SIMULATED INTERACTIVE MANAGEMENT SERIES

Article 2. Strategy to every day operational management

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To understand this article fully you must read the extra information on the journal internet site, emjonline.com

Feedback

The question about weekend waiting times will be discussed in the next edition. However, there are some things that will not wait, complaints for example should be dealt with promptly. The full replies are listed on the internet pages for this month. In summary Dr York felt that the accident and emergency (A&E) staff acted appropriately (see internet pages for answer from the consultant and from the chief executive).

You have to ensure the advertisements for the next set of junior doctors (SHOs) are ready as this will not wait. The draft person specification for the SHO and the advertisement are in the internet pages.

We have asked to meet the chief executive

Time out—introduction

The first article introduced the concepts of the series, gave some baseline information and set initial problems to be answered. However, the series will also call “time outs” from day to day management to discuss important points of management theory or to take a longer term strategic view. This will be done under the headings of *strategy, people management, specialist topics, A&E topics* and, perhaps most importantly, *attitudes*.

From the start of your management life it is important to develop a proactive approach rather than a reactive one. This will enable you to take control of your own (and departments) destiny. We will therefore begin by looking at Strategy, this is the process by which we define our objectives, examine the department's current strengths and weaknesses and state where we want to be in five years time.

Time out—strategy

In the first article we defined management as *the organisation and motivation of groups to*

Steps in strategic planning—FESSG¹

- Financial analysis
- External environment analysis
- Stakeholder analysis
- SWOT analysis
- Gap analysis

achieve planned objectives. In A&E management there are many people who will hand down objectives, for example the chief executive has already given you a clear objective about the waiting time. In any management position (even if it is concerning our own career), there should be clearly defined objectives. There are a number of well established tools that can greatly assist strategic planning to analyse the current position and try to look to the future.

SWOT, OBJECTIVE SETTING, GAP ANALYSIS, STAKEHOLDER ANALYSIS

This is classic management approach to analysis and objective setting.

The mnemonic FESSG¹ has been used to help list the tools of strategic analysis. It is basically a way of saying

- “where are we now?”
- “where do we want to be?”
- “what is the gap between present reality and future vision?”
- “what financial and human resources do we need to achieve the future vision?”
- “who else do we need to convince to get there?”

“Where are we now?”

SWOT analysis is a management tool that has been used for decades² because it is practical, easy to understand and simple to use. The department's *strengths, weaknesses, opportunities and threats* may be listed. This process will have two dimensions, *internal*—those operating within the department—and *external*. In any business it is essential to consider the external influences on the work of the department, as the main problems in providing a service might lie elsewhere. An obvious example of this is the lack of beds causing long trolley waits and the consequent catastrophic effects on patient care and the workload of A&E staff.³

The objective is to give clear understanding of the present position. The work of an emergency

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“Time out” subject headings

- Strategy
- People management
- Specialist management topics
- Specialist emergency medicine topics
- Attitudes

medicine manager can be divided into different areas of activity under the headings of “clinical service”, “teaching”, “management” and “audit/clinical governance/research”. Each can be subjected to a SWOT list.

“Where do we want to be?”

With a clear and honest picture of the present position you can state where you want the department (career, business) to be in five years time. This is the process of “long term objective setting”. At this stage, aspire to great things as the process of putting dreams into operational plans will always bring any hopes down to earth.

“What is the gap between present reality and future vision?”

This is *gap analysis*, examining the differences between the two positions. It is at this stage where the amount of work to be done to achieve the vision starts to become obvious. The analysis may reveal several yawning chasms. However, there are methods that will help bridge these obstacles and in future articles we will take some of these objectives through the next steps of planning by discussing *change management* and *project management* techniques.

“What financial and human resources do we need to achieve the future vision?”

This step is where reality really starts to gnaw at the heels of vision. This work often needs much greater thought, research and detail. At this point senior managers will ask for a “business case” that sets out the objectives, resources required, plan for implementation and measures of success. Setting out a business case will be one task in a future edition.

“Who else do we need to convince to get there?”

Stakeholder analysis is probably one of the first key steps in turning aspiration into definite plans. In major changes, for example in amalgamating two A&E departments the list will be huge. The analysis will also highlight those whose help is critical to success, these are likely to be senior management figures in the Trust, the district health authority or even the regional outpost of the NHS Executive. List the internal and external stakeholders who have an interest in such a change. Highlight those who are the key people to involve in your plans.

Time out—People management

RECRUITMENT AND SELECTION

A&E departments spend 90% of their budget on staff. The recruitment, selection, continuing training and development of staff is one of the key roles of A&E managers. Staff selection should begin with *job analysis*.⁴ This step is often neglected and we tend to “replace like with like”. However from time to time managers are forced, often by external factors to perform a major review of staffing (*skills mix review*). We will revisit this subject in later issues but it is wise to keep an open mind about how a vacancy might be used.

The immediate task is the SHO recruitment programme. It is essential to attract good qual-

ity staff. Sound staff selection procedures have to meet both legal and NHS requirements. Applicants are increasingly aware of employment law and the process of selection has to be demonstrably fair. Nevertheless it is clear that you as an employer have to ensure that the best people are appointed. The job analysis should lead to the production of the *job description* (*example on the web*). This must contain certain information, the place of duty, type of duty, hours of duty, reference to pay scales and conditions of service.⁴ However, if you are trying to attract applicants it is worthwhile investing some time in trying to “sell” the post.

The *person specification* is the most important document in the whole selection process. If properly constructed it should make short listing and interview process much more straightforward and importantly lead to a clear and fair selection of candidates. The traditional model would specify *essential attributes* and *desirable attributes* against four or five criteria.⁴ Guly advises the addition of a “bonus” column for attributes.⁵ One model of a person specification is given on the internet.

Internet information (emjonline.com)

Letter of reply to complaint.

Letter from complainant.

Person specification and advertisement for SHO.

Complaint from orthopaedic surgeon.

St Jude's diary.

In tray

INFORMATION

Complaint letters about the unfortunate case, the complainant is not satisfied.

Complaint from fracture clinic re check radiographs after plaster of Paris application.

Diary

TASKS

Write a short strategic report for the medium/long term for an A&E department, you may use St Jude's or your own department.

Use the tools of SWOT analysis, OBJECTIVE setting, GAP and STAKEHOLDER analysis. List the first three action points that you think you should take as the first steps in any strategic change.

The SHO teaching programme for the next month needs to be done.

We would like to thank I Sammy, Carlos Perez Avilla and Peter Driscoll for detailed comments.

Disclaimer

The characters and incidents in this series are mostly fictional and resemblance to any department, individual or event are coincidental. Some problems are based on real situations but details have been altered and in no case are any details used that might identify an individual or department.

¹ Walton M. Business strategy and planning. In: Walton M. *Management and managing: leadership in the NHS*. Cheltenham: Stanley Thornes, 1997:41–7.

- 2 Cole GA. Objectives, policies and organisational ethics. In: *Management theory and practice*. 5th ed., London: Letts, 1999:132–41.
- 3 Egan N. Managing a bed crisis. *J Accid Emerg Med* 1999;**16**: 145–6.
- 4 Martin M, Jackson T. Recruitment and selection. In: *Personnel practice*. London: Institute of Personnel and Development, 1998:53.
- 5 Guly HR. How to appoint a senior house officer. *J Accid Emerg Med* 1997;**14**:405–7.