One Gloucestershire
Transforming Care, Transforming Communities

NHS

Gloucestershire ICS

Framework & Action Plan for Clinical and Care Professional Leadership

EXECUTIVE SUMMARY

May 2022

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Outline

- These slides provide a summary of our Clinical and Care Professional Framework. A more detailed framework and action plan supports this set of slides.

- **This framework sets out the following:**

  - A description of what we mean by clinical and care professional leadership in Gloucestershire (slide 3)

  - A summary of the engagement that we have undertaken in development of this framework and action plan (slide 4)

  - A summary of the five priorities that forms the basis for this framework (slide 5) and a summary of the spread of actions proposed (slide 6)

  - For each priority – a summary of what we have heard from clinical and care professional leaders and our proposed actions to be carried out over the next 12-18 months (slides 7-16)

  - A description of how the action plan will be taken forward (slide 17)

What do we mean by clinical and care professional leadership?

As part of our approach to clinical and care professional leadership we have defined what we mean by that term.

In scope are a specific set of individuals that perform one of three functions:

1. Clinical and Care Professional Leaders leading, representing and facilitating professional networks

2. Clinical and Care Professional Leaders leading population heath in localities (ILPs)

3. Clinical and Care Professional leaders supporting ICS transformation programmes (including CPGs)

Please note that this work does not refer to all those in clinical or care roles – but rather a smaller subset of individuals in leadership roles across one of the three areas identified above.

In many cases these are individuals carrying out funded 'sessional' time in addition to their existing employed roles.

What engagement have we undertaken to develop the framework?

In developing our approach to this framework we have:

1). Undertaken engagement across a range of forums involving clinical and care leaders

This has included Clinical and Care Professional Council (that have overseen the development of the work) as well as the People Board / OD Steering Group and other fora such as Clinical Leaders Forum.

2). Undertaken a survey with clinical and care leaders across the system

In December 2021 we undertook a survey with clinical and care leaders based on the 5 themes of the framework. Over 100 responses were received from a range of professional groups with a significant number of free-text comments.

3). Carried out an external peer review of clinical and care professional leadership

In March 2022 we held an external peer review (facilitated by the Local Government Association, NHS Confederation, NHS Clinical Commissioners and NHS Providers). The peer review was structured around the 5 priorities. The peer review (with 6 external peers from a range of professions across the country) was held over 2 weeks and involved 90 people through focus groups and 1:1s. This included 13 focus group sessions with a range of clinical and care professional leaders including adults and children's social care.

A framework based around five priorities….

Our clinical and care professional framework is based around five priorities.

In many cases these priorities overlap – work in one area will have positive impact in another.

These priorities have been formed from the national guidance but adjusted to ensure they fit with what is important to us locally within Gloucestershire.

The following slides set out a high level summary description of what we have heard from the engagement and a set of specific proposals that respond to the feedback received.

Please note: the actions in this framework apply to all health and care professions (including adult and children's social care) unless otherwise stated.

A summary of the action plan…

From the results of the engagement we have identified 20 actions to be taken forward over the next 12-18 months as part of our approach to embedding clinical and care professional leadership within Gloucestershire. Actions identified in one priority will often impact on other priorities.

Priority	# Short Term Actions (0-6 months)	# Medium Term Actions (6-12 months)	# Long-Term actions (12-18 months)
1. A full range of professionals are integrated into decision making	2	3	0
2. A culture that embraces shared learning and supports collaboration	1	1	2
3. Leaders that have protected time, support and infrastructure for their roles	0	3	0
4. Dedicated leadership and development for clinical and care professional leads	0	3	1
5. Transparent recruitment and a diverse talent pipeline for future leaders	0	2	2
Total Actions (20)	**3**	**12**	**5**

What did we hear / what will we do?

Priority 1: A full range of professionals are integrated into decision making

What were the key messages we heard during engagement?

- There is a **clear aspiration for the ICS to be clinically and care professionally led** – with a strong emphasis on the importance of leadership within Localities (ILPs) and Clinical Programme Groups (CPGs).
- Although people felt as though there was increasing diversity of professions in clinical and care professional leadership roles – **there was a view that there could be wider representation** – including a stronger emphasis on social care (including independent providers) and mental health.

  "There is broad representation of professionals in leadership roles, but we can be too doctor (and commissioner) focused"

- The **vision for the ICS needs to be captured and translated into a clear clinical and care strategy** which can be understood by staff and partners, creating an opportunity to "unite around outcomes"
- Further work was needed to **understand the diversity (e.g. age, gender, ethnicity)** of those in clinical leadership roles.
- Work is needed to **develop greater clarity on structures, processes and roles for clinical groups**.
- The AHP model of organisation is well regarded and could be a model for other professional groups.

  "The AHP Council has been tremendous in facilitating discussions that influence at a strategic level"

- A **more dynamic engagement approach between clinical and care professional leaders is needed** to ensure 'up and down' and down and up' messages are shared - in the survey, 6 in 10 people felt that communication could be better between clinical leads & wider workforce.

What did we hear / what will we do?

Priority 1: A full range of professionals are integrated into decision making

What are we proposing to do?

Proposed Action	Priority	Ownership
1.1 To ensure transparency and visibility**,** publish the full list of who holds clinical and care professional lead roles, and where they have involvement in ICB decision making. Include in this an analysis of diversity across the roles (age, gender, ethnicity as well as professional group). Review annually.	Short-term	CMO / CNO
1.2 Review governance and accountability including the purpose and membership of clinical & care groups (including Clinical and Care Professional Council) ensuring clear understanding and mapping of interconnections / alignment between groups.	Short-term	CMO / CNO
1.3 Following 1.2, put in place improved 2-way communication with clinical and care professional leads (such as a virtual practitioner forum and wider cascade of comms to clinical and care leaders).	Medium-term	CMO / CNO
1.4 Use the AHP model to consider how other professional groups can build their own voice – starting with those professions under-represented (social care, mental health, community pharmacy).	Medium-term	Clinical & Care Professional Council
1.5 As part of the development of the 5 year ICB strategy (later in 2022), ensure there is a strong clinical and care professional voice throughout - supported by effective engagement with clinical and care leads & giving the opportunity to unite around outcomes.	Medium-term	Integrated Care Board

What did we hear / what will we do?

Priority 2: A culture that embraces shared learning and supports collaboration

What were the key messages we heard during engagement?

- Barriers have been broken down during the pandemic, with different staff and services working together to "get things done" – in the survey, 7 in 10 people felt that there was **already a culture of shared learning** in place.
- There was a perception however that **how engaged or inclusive a meeting / workshop / group feels can be impacted by who chairs** the session.
- The peer review found that there is a **clear commitment to serve local communities and improve outcomes**, and a stated desire to include people and communities.
- But it was felt more needed to be done to **involve people and their carers in pathway re-design** – in the survey, more than half of people felt that **more needed to be done to demonstrate the impact of co-production**.

  "Collaboration lacks a full cross-section of the health and care community – including those with lived experience"

- In addition, 6 in 10 people felt **feedback with local people & communities** regarding service improvements could be better.
- A **clearer focus is needed on clinical and care professional leaders engaging with locally elected members** which would benefit the system.

What did we hear / what will we do?

Priority 2: A culture that embraces shared learning and supports collaboration

What are we proposing to do?

Proposed Action	Priority	Ownership
2.1 Carry out annual survey / temperature check of clinical and care professional leads (building on the survey undertaken in December 2021) to test progress across the five priorities of the CCPL framework, disseminate results and make recommendations.	Long-term	CMO / CNO
2.2 Carry out a review (initially across Clinical Programme Groups) of approaches to co-production (i.e. people with lived experience) and make recommendations for further improvement.	Medium-term	Clinical Programme Board
2.3 Co-produce a set of ICS values and behaviours for clinical and care professional leaders across the system for use within the job description for leads and during appraisals.	Short-term	Directors of People (with CMO and CNO)
2.4. Work with Local Government in Gloucestershire to identify how to more fully support collaboration between clinical and care leads and Elected Members.	Long-term	CMO / CNO

What did we hear / what will we do?

Priority 3: Leaders that have protected time, support and infrastructure for their roles

What were the key messages we heard during engagement?

- There is a **need to ensure sufficient time and infrastructure to support clinical leadership and decision making** – in both the survey and peer review time constraints (particularly lack of protected time for lead role) was identified as the biggest challenge. **But channelling a clear vision that focuses on delivering value to patients, service users and carers can quickly build momentum**.
- Through the peer review, **clinical and care leads were found to be passionate, committed, and solutions-focused** – but some felt that at times leadership can be an add-on they have to do in their own time.
- **Creating a culture where there is empowerment is made easier by supporting infrastructure** – the review found that there can be multiple pulls on time from business intelligence leads.
- The survey found that there is **not yet sufficient business intelligence, finance or digital expertise to support them in their role** – in the survey 6 in 10 people felt there was not yet sufficient project / administrative support to assist leads.

  "We need a clearer analysis of where clinical expertise and the clinical voice is needed and then make sure it is sufficiently resourced to enable people to be involved."

- There are a **large number of clinical leads which offers benefits** – but there is a need to find the right balance between diversity, capacity and focus.

What did we hear / what will we do?

Priority 3: Leaders that have protected time, support and infrastructure for their roles

What are we proposing to do?

Proposed Action	Priority	Ownership
3.1 Undertake work on a long-term structure for clinical leadership roles required for Gloucestershire – considering the number and type of roles required to deliver the ICS vision. This should also facilitate a move towards more aligned terms and conditions across roles and towards a range of role descriptions (at different levels) that allow for career progression and development.	Medium-term	CMO / CNO
3.2 Review and publish "link role" arrangements for BI / Finance / Performance / Programme Management teams to ensure that there are named individuals linked to ICS transformation programmes and across partner organisations – and supporting clinical and care professional leads.	Medium-term	Directors of Finance and Directors of Strategy
3.3 Determine the scope of – and recruit to the remaining clinical and care leadership vacancies, ensuring that these are supporting leadership development of individuals and incorporating a wider range of professions. As part of this, consider opportunities for shadowing and support for those seeking to understand CCPL roles – including those leaders in CPGs.	Medium-term	CMO / CNO

What did we hear / what will we do?

Priority 4: Dedicated leadership and development for clinical and care professional leads

What were the key messages we heard during engagement?

- The peer review highlighted a need to move towards a system that ***empowers*** rather than ***drives*** staff to want to develop their leadership. There is an **opportunity to further develop a proactive learning culture** – taking responsibility for individual personal development.

- The **opportunities for greater mentoring opportunities** (both for existing clinical and care leaders – as well as future leaders) was a consistent theme raised in both the survey and peer review. This should also be about connecting leaders with each other.

  "Leadership and development is not just about "going on a course" but also about learning from colleagues, mentoring or peer learning – learning by doing ("training supported by mentoring)"

- There was **positive feedback about leadership training** that had been offered in the past and also the range of opportunities available – in the survey 75% of people felt there were sufficient training opportunities.

- However, **almost half of survey respondents felt that such opportunities could be better communicated and easier to access**. Clinical and care leads highlighted that whilst there were opportunities - it wasn't always easy to find what was available and how to access it.

- **Clinical leads felt that there were benefits in them accessing training and development alongside others they are working with** (e.g. project leads, operational managers) as part of building trust and relationships. Different approaches to training would therefore be beneficial.

What did we hear / what will we do?

Priority 4: Dedicated leadership and development for clinical and care professional leads

What are we proposing to do?

Proposed Action	Priority	Ownership
4.1 Use the work on the development of the ICS People Strategy to develop a clear statement around learning and development which is empowering of staff to take available opportunities and has the support of the Integrated Care Board.	Medium-term	Directors of People
4.2 Review and enhance the Gloucestershire offer of mentorship and coaching to clinical and care professional leaders across the ICS (both those existing leaders as well as aspiring future leaders).	Medium-term	Directors of People with the input of the CMO and CNO
4.3 Strengthen induction arrangements, objective setting and appraisal processes for clinical and care leads – ensuring there is clarity on accountability arrangements for those roles. Use this to support a review of future development needs.	Medium-term	CMO and CNO
4.4 Improve the dissemination arrangements for leadership and development opportunities, ensuring this is tailored to clinical and care leads (e.g. this might be in the form of a simple guide, web-page or individuals that can be contacted).	Long term	Directors of People

What did we hear / what will we do?

Priority 5: Transparent recruitment and a diverse talent pipeline for future leaders

What were the key messages we heard during engagement?

- There was general agreement that **more needed to be done to support future emerging talent of clinical and care professional leaders** – including succession planning for existing clinical and care professional leads.
- **Gloucestershire was found to be thinking differently about the people agenda** – i.e. opportunities for joint training, "growing our own" and an approach to distributive leadership with everyone having responsibility for system leadership.
- Both the survey and peer review indicated that the **process and transparency for recruitment of clinical & care professional leaders** has not been clear enough. Some felt it was **difficult to "break in" to leadership roles** – more needed to be support this transition.

  "Currently recruitment is based on networks, rather than broad engagement and visible and transparent advertising"
- Where recruitment had been transparent there was **still an over-representation of applicants from medical professions** (e.g. primary care and hospital consultants) with fewer applicants from areas such as nursing, AHPs and social care.
- The peer review found that **more could be done to analyse information around leadership appointments and progression** (e.g. through exit interviews and the diversity of applications for replacements).

Proposals

Priority 5: Transparent recruitment and a diverse talent pipeline for future leaders

What are we proposing to do?

Proposed Action	Priority	Ownership
5.1 Any future clinical/care professional leadership role advertised (related to roles on slide 3) will have overall accountability to the CMO / CNO. Approval to recruit will need to be sought from the CMO/CNO.	Medium-term	ICS Strategic Executive
5.2 The CMO / CNO will review (with a range of clinical/care professionals and Directors of People) the standard JD at least annually with an emphasis towards 'values-based recruitment' and recruiting from diverse professions and backgrounds.	Long-term	CMO and CNO
5.3 Ensure that all advertising of future clinical/care professional leadership roles (related to slide 3) is transparent using the standard JD. This means advertising via NHS Jobs and/or advertising via the One Gloucestershire website / other local platforms with communications to all professions.	Medium-term	ICS Strategic Executive
5.4 Undertake work to learn from recruitment into clinical and care lead jobs (why did / didn't people apply) - as well as learning from leaders leaving their posts. This will inform the development and diversity of leadership roles going forward and be key to informing actions with other actions.	Long-term	CMO and CNO

How will the action plan be taken forward?

- We have agreed that accountability for the implementation of this framework and action plan will rest with the ICB Chief Medical Officer and ICB Chief Nursing Officer (with continued oversight from the Lead ICS AHP lead).

- We would be keen to understand how resource and support from the region can help us to deliver against the actions outlined within this plan.

- Oversight of the action plan will be via Clinical and Care Professional Council and this group will receive regular progress reports. We will be reforming the Council over the next few months to help support oversight of this action plan.

- Further work will be undertaken with professional groups and clinical and care leads to communicate and engage on the findings from the survey and peer review and these recommended actions.

- We have also agreed with the LGA that they will carry out a workshop later in 2022 / early 2023 to support an assessment of progress against this action plan.

- The framework and progress against the action plan will be reported formally annually to Strategic Executive and the Integrated Care Board – including an annual refresh of the action plan (drawing on the findings from the annual temperature check).