; seek permission from the publisher or author if uncertain
- ▶▶ Consider confidentiality if using patient photographs and remove identifiable details.

Each slide should be on show for an average of a minute; never have more slides than minutes in your presentation. Decide whether, when (before or after) and how (email or printed) to distribute copies of the slide show.

Practice

It is useful to have a practice run through with a mentor or someone senior whose opinion is valued beforehand. Have notes to hand that can act as prompts if needed. Time the presentation. Write down when it needs to finish on a piece of paper and regularly check progress against time. This will help with pacing. Ask for constructive feedback

and incorporate it. Ideally go through the revised version with the mentor/colleague before the presenting the business case.

Execution

Appearance, body language and verbal delivery impact audience engagement. Speak clearly and dress comfortably or in an outfit that boosts confidence. If using a body-worn microphone, consider wearing something with a belt or pocket, for ease of attachment. Take along a drink in case of a dry throat or tickly cough and tissues in case of a runny nose. Write any words that are difficult to remember or pronounce on a piece of paper and keep the paper in sight. Focus on just one or two people when giving the talk if presenting to large groups is nerve-wracking.

Engage the audience by giving examples relevant to them and asking questions, such as "If you agree increased funding is needed for [XXX], please raise your hand." Include time for questions and answers at the end of the presentation. If there are other people giving presentations, see whether it is possible to listen and learn from them. Bear in mind that it may be possible or appropriate to refer to points made by prior presenters.

CONCLUSION

In a changing NHS, tissue viability clinicians need to be able to create and present business plans. Good presentation skills enable clinicians to engage the audience and transmit their messages concisely and with clarity while being acutely aware of the audience's priorities in order to secure support for change. WUK

REFERENCES

- Adderley U (2018) Our vision for the National Wound Care Strategy Programme. *Wounds UK* 14(5): 13
- Browning B (2017) The House of Lords debates wound care strategy. *J Wound Care* 26(12): 707–11
- Guest JF, Ayoub N, McIlwraith T et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 5:e009283
- Gray TA, Rhodes S, Atkinson RA et al (2018) Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. *BMJ Open* 8: e019440
- NHS England (2016) Leading Change, Adding Value: A Framework for Nursing Midwifery and Care Staff. Available at: www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf (accessed 12 August 2019)
- NHS England (2019) The Long Term Plan. Available at: www.longterm-plan.nhs.uk (accessed 12 August 2019)

Ousey K, Atkin L, Milne J, Henderson V (2014) The changing role of the tissue viability nurse: an exploration of this multifaceted post. *Wounds UK* 10(4): 54–61

Ousey K, Stephenson J, Carter B (2016) Tissue Viability Leading Change competency framework: preliminary analysis of use. *Wounds UK* 12(3): 30–5