

Agenda Item

Title of report	Achieving World Class Clinical Engagement
Executive summary	The paper describes the need for a strong partnership between clinical and managerial leaders and proposes a range of ways to support and develop this partnership
Actions requested	The Board is asked to consider the proposed approach and approve the recommendations stated, noting the action plan included.
SHA objectives supported by this paper: The delivery of world class health care.	
SHA strategic aims supported by this paper:	
Race equality assessment: Supports the development and involvement of all clinicians.	
Risks attached to this project/initiative: Due to the pressure of delivery in other priority areas insufficient resource is allocated to this initiative.	
Public and/or patient involvement: Clinical leaders have a key role in public involvement.	
Resource implications: Project management support for web network. Annual clinical congress costs.	
Communication: All directorates will need to be involved in communicating the approach.	

Name	Dr Ruth Hussey
Job title	Regional Director of Public Health / Medical Director
Month and year	May 2007
Email	ruth.hussey@northwest.nhs.uk

NORTH WEST STRATEGIC HEALTH AUTHORITY

Achieving World Class Clinical Engagement

INTRODUCTION

1. The overarching objective of NHS North West is for the population of the region to enjoy health and health services that are the equal of the best examples across the world. It is clear from research into other health systems that reaching this goal is as much dependant on the active involvement of the clinical workforce as close working with patients and the public.
2. This paper specifically explores proposals to achieve high quality clinical engagement across NHS North West and its organisations, with the express intention of improving health and healthcare.
3. It is accepted at all levels of the NHS that the engagement of clinicians from all professional backgrounds has been patchy. A recent clinical leadership summit, led by the Secretary of State for Health, concluded that improving this situation was one of the highest priorities and that all organisations throughout the service needed to demonstrate how engagement was being achieved.
4. When clinical engagement is discussed it becomes clear that there are a number of different understandings of the process involved, and how successful engagement is defined. Given the number of clinicians employed within the NHS, and the diversity of their contributions, any strategy to involve them needs to be both straight-forward and broad. To deliver high quality health care to all our communities the strategy also needs to be comprehensive, and consistently applied. As yet, the NHS has not delivered this level of rigour comprehensively in the work with clinicians. The result of this is that the true excellence delivered in some areas has not been transferred to others with equal or greater need.
5. Successful clinical engagement is a process that leads to clinicians at the core of the development and delivery of the highest quality healthcare. The aim of engagement should be clinicians using continuous service improvement as an integral part of their clinical activity, leading to world class health care being delivered both in individual clinical practice and through a high quality organisation of service to patients.
6. The SHA will continue to set a clear example of the benefits of clinicians and managers leading together by involving clinical leaders in the implementation and monitoring of key policies such as Practice Based Commissioning (PBC), Patient Safety, Pay for Quality, the 18 week programme and Connecting for Health. In this way it is expected that local health communities throughout the North West will develop similar shared leadership arrangements to facilitate the required reform.
7. To achieve the level of involvement of clinicians described above in a sustainable and consistent manner four key areas of work are proposed:
 - a) Connecting Clinical Leaders
 - b) Opportunities for Developing Leadership Skills
 - c) Making Shared Leadership a Reality
 - d) Performance Management & Benefit Realisation

CONNECTING CLINICAL LEADERS

8. Up until now a number of modernisation initiatives have brought together groups of clinicians to share learning and assist them with change. In some of the best of these pilots a collaborative approach has been utilised bringing those experienced in clinical practice together with managers and frontline administrative staff to design pathways that offer both high clinical standards and excellent quality of service. To support these processes a number of clinical networks have emerged, some formal managed networks others more communities of shared interest. Although these networks have produced valuable improvements, the sharing of information beyond the networks has not always occurred and the adoption of new working practices has been far from widespread.
9. In order to improve this situation it is proposed that readily available web-based networking solutions are used to inter-connect the existing networks of clinicians. One of the key developments in the use of web technology is the ability to support interactive discussion forums for specific topics or interest areas. Such forums will be made available for current networks such as those for cardiac and cancer as well as for specific roles, for example Directors of Nursing, PEC chairs, PBC leads.
10. At present the North West Clinical Leaders Network, a group of sixty clinical leaders from across the region working in action learning sets, have already been developing such a web-based approach. To best utilise this development it is suggested that this website could be expanded to support the wider networks of clinicians, linking it to the recently introduced NHS North West website.
11. However, if a more comprehensive linkage of clinicians across the region is to be achieved it will be necessary to look more broadly at how clinicians meet and share information. Understanding in what networks, both formal and informal, within NHS organisations and independent of them, clinicians interact will be essential. It is valuable to analyse such groupings in order to be clear about the degree of influence they exert within the service and how best to involve them.
12. As well as these existing groups and networks, the web network will enhance opportunities for new linkages to develop in those areas of improvement not currently supported. Wherever possible, clinical organisations such as representative bodies, the Health Care Commission, regulators, the NHS Institute and other NHS modernisation groups will be encouraged to form links to the network. It is equally important that the web network is accessible to managers and administrative staff in order to ensure that a shared vision of future care is developed by all members of the NHS community. Involving the local authorities, especially Social Services, is another vital linkage especially in the delivery of an overall improvement in the health of the North West population. Extending the network to include those involved in delivering these local services will increase the likelihood of greater health improvement.
13. Organising and maintaining a comprehensive set of forums and an up to date website will require co-ordination. To deliver this function a co-ordination and communications lead will need to be appointed. In addition, each of the forums will require moderators ideally recruited from the forum members.
14. As the membership of this broad network develops it will become an important forum to introduce new methods, canvass views on policy and its implementation and keep frontline clinicians much better informed. One of the difficulties of implementing new ways of working consistently over the North West is the sizeable geographical spread of the region. Using a web-based approach will enable more rapid dissemination of information without the

difficulty of bringing clinicians together face to face, at times when they are required to deliver clinical services.

15. However, the web network alone will be insufficient to deliver the levels of engagement required, although it will help in identifying and supporting emerging clinical champions and leaders, in addition to those already actively involved. Local health economies and individual networks will be encouraged and supported to find new ways of working in partnership that maximise the efficient use of both clinical and managerial time. For certain key groups of clinicians such as Directors of Nursing, Medical Directors, PBC leaders and PEC chairs the SHA, with involvement of the Deaneries, will make opportunities available for the groups to meet and discuss their key issues as required.
16. To complement both the local networks and the web-based approach, a once or twice yearly gathering together of clinicians would be valued by most groups. It is therefore proposed that members of the wider network have an annual Clinical Congress to discuss key issues in more depth.

OPPORTUNITIES FOR DEVELOPING LEADERSHIP SKILLS

17. Whilst it is extremely important to develop a new broad network to connect all clinicians across the NHS, it is equally important that clinicians are enabled to develop the skills and competences to lead service improvement. It is therefore necessary to place alongside the clinical network a set of opportunities for members to access training and development. The aim is to continually improve leadership skills and capabilities as part of overall personal development and to have a cadre of people who are capable of fulfilling a senior leadership role.
18. In some other health communities across Europe clinicians, at all stages in their career path, receive training in management and leadership resulting in the incorporation of these competences in all job descriptions. By so doing these skills are valued as a vital part of working practice and not as an optional additional activity. Leadership skills are essential at all levels of the health service and should not be seen as solely residing at a senior level.
19. Part of the support function for the clinical network will be helping clinicians identify their individual learning requirements, especially in relation to the implementation of key policy objectives. Once these learning requirements have been clarified, training sources will be made available, where possible through existing providers. It is likely that suitable training will not always be currently available and it will be necessary to use the collective knowledge of these gaps to commission new forms of training.
20. The introduction of the new North West skills and training Academy gives a potential host organisation for bringing together the knowledge of training resources both national and local. Through the Academy a stock take of the providers of leadership training will be carried out leading to a regularly updated directory of available training, accessible through the clinical website.
21. At present there is a very broad range of providers of leadership training from national NHS programmes through to those provided by commercial organisations. The quality and relevance of these training packages is not benchmarked in any co-ordinated manner nor do front line clinicians often have knowledge of what is available. A key task will be to gain best value from what can be an expensive investment of clinical time.
22. Equally, once clinicians have gained new skills in management and leadership they need to be supported in using these skills within their regular practice. All too often in the past the service has trained individuals in new skills only to be then unable to offer opportunity to deploy them. The network will encourage and support clinicians to use these additional

abilities in order to raise quality standards in all services and to achieve the highest level of health and health care for the public.

MAKING SHARED LEADERSHIP A REALITY

23. At present there is a mixed picture of leadership development and successful change management approaches involving clinicians and NHS managers. The appropriateness, targeting and success of these efforts are variable across the North West. For world class healthcare to be achieved a more effective framework for the clinical engagement process will be required.
24. The approach will need the following strands to be addressed;
 - a) approaches which bring about behavioural change within clinicians
 - b) a closer partnership between NHS managers and the clinical leaders they work with in their communities
 - c) establishment of an appropriate portfolio of leadership development courses
 - d) the creation of a knowledge base concerning existing networks and understanding their value in influencing change management and clinical engagement.
 - e) the use of modern IT communications to enable the leaders community to engage in discussion and debate
25. By taking the experiences of successful activities such as the NHS Clinical Leaders Network Pilot, BAMB Fit to Lead Course, the learning from implementing Lean Thinking and others, an approach will be described which improves on the success of the most difficult area mentioned above, namely establishing the behavioural change in leaders and those who are led. It is only through this that successful change management will occur.
26. In conceptual terms the close linkage between managers and clinicians at the various organisational levels of the NHS can be likened to the individual bonds in a strand of DNA. What has often been lacking in the existing service has been any close linkage up and down the chain. The aspiration is to achieve a “Double Helix” of leadership where clinical and managerial leadership are intertwined and bonded at all levels, working to achieve common objectives.
27. To demonstrate this, the Clinical Engagement team within the SHA will link named individuals to each directorate in order that all policy development and delivery has access to the clinical leadership network and includes clinical leadership.
28. When presenting policy to local health economies or monitoring their activities wherever possible the SHA will include clinicians within the team involved. By working in this way we would wish to set an example to other NHS organisations and would expect that they would demonstrate a similar approach.
29. This approach has already been pursued in the North West Clinical Leaders Network Pilot, and has been recognised by the Health Ministers and Connecting for Health as a potentially successful vehicle to facilitate desired behavioural change.
30. Over time the linkage between clinicians and managers at organisational level will need to become increasingly aware of the responsibility to interact across organisations in order to deliver full service pathways for patients. Increasingly the NHS will be designed around the needs of the service user and not the requirements of any individual provider.
31. All of the above ways of working will require the support and enthusiasm of individual leaders, be they clinical or managerial. It will be a key part of the SHA’s leadership to describe, support and develop these methods with the full involvement of all the NHS organisations in the North West. It is important to note that the SHA itself (including the

Deanery) already employs a large number of clinicians in clinical and managerial roles. It is important that these staff are also supported and developed.

PERFORMANCE MANAGEMENT & BENEFIT REALISATION

32. Clinical engagement should be treated in the same way as other healthcare reform changes and establish a performance framework with which successful clinical engagement processes can be monitored and where appropriate performance managed.
33. The clinical engagement team at the NHS North West has devised a self assessment tool to evaluate clinical engagement within the NHS Clinical Leaders Network. It has since become known as the North West Engagement Escalator. This is based on the principle that when a change in clinical behaviour is required, successful clinical engagement occurs only when a series of change management steps are progressed in a particular order. It is then possible to monitor the activities planned and undertaken around these steps.
34. The four core levels on the escalator are:
 - a) **Awareness-raising** - the organisation has identified a limited number of clinical leaders who have an appropriate level of interaction with a broad range of clinicians and they are communicating the proposed strategy to all the clinical stakeholders.
 - b) **Clinical Involvement** – the organisation has sufficient clinicians involved in service development groups to effectively contribute to the shape and direction of re-designed services.
 - c) **Dissemination** – the majority of clinicians are aware of the detailed proposals from the design groups and understand how they are likely to impact on their own clinical areas.
 - d) **Acceptance and adoption** – acceptance of new developments is demonstrated through widespread adoption of re-designed services.
35. To successfully deliver at all levels of the escalator local organisations will need to address a number of key activities. Primarily they will be expected to include in all local delivery plans for policies such as 18 weeks, PBC, healthcare acquired infection and Pay for Quality a detailed description of how they will achieve the levels of the escalator and how they will effectively monitor this.
36. The role of the SHA will be to support and advise the organisations involved helping to share good practice and offering expert advice either regionally or through links to national expertise.
37. Communities should identify clinical leaders with change management capability to champion strategic policies and the introduction of high quality care as described in the vision underlying healthcare policy reform.
38. NHS organisations should ensure that clinical leaders work in close partnership with management leaders and have agreed common goals. They will need to identify and support the time commitments required of clinicians at all levels in order to support the introduction of new ways of working, making sure that there is full commitment of the organisation to deliver the necessary capacity.
39. Many aspects of the engagement escalator require organisations to provide accurate and timely information to clinicians in relation to the highest quality and most efficient working practices. This should be supported by regularly updating clinicians on the current

performance of their health economy and encourage the participation of clinicians in the monitoring and audit of clinical performance.

40. The monitoring of all aspects of the above will provide “early steps” performance measures in advance of the outcome performance measures of policy delivery that NHS organisations presently provide.

CONCLUSION

41. Throughout this document the introduction of a much more effective approach to Clinical Engagement has been underpinned by a desire to look afresh at practical evidence based methods of improvement. It is clear that a step change in attitude both within organisations and clinical communities themselves is required to achieve the shared objective of World Class Health in the North West.
42. Only through aligning the priorities and aims of clinicians and managers are we going to deliver this improvement. The proposals laid out above describe an approach that is practical to deliver in the wide geography of the North West and bring a broad and consistent methodology to avoid the continuation of the inequalities of development we have previously seen.

RECOMMENDATIONS

43. The board is asked to agree:
 - a) The development and introduction of an interactive website based network for Clinical Engagement, based on the existing North west clinical leaders network site linked to the NHS North West website.
 - b) The establishment of an annual Clinical Congress bringing together clinical leaders from a broad range of disciplines and organisations to share good practice and discuss key policies
 - c) That a Project Manager is engaged to support and co-ordinate the proposed network and website. The individual will be required to have key skills in communications.
 - d) The mapping and development of leadership training opportunities led and co-ordinated by the North West Academy
 - e) The introduction of clinical engagement plans in all significant service change including the use of self assessment, using the North West escalator measurement tool.

ACHIEVING WORLD CLASS CLINICAL ENGAGEMENT PROPOSED ACTION PLAN

WORKSTREAM	OBJECTIVES	KEY STAKEHOLDERS	TIMESCALE
CONNECTING CLINICAL LEADERSHIP	<ul style="list-style-type: none"> Map existing networks formal/informal 	Clinical engagement team Organisation leaders	June 07
	<ul style="list-style-type: none"> Analyse gaps where no current network for policy area 	Clinical engagement team/Directorate teams	June 07
	<ul style="list-style-type: none"> Support the introduction of new networks as required 	Clinical engagement team/Directorate teams	Ongoing
	<ul style="list-style-type: none"> Develop and introduce web based support for all networks through single linked portal 	Project manager	July 07
	<ul style="list-style-type: none"> Introduce and manage discussion forums 	Project manager	Aug 07
	<ul style="list-style-type: none"> Engage project support and administration 	Clinical engagement team/Directorate teams	May 07
	<ul style="list-style-type: none"> Hold first clinical congress 	Clinical engagement team	Dec 08
DEVELOPING LEADERSHIP SKILLS	<ul style="list-style-type: none"> Map existing leadership development training providers and their products 	Workforce Directorate/North West Academy	June 07
	<ul style="list-style-type: none"> Form and maintain a directory of training opportunities including sources of funding 	Workforce Directorate/North West Academy	July 07
	<ul style="list-style-type: none"> Support the assessment of the skills and competencies of individual clinical leaders 	Workforce Directorate/North West Academy	Aug 07
	<ul style="list-style-type: none"> Using the collective knowledge of training requirements commission suitable training packages to meet the agreed needs 	Workforce Directorate/North West Academy and Clinical engagement team	Autumn 07

WORKSTREAM	OBJECTIVES	KEY STAKEHOLDERS	TIMESCALE
	<ul style="list-style-type: none"> Assist NHS organisations to introduce management competencies within clinical job descriptions 	Clinical engagement team/Directorate teams and Clinical engagement team	Early 08
SHARED LEADERSHIP	<ul style="list-style-type: none"> Introduce linked clinical leaders in the presentations and monitoring of policy areas 	Clinical engagement team/Directorate teams	April 07
	<ul style="list-style-type: none"> Raise awareness of the benefits of “Double Helix” leadership among clinical and managerial stakeholders 	Clinical engagement team/Directorate teams	Ongoing
	<ul style="list-style-type: none"> Support the introduction of shared leadership between clinicians and managers in all health economies across the North West 	Clinical engagement team/Directorate teams	Autumn 07
PERFORMANCE MANAGEMENT AND BENEFITS REALISATIONS	<ul style="list-style-type: none"> Make available information on the North West Engagement Escalator to all health economies 	Clinical engagement team	May 07
	<ul style="list-style-type: none"> Introduce clinical engagement plans including monitoring arrangements in all key service implementations 	Commissioning and performance directorate	June 07
	<ul style="list-style-type: none"> Support and advise health organisations on good practice offering expert advice linked to national expertise 	Clinical engagement team and Commissioning and Performance directorate	Ongoing
	<ul style="list-style-type: none"> Assist clinical leaders in receiving sufficient support and timely information from their local organisations 	Clinical engagement team and Commissioning and Performance directorate Local leadership	Ongoing
	<ul style="list-style-type: none"> Collate self-assessment of clinical engagement delivery and offer early support and advice where required 	Clinical engagement team and Commissioning and Performance directorate	Aug 07