

Clinical Leadership & Involvement

What is needed to support delivery of Healthy Ambitions?

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Healthy Ambitions was drawn up by clinicians from all NHS organisations across Y&H in order to identify what needs to happen to improve health and the quality and safety of health care in the region.

Successful implementation of these recommendations needs all the clinicians in Y&H to play their part – working in effective partnerships with their managerial colleagues. Implementation will need strong clinical leadership and clinical involvement at every level in every NHS organisation across the region.

This chapter sets out a short overview of our strategic approach to supporting clinical leadership and involvement.

Key Strategic Aims

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Effective clinical leaders spot where the NHS can, (or should) make improvements: to people's health, to the quality of patient care and to outcomes. They act effectively with their managerial colleagues to make the changes needed to deliver those improvements.

We will work with NHS organisations across Y&H to promote clinical leadership and involvement in five ways:

A

To identify and support a cohort of senior clinical leaders able to promote the development of high quality patient pathways across individual organisations – both at the regional and at the local level by appointing up to 30 senior clinical leads.

This cohort would include 2 clinical leads per pathway along with clinical leads for key programmes of work e.g. stroke. These clinical leads will be the existing eleven NSR leads plus additional leads appointed through a competitive process (as set out in High Quality Care for All). These individuals will need to demonstrate their impartiality and objectivity in relation to service changes which may affect organisations differentially.

These senior clinical leaders will be charged with improving outcomes and reducing inequalities in line with the models of care set out in Healthy Ambitions. They would sit on the individual Pathway Delivery Boards described in the chapter on governance and taken together would be the Y&H Clinical Advisory Group. This group will have access to support as needed through key staff at the SHA.

These leaders would be able to provide advice and peer challenge and support to local NHS organisations as well as working across organisations as described above.

They would work with Medical Directors and PEC Chairs through existing networks.

B

To fund and support 120 individual clinicians to act as catalysts for change to improve the quality and safety of individual local services within their organisations in accordance with the recommendations set out in Healthy Ambitions. We will do this by recruiting to aspiring clinical leaders programme (the Y&H version of the Clinical Leaders Network) – recognising that small changes made on a large scale will make a big difference to the outcomes for patients. Opportunities to integrate clinical and managerial development will be taken wherever possible.

C

To ensure that high quality clinical advice informs the commissioning of health services at every level (specialist, PCT, PBC) by:

- Identifying and ensuring the spread of models of effective clinical leadership and involvement at PCT levels, making full use of the findings of the WCC process, and PBC
- Working with PCTs to develop and apply standards to drive quality through contracts CQUINs. (See quality chapter for further details)
- Ensuring clinicians have the information they need to improve quality and reduce variation – one example of work which we have already sponsored in this area is the development of health intelligence practice profiles. This work was recommended by the Primary Care Think Tank which we set up during the Next Stage Review in Y&H.
- Promoting the use of advice to commissioners via clinical networks and by ensuring that there is effective clinical advice at regional level as part of the Healthy Ambitions governance arrangements. See governance chapter.



D

To ensure that high quality clinical advice informs both the strategic direction for health services developed by the SHA and PCTs, and the delivery of key operating targets e.g. 18 weeks, MRSA, clinical governance and SUIs by ensuring that there is always a strong clinical component in the SHA's assessment of PCT strategic plans and in region wide transformation programmes.

E

To ensure that service reviews and potential reconfigurations are always founded on a robust and evidence based case for change by ensuring that there is appropriate and expert clinical challenge and assurance from national and/or regional clinical leaders.

Throughout this work we will signal the priority and importance which we attach to clinical leadership and involvement across our system and we will raise the profile of clinical leadership at regional level.

We will seek to ensure that all of our activity to support and improve clinical leadership and involvement is tested to ensure that it is addressing one or more of these aims and we will seek to take advantage of opportunities to further these aims as they arise.

Who will make sure that this work happens?

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Chris Welsh, Medical Director at NHS Y&H will oversee the delivery of the strategic aims set out in this chapter – working with the Medical Directors and PEC Chairs from across the region. He will also work closely with Sue Proctor, Director of Patient Care and Partnerships and Paul Johnstone, Director of Public Health, to ensure that the widest range of clinicians have the opportunity to contribute to this work.

