



NHS Ambulance
Chief Executive
Group



Report of the National Steering Group on Clinical Leadership in the Ambulance Service

Date: April 2009

Foreward

Over recent years, clinical leadership has become increasingly important within the NHS. Better clinical skills and strong leadership brings many benefits to the organisation, the individual members of staff and the patients who are being treated.

Traditionally in ambulance services, clinical leadership has been the primary responsibility of the Medical Director. Many of the Doctors who fulfil this role come from a trauma or acute care background. However, the ambulance service has changed over the years with fewer patients being transferred to the Emergency Department and more being appropriately treated and clinically managed at home. Whilst taking patients to hospital is still a hugely important part of the work that we undertake, it is no less significant that Ambulance Trusts have appropriately trained leaders from other appropriate clinical disciplines such as consultant paramedics and or nursing who can provide their wealth of knowledge and experience to influence situations and future developments.

In Taking Healthcare to the Patient (DH 2005) a number of recommendations were made, but specifically the document highlighted the need for leadership across a range of specialties. Clinical leadership is regarded as a process by which an individual influences others to set standards, accomplish objectives and directs the organisation to greater consistency. Leaders are generally identified by a number of key characteristics; knowledge, skills and attributes. Therefore clinical leadership that covers a range of areas will encourage clinicians to inform strategy, improve and drive quality, service design and resource utilisation. This work will prove critical to Boards, executives and clinical teams to ensure their organisation is developed and shaped appropriately. Clinical Leadership in the Ambulance Service is designed to provide a framework that will support Ambulance Trusts as they move forward in the 21st Century. Although good clinical leadership is vital for 'today', Trusts must also ensure that they look forward in the medium to longer term with reference to succession planning and talent management.

Developed by a national steering group, the Clinical Leadership document draws on the experience of clinicians from many fields but also provides some practical, real-life examples of good practice. I commend this document to you and hope that it provides an insight into the changing face of the Ambulance Service and its need for continuing clinical leadership development. By investing in clinical leadership we can all strengthen the quality of the care we provide our patients as well as enhance patient safety and provides world class care for patients by developing and supporting our staff.



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EXECUTIVE SUMMARY

The aim of this document is to propose a framework for clinical leadership for an NHS Ambulance Service. A clinical leader can be defined as an 'expert clinician, involved in providing clinical care that continuously improves care through influencing others (Cook (2001:39). Clinical leadership aims to focus and motivate individuals to facilitate their achievement of clinical and professional aims and consists of knowledge, skills and attributes.

Clinical leadership has played an increasingly important role in the wider context of the NHS over recent years and is a core element of NHS modernisation, referred to in a number of key policy documents, most importantly in Taking Healthcare to the Patient: Transforming NHS Ambulance Services (DH 2005) which made a number of recommendations of which Recommendation 62 is the most relevant to this paper.

"There should be improved opportunity for career progression, with scope for ambulance professionals to become clinical leaders. While ambulance trusts will always need clinical direction from a variety of specialties, they should develop the potential of their own staff to influence clinical developments and improve and assure quality of care."

Clinical leadership incorporates a number of elements essential for both leadership and professional development including clinical supervision, mentorship, preceptorship and continuing professional development. Transformational leadership, often associated with clinical leadership, commonly adopted in other health care professions, consists of six attributes.

- **Developing a shared vision**
- **Inspiring and communicating**
- **Developing trust**
- **Challenging and stimulating**
- **Valuing others**
- **Enabling**

To date, clinical leadership within the ambulance service has been traditionally the primary responsibility of the Clinical Director. Other team members and clinicians have also provided clinical leadership through clinical supervision and mentorship, thereby supporting clinicians in both clinical practice and education / training settings. These individuals themselves require further development for their own leadership skills, particularly to support the newly qualified graduate paramedics entering clinical practice.

Changes to the educational preparation of paramedics has increased the exposure to the theoretical concepts of clinical leadership, better preparing future clinical leaders. How clinical leadership is perceived and implemented will vary from organisation to organisation. Since the aim of this document is to provide a strategic framework, a number of suggested skills, attributes and competencies are proposed, aiming to support clinical leadership development within an Ambulance Trust. Clinical leadership is at the heart of developing and leading an organisation that delivers high quality care. It is about creating an environment, with the right kind of culture and suitable tools to support clinical leadership and to realise the aspirations of clinicians and managers to provide first class healthcare for patients.



Have you thought about?

<p>Enhancing continuing professional development (CPD)?</p> <ul style="list-style-type: none"> • Develop and disseminate a standard CPD portfolio template • Organise and deliver CPD Workshops across the organisation to demonstrate CPD activities • Set up local groups to run ongoing CPD sessions • Ensure delivery of ongoing CPD e.g. journals, articles, DVDs, conferences and workshops 	<p>Education Practice Facilitators?</p> <ul style="list-style-type: none"> • Identifying existing clinical tutors to support graduate / academic students in practice as 'professional buddies' • Liaising with universities, tutors, clinical managers, station and operational managers • Providing on-site support and teaching • Facilitating mentorship and clinical supervision
<p>Admission avoidance for Chronic Obstructive Pulmonary Disease (COPD) patients?</p> <ul style="list-style-type: none"> • Identify the need for new guidelines for admission avoidance for patients suffering with acute exacerbations of COPD • Liaison with local respiratory physician, clinical nurse specialist and pharmacist to develop and implement new care pathways • Establish pilot group to trial new pathways • Provide additional education / training for patient assessment and history taking skills 	<p>E-learning?</p> <ul style="list-style-type: none"> • Identify a small team of individuals to develop an e-learning strategy • Liaise with IM&T team to develop a functional, accessible website – linked to on-line learning websites like 'MOODLE' and the NHS Core Learning Unit (CLU) • Pilot small teams to test CLU non-clinical Mandatory Training • Disseminate information electronically e.g. DVDs and CDs etc
<p>Leadership and Management Development?</p> <ul style="list-style-type: none"> • Accessing the Exploring Leadership and Self Awareness programmes (ELSA) for middle managers • Accessing similar programmes for Senior Managers • Accessing Instituted of Leadership and Management (ILM) courses for team leaders • Coaching development for Black and Minority Ethnic (BME) staff 	<p>Clinical Champions?</p> <ul style="list-style-type: none"> • Identify a 'clinical champion' on each station • Each 'clinical champion' identifies a clinical issue that needs addressing to improve and further enhance quality of care e.g. drug administration, guidelines update • Access to all Directorates and relevant meetings • Liaises with Clinical / Medical Director • Focus on key clinical governance issues



1.0 Introduction

The aim of this paper is to outline and describe a strategic framework for the development and implementation of clinical leadership within an NHS Ambulance Service. Effective leadership is a key ingredient in modernising today's health service. Concepts of leadership within the NHS were initially emphasised in *Making a Difference* (DH 1999) and *The NHS Plan* (DH 2000), stating that improved leadership, and subsequent funding, was vital to the modern NHS. The NHS Centre for Innovation and Improvement's (NHSI's) mission is to improve health outcomes and quality of delivery that will be accelerated by 'innovation and improvements inhealthcare leadership'. *Shifting the Balance of Power* (DH 2001) also outlined a number of elements for outstanding leadership in the NHS such as:

- Personal development
- Board development
- Leadership profiling for recruitment and selection
- Career mapping
- Succession planning
- Connecting leadership capability
- Performance management

The *Taking Healthcare to the Patient* (DH, 2005) document, which underpins the changing nature of ambulance services in England, noted the importance of clinical leadership within Ambulance Trusts. One of the paper's 70 recommendations, **Recommendation 62** (below) specifically highlights the importance of clinical leadership.

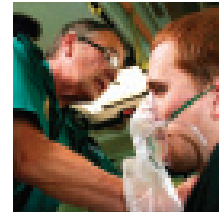
There should be improved opportunity for career progression, with scope for ambulance professionals to become clinical leaders. While ambulance trusts will always need clinical direction from a variety of specialties, they should develop the potential of their own staff to influence clinical developments and improve and assure quality of care

This *Clinical Leadership in the Ambulance Service* document will outline some of the key principles and concepts of clinical leadership and present a suggested Clinical Leadership Framework and examples for practice, which are listed on page 3 and are aimed at being generic suggestions for practice. This report has been produced as a result of the efforts of a national working group, with the aim of providing a strategic framework, with examples of good practice which individual Trusts may seek to implement to deliver the changes in clinical leadership locally.

In order to obtain a focused and comprehensive consultation process, a National Steering Group was formed, chaired by Anthony Marsh, Chief Executive of West Midlands Ambulance Service NHS Trust, in addition to regular consultation with the national meetings of the Ambulance Trust Directorates of Operations, Human Resources and Medical and the British Paramedic Association (BPA) as outlined in Appendix 1.

"We must become the change we want to see"

Mahatma Gandhi



1.1. The Ambulance Service

The focus of the ambulance service is changing – from delivering care to critically and acutely ill / injured individuals to managing patients with a range of often complex long term conditions in their homes. These changing services, allied to the additional demands of academic progression and developing professionalisation of the paramedic, has led to the greater need for identifying and nurturing clinical leadership within the ambulance service.

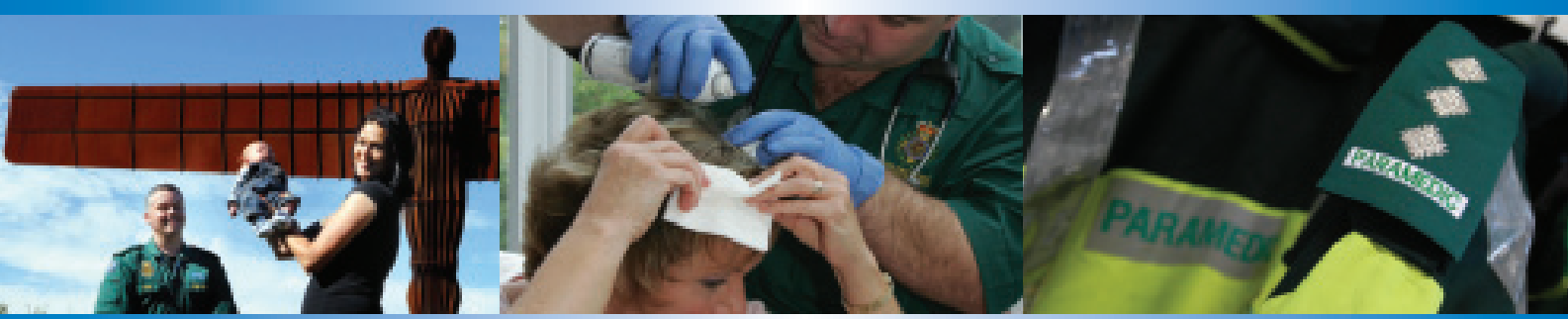
This emphasis on leadership, both clinical and managerial, was further emphasised by David Nicholson, NHS Chief Executive at a Clinical Leadership Summit in February 2007. He suggested that leadership at a local level often effects the most change, with simple ideas implemented by empowered individuals, with an accompanying infrastructure, that assists supporting clinicians and managers in working together to ensure real changes to patient care. A literature review commissioned by (the then) NHS Leadership Centre cited that those organisations that invested in their staff had a greater likelihood of being successful (Williams 2005).

At an Ambulance Leadership Forum in April 2007, ambulance leaders highlighted the need to invest in clinical leadership alongside other leadership and management development, with a number of key themes emerging:

- **The need to build clinical leadership capacity within the context of an overall career framework**
- **Continuing clinical leadership from clinical to managerial roles**
- **Clinical engagement from non-clinical managers and how these can best be linked**
- **Clarity regarding the attributes of clinical leaders and how these can be supported through education and training**
- **Supporting clinical leaders to play a larger role in service reforms beyond the response time targets**

The recent Department of Health (DH) paper, *The Operating Framework for the NHS in England 2009 / 10fgmc* (DH, 2009) outlined the commitment for introducing talent and leadership plans at a regional level in order to support leadership, capacity and capability at a local level, with talent and leadership plans being in place by July 2009. Further information on the background and supporting evidence for clinical leadership can be found in Appendices 2 and 3.

Health Minister Lord Darzi and NHS Chief Executive David Nicholson have recently announced plans for a new National Leadership Council (NLC) that will '*nurture the next generation of NHS leaders*' (Dawson et al, 2009). It will have a particular focus on standards (including overseeing the new certification, and development of the right curricula, and assurance) and with a dedicated budget, will be able to commission development programmes. Some of the NLC's work will include intelligence and evidence gathering, setting standards and taking a strategic role in commissioning leadership development programmes.



2.0 A Strategic Framework

2.1 What is clinical leadership?

The key to successful clinical leadership is the individual clinical leader. There are a plethora of definitions, however this role can be defined as an:

'expert clinician, involved in providing clinical care that continuously improves care through influencing others' (Cook 2001:39). and;

'the ability to both create and sustain an organisational culture of excellence through continual development and improvement' (Pintar et al 2007).

Current developments taking place within the ambulance service, such as Call Connect, Ambulance Radio Project, NHS Pathways and the Electronic Patient Report Form (EPRF) combined with increased paramedic academic preparation has resulted in pressures on clinical, operational and managerial practice. Particularly during such times of change, staff require clear leadership and support in order to ensure sustainability. An identified leader, utilising an accepted leadership framework or model, will provide direction based on knowledge and decision making skills.

In addition, NHS ambulance services have the potential to develop patient, expert patient and / or public involvement in clinical leadership programmes. Patients are keen to work with clinical leaders who understand their needs and aspirations and who can apply the insights and experiences of local people to the development of effective and responsive urgent care. For patients with long-term conditions and their carers, there is a role in customising the design and implementation of integrated NHS care, especially where transport services have a profound impact on longer term well being (e.g. renal patients).

The recent "Real Involvement" legislation opens up opportunities to engage patients in the future planning and provision of high quality services. This will allow ambulance service clinical leaders to facilitate the process of real patient enablement with consequent improvements for the quality of care, public confidence in the range of ambulance services and overall improved productivity and safety. It follows on from this that experienced patients can contribute to the training and development of ambulance service personnel, working in partnership with clinical leaders (DH, 2008a).

2.2. How to develop clinical leadership

How clinical leadership is perceived and implemented will vary from organisation to organisation. Since the aim of this document is to provide a strategic framework, a range of suggested skills and attributes are proposed, aiming to support clinical leadership development within an Ambulance Trust.

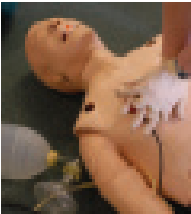
In essence, clinical leadership is about clinical staff at all levels being actively engaged in the continuous improvement of the quality and safety of patient services.

The key element is a solid foundation in clinical practice. Clinicians should build relationships whilst acting as role models, as with any profession, and encourage staff to listen to and support advocates who understand their values and challenges, thereby sustaining the improvements / change that is being introduced. The suggested components that constitute clinical leadership are therefore based on **Knowledge, Skills and Attributes** – see Table 1 following page.



Table 1: Knowledge, Skills and Attributes for clinical leaders

Knowledge	Skills	Attributes
<ul style="list-style-type: none"> • Applied anatomy and physiology • Pharmacological principles • Trauma care • Airway and circulatory management • Ethical, legal and moral issues • Managing acute, minor and moderate illness and minor injury and acute episodes in long term conditions • Professional issues and accountability 	<ul style="list-style-type: none"> • Clinical skills – emergency care assistant (ECA) technician, paramedic, advanced paramedic, paramedic practitioner • Communication skills • Behavioural skills (e.g. human factors) 	<ul style="list-style-type: none"> • Six attributes of Transformational Leadership <ol style="list-style-type: none"> 1. Developing a shared vision 2. Inspiring and communicating 3. Valuing others 4. Challenging and stimulating 5. Developing trust 6. Enabling
Source:		
<ul style="list-style-type: none"> • IHCD training, continuing professional development (CPD) and university education programmes • British Paramedic Association's (BPA's) Education / Career Framework (2008) • Current Joint Royal Colleges Ambulance Liaison Committee (JRCALC) (2008) Guidelines for clinical practice • QAA (2004) Paramedic Benchmark Statement 	<ul style="list-style-type: none"> • Skills for Health Career Framework • Dreyfus & Dreyfus (2000) and Benner (2001) Novice to Expert model of skills acquisition <ol style="list-style-type: none"> 1. Novice 2. Advanced Beginner 3. Competent 4. Proficient 5. Expert 	<ul style="list-style-type: none"> • Health Professions Council (2008) – <i>Standards of Conduct, Performance & Ethics</i> • Nursing & Midwifery Council (2004) – <i>Code of Professional Conduct</i> • General Medical Council (2006) – <i>Good Medical Practice</i>



2.2.1 Knowledge

The joint JRCALC / Ambulance Service Association (ASA) document, *The Future Role and Education of Paramedic Ambulance Service Personnel* (2000) proposed that education and experience needs to be broadened and improved for paramedics, in terms of a more co-ordinated approach to higher education degree development. Clinical staff clearly have varying degrees of clinical knowledge and links to the Skills for Health Career Framework Outline Levels 1 - 9 which are not currently linked to the Knowledge and Skills Framework, provides a guide on the implementation of a flexible career and skills escalation. This enables individual staff members with transferable, competence-based skills to progress in a direction that meets workforce, service and individual needs. As staff progress through the Skills for Health Framework, the need for clinical leadership will inevitably increase, as will their potential to become clinical leaders themselves. Experienced practitioners are said to have developed intuitive judgement and have an increased sense of salience - or awareness - of their environment (Benner, 2001 and Dreyfus and Dreyfus, 2000).

The revised BPA Career Framework (2008) (Appendix 4) outlines specific roles for the future ambulance clinician based on the Skills for Health Career Framework. These roles are related to the proposed Clinical Leadership Ladder (Diagram 2 - page 12) that aims to identify the role and the related supportive Higher Education Institution (HEI) programme. The shift towards university paramedic education is increasing in the UK – with the Foundation Degree, Diploma and first level degree qualifications providing a theoretical basis for clinical practice, increasingly relating to clinical leadership. In addition, the current JRCALC Guidelines (2006) form the basis of the clinical protocols / guidelines in the NHS ambulance service thereby informing the practitioner of evidence-based practice. The BPA is also developing a ‘Specialist Register’, which will recognise those with specific skill sets.

2.2.2 Skills

Benner’s Novice to Expert model (Benner, 2001) is used extensively as a basis for nurses developing from student to senior / consultant roles. The model is based on the concept that knowledge, both practical and theoretical, is gained over time through repeated clinical experiences that shape the clinician’s preconceived notions, which finally leads towards the individual gaining expertise or becoming the expert practitioner through the five stages of proficiency (Appendix 5).

The Skills for Health Career Framework Outline Levels 1-9 provides a guide on the implementation of a flexible careers and skills escalation enabling an individual member of staff with transferable, competence-based skills to progress in a direction that meets patient, service, workforce and individual needs.

2.2.3 Attributes

As a practical example of attributes, the Transformational Leadership approach is one that describes how motivated professionals can perform to their full potential by influencing change in perceptions and providing a sense of direction to others (Bass and Avolio, 1990).



3.0 Theory into Practice

3.1 A Proposed Clinical Leadership Framework

This section aims to put some of the theory into a practical application, with examples that could be adopted locally. In addition to the transformational leadership attributes, further literature reviews of clinical leadership revealed four elements essential to the role:

- **Personal mastery**
- **Systems thinking**
- **Enabling team learning**
- **Developing a shared vision**

Diagram 1 (following page) outlines the proposed *Elements of Clinical Leadership for the Ambulance Service* based on the concepts outlined in this document. This should be inclusive and ensure that all elements of leadership are incorporated.

Clinical leadership is an evolving role and not all of those in this role will necessarily possess all of these elements, or indeed call upon them, all of the time. For example the element of personal mastery is arguably only achievable through study at Masters level – supporting autonomous practice is probably the most important in terms of the clinical leader, since this self-motivational competency will be the driving force in the individual. The most essential elements of the role are personal and clinical credibility, the ability to make decisions and the aptitude to see the future for themselves and others.

The other core elements of *enabling team learning*, *systems thinking* and *developing a shared vision* are elements that arguably come with time, experience and expertise, supported by education and training. This identification and nurturing of 'local' or in-house experts is a key concern for developing clinical leadership within an organisation.

3.2 Clinical Leadership Self Assessment Tool

It is suggested that each organisation complete a clinical leadership self assessment tool (Diagram 2 - page 12) to enable them to assess their own journey to achieving successful clinical leadership, based on the four key elements identified above.

It is worth noting the recommendations from the 'Future Leaders Study' by the Matrix Consultancy Group, which focused on leadership in senior management. Five out of the 12 summary recommendations that are relevant to this document have been included in Appendix 7.

Clinical Leaders can be positioned at all levels in an organisation – clinical leaders do not necessarily work in the 'top' positions.

(Mason 2006)

Diagram 1: Elements of Clinical Leadership for the Ambulance Service

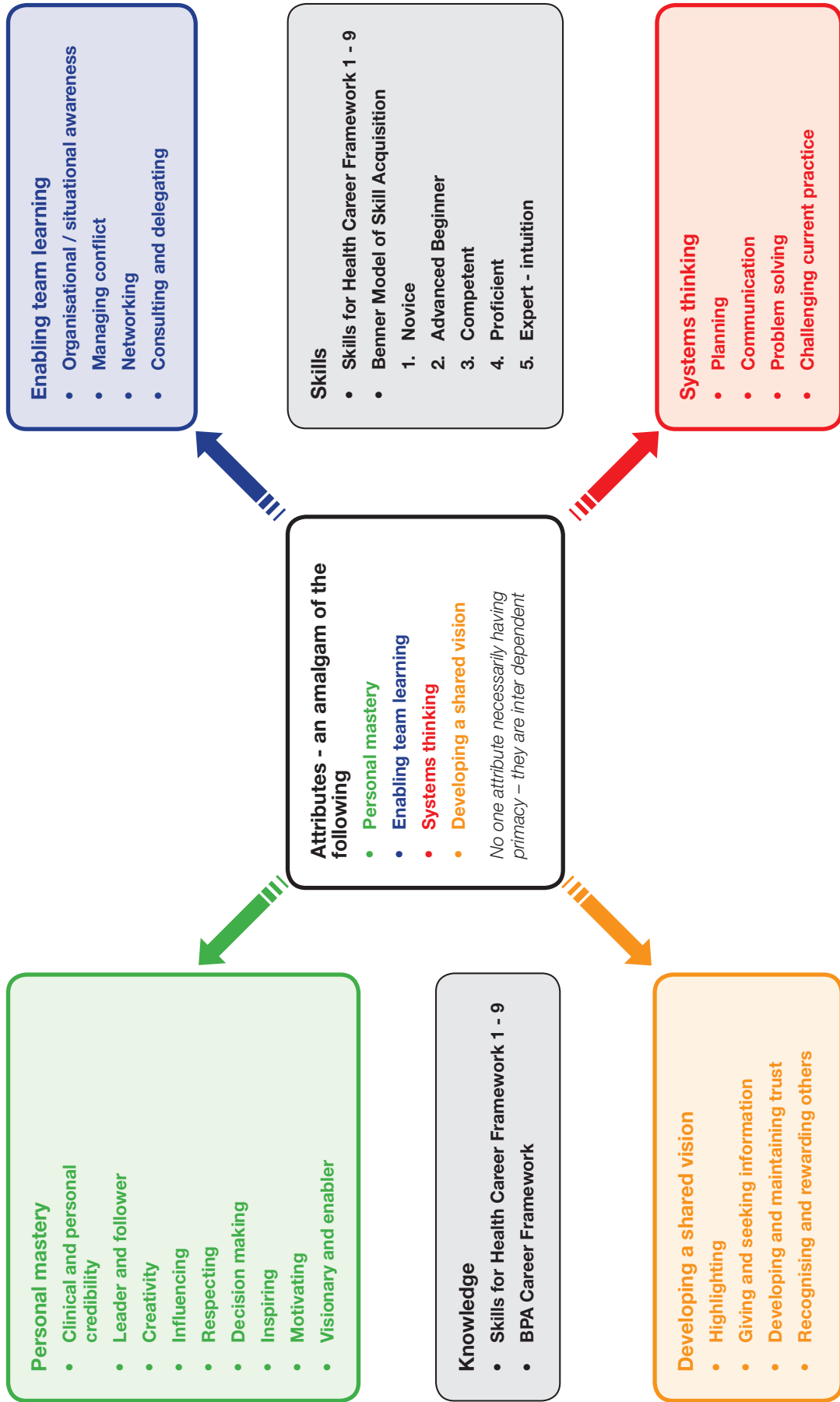


Diagram 2: A Clinical Leadership Self Assessment Tool – aspects for practice

Elements	Aspects	Leadership examples	Organisational self assessment Benchmark / Evidence
PERSONAL MASTERY <i>Personal Qualities</i>	<ul style="list-style-type: none"> Clinical and personal credibility Problem solving processes Leader and follower Creativity Influencing and respecting Decision making Inspiring and visionary Motivating 	<ul style="list-style-type: none"> Identifying Clinical Development Officers / Tutors to support graduate and academic students in clinical practice Facilitating mentorship and clinical supervision Patient assessment and history taking skills development Clinical policy influence and implementation. Practice development opportunities Airway and circulatory management Develop extended clinical / practitioner roles First point of contact – single assessment Diagnose, request, assess diagnostic tests – prescribing where appropriate Discharge and / or refer patients 	
DEVELOPING A SHARED VISION <i>Setting Direction</i>	<ul style="list-style-type: none"> Highlighting and promoting importance of clinical governance. Giving and seeking information Developing and maintaining trust recognising and rewarding contribution of others Clinical innovation Professional issues and accountability 	<ul style="list-style-type: none"> Identify a 'clinical champion' on each station Strong focus on key clinical governance issues Liaison with respiratory physician, clinical nurse specialist, pharmacist etc to develop and implant new care pathways JRCALC Guidelines Clinical protocols / guidelines Quantitative data analysis Special interest groups / forums Extend and improve collaboration with others 	



Diagram 2: Clinical Leadership Self Assessment Tool – aspects for practice (contd)

Elements	Aspects	Leadership examples	Organisational self assessment Benchmark / Evidence
ENABLING TEAM LEARNING <i>Working with others</i>	<ul style="list-style-type: none"> Organisational and situational awareness Managing conflict Networking Consulting and delegating Building relationships within NHS organisation and wider community. Ethical, legal and moral issues 	<ul style="list-style-type: none"> Providing local on-site support and teaching Run local continuous professional development sessions Journal clubs Clinical review groups Serious untoward incident / near miss and case review analysis Provide consultancy support to other allied health professionals in teaching, training, mentoring etc 	
WHOLE SYSTEMS THINKING <i>Improving services</i>	<ul style="list-style-type: none"> Planning Communication Problem solving Challenging current practice 	<ul style="list-style-type: none"> Evidence based practice Clinical audit Trauma care from 'Novice to Expert' Qualitative and quantitative research Process mapping Critical path reviews Patient pathway reviews Value stream mapping Develop and apply best available research evidence Take an active role in strategic planning and policy development 	
LEADERSHIP PROCESSES / ATTRIBUTES <i>Managing services</i>	<ul style="list-style-type: none"> Motivation Full potential performance Influencing change Providing a sense of direction 	<ul style="list-style-type: none"> Succession planning Organisational strategy for clinical development at all levels Talent management Manage and lead teams, projects, services, case loads and provide clinical leadership Play central role in the promotion of health and well being 	

3.3 Clinical Leadership Ladder

Diagram 3 (following page) outlines the *Clinical Leadership Ladder* – this is based on potential career progression of staff in an organisation. At each level this is relatively self-explanatory and describes the increasing level of responsibility and expertise required for each 'rung' of the ladder. From the relative 'novice' of an emergency care assistant (ECA) to the consultant paramedic role, the ability to develop with supporting CPD is evident.

The *Ladder* can be 'stepped off' at any time – individuals do not have to progress further along the Ladder, but opportunity should be available for them to do so if they wish. Currently senior positions within Ambulance Trusts are limited and it should be recognised that, in reality, only a limited number of individuals will progress to the top 'rung', however, it is worth recognising the potential to do so within each Ambulance Trust in years to come.

3.4 Examples from Practice – what works!

On page three of this document, there are a series of areas that organisations might like to consider. These are aimed at providing some ideas that might be useful and appropriate for local implementation. For successful implementation of clinical leadership, the evidence to date suggests that some of the basic skills for successful leadership include:

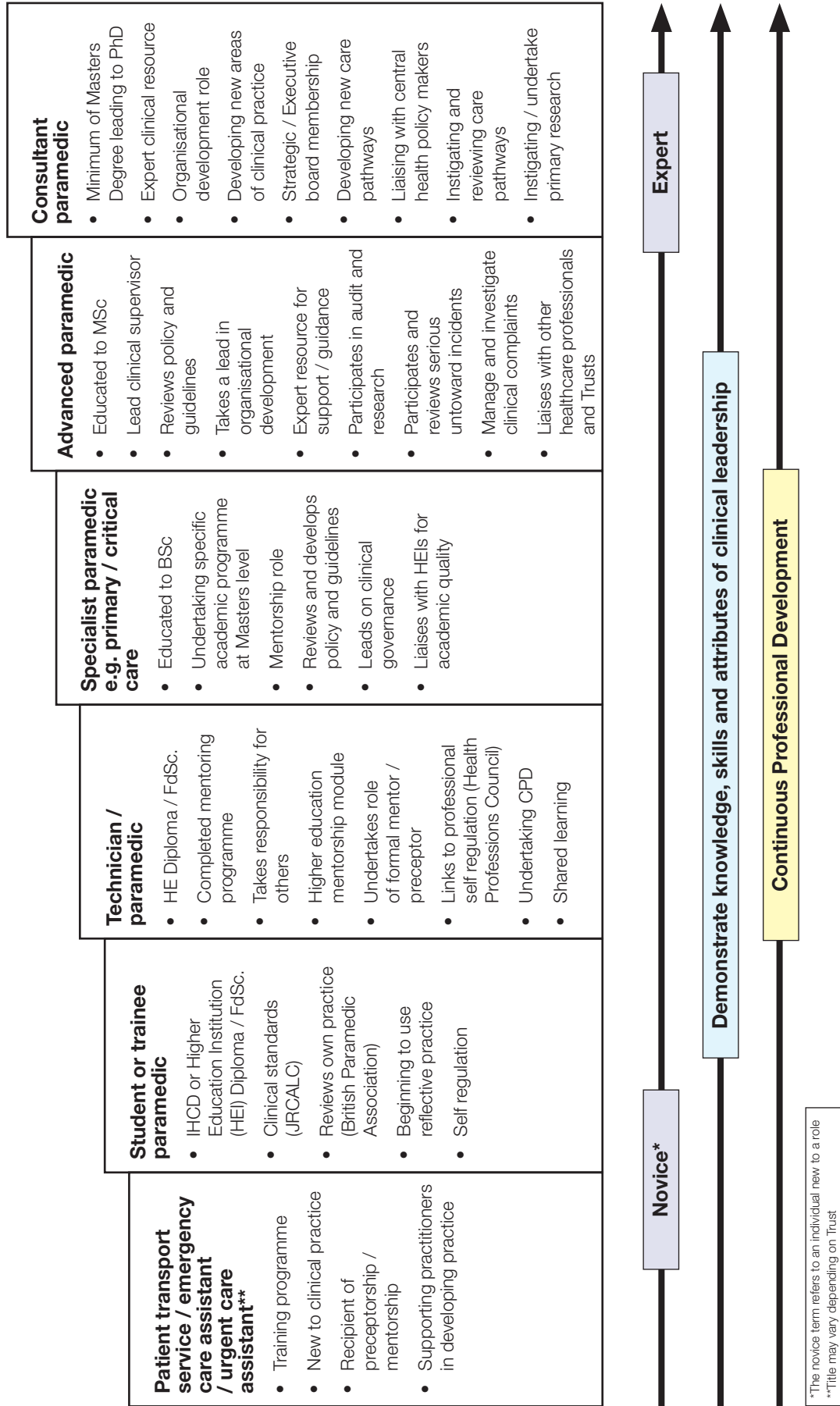
Basic skills for leadership

- **how to manage change**
- **how to communicate**
- **how to negotiate**
- **how to engage staff**
- **involvement with commissioning**

Many of these skills are not currently included in existing training programmes. However, some of the newer education programmes have greater leadership content, focusing in clinical leadership, its role and expectations. There are also a growing number of in-house and external leadership programmes available. Access to additional educational resources is a key element to many of these activities and Appendix 6 provides a list of various educational and training providers.



Diagram 3: The Clinical Leadership Ladder



*The novice term refers to an individual new to a role
 **Title may vary depending on Trust



3.5 Making Clinical Leadership work

The consultancy company Matrix undertook a comprehensive review of leadership across a number of Ambulance Trusts. Some of the key themes that were identified as being necessary to assist effective clinical leadership have become clear. These included:

Ensuring sustainability: small pilot projects are often required to assess the potential impact of a larger activity within an organisation. It is important to consider the principle of sustainability so as to avoid the potential for failure and disillusionment of individuals. In order for any clinical leadership activity to be successful, sustainability and contractual support from the wider organisation and vital components for a successful outcome.

Starting small: small steps can often prove to be more successful than giant leaps! Developing the role of the front line clinical supervisor / leader, for example, may have a much more effective impact than introducing a senior, top-down role onto the organisation.

Nurture current expertise: many individuals are keen to develop their professional role given the right support and guidance. Previously unrecognised talent or expertise, that otherwise would have gone unnoticed or under utilised, can often be better advanced by providing additional education and training from within the organisation. Rather than bringing in extra people, consider a 'grow your own' approach when it comes to developing aspects of specialist practice.

Succession Planning: a key component of effective organisations is the attention that is given to developing their workforce succession plans. Effective clinical leadership can be linked to these focused plans which identify development routes for individuals linked to organisational aims and targets.

Protected time: releasing individuals from their operational duties for professional and personal development is always a challenge, particularly in ambulance trusts. However, the importance of providing protective time for development will enable a "step change" in the workforce to be realised which presents a benefit across the whole organisation.

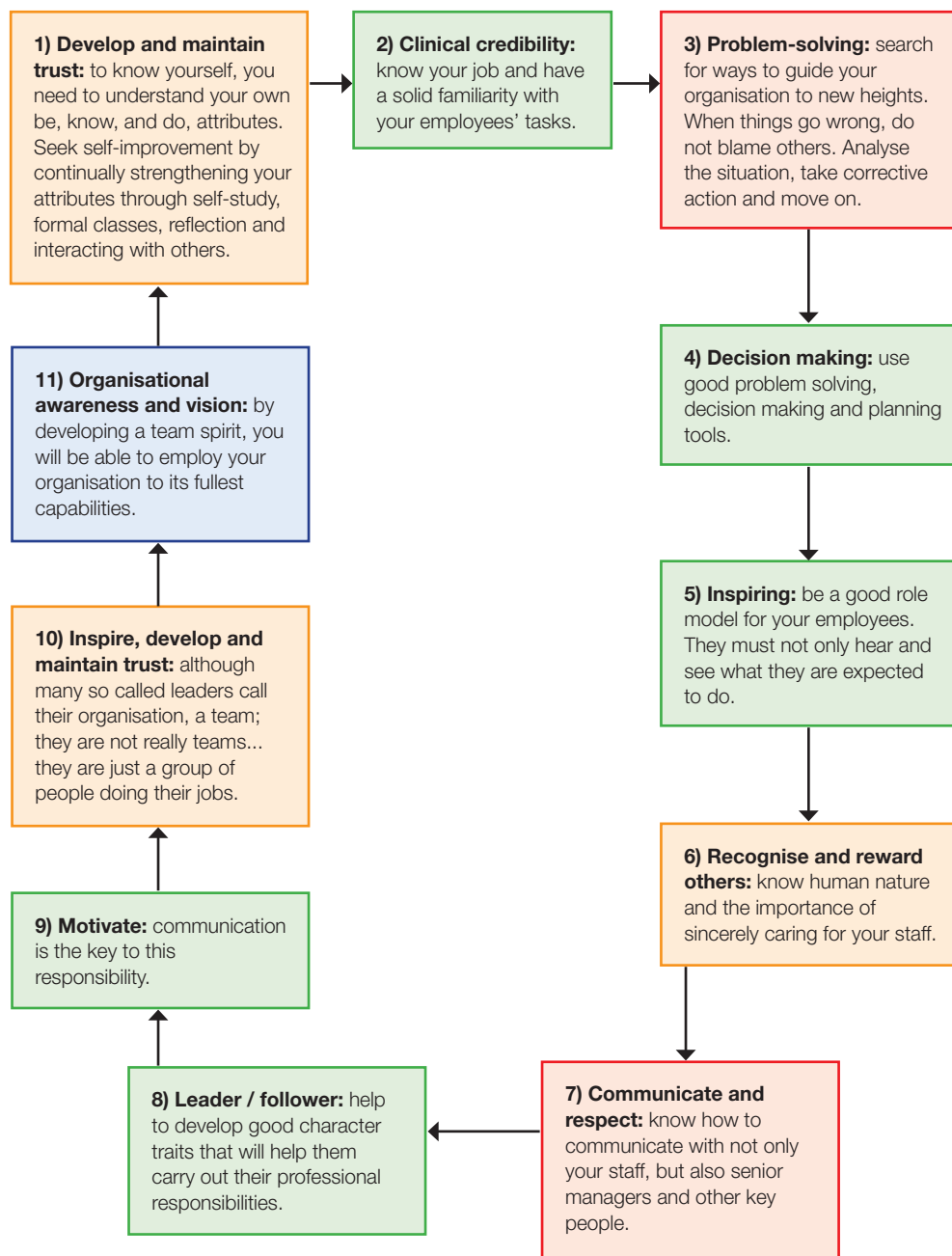
Collaboration between managers and leaders: management and leadership activities are not necessarily mutually exclusive – an individual can be both a leader and a manager, or purely one or the other. However, the clarity between the role (the knowledge, skills and attributes that comprise each role) are significantly different. It is therefore necessary to appreciate that clinical leadership can take place at all levels across the organisation and would not be restricted to hierarchical structures.



3.6 Best Practice

Diagram 4 below outlines a suggested *Best Practice Flowchart*. This outlines some of the suggested stages in developing and implementing clinical leadership within an organisation. The steps are consecutive, although can be accessed at any point, depending on the organisation and are based on the *Elements of Clinical Leadership* (Diagram 1).

Diagram 4: Best Practice Flowchart



3.7 Yorkshire Ambulance Service Model of Clinical Leadership

The following is an example of clinical leadership in practice at Yorkshire Ambulance Service (YAS). The Trusts is implementing a 24 / 7 clinical hub staffed by paramedics and emergency medical technicians in the 999 communications centres who provide clinical advice to 'Access and Response' staff and the public. Emergency care practitioners (ECPs) provide further clinical and tasking expertise.

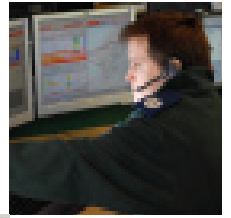
Diagram 5 (following page) summarises YAS's model of clinical leadership. In Accident & Emergency (A&E) operations the introduction of paramedic practitioners and the recruitment of additional ECPs add to the clinical expertise available to support the management of patients at home when they have an urgent, but not an emergency, need. This helps to prevent unnecessary transfer to emergency departments and allows patients needs to be managed via appropriate clinical pathways into community services and primary care.

Clinical managers oversee the clinical performance within each operational area including performance against clinical performance indicators (CPIs). This is achieved through their cadre of clinical team educators.

Clinical team educators support clinical staff in a 1:12 ratio and provide the link into education and training. Their role is designed to provide work-based support, acting as mentors and providing clinical supervision to all operational staff, giving them assurance that the appropriate level of care is being delivered to patients. The educational needs of the clinical team educators and the ongoing development of the scheme, is supported by the Human Resource and Organisational Development team.

The Clinical Directorate provides clinical leadership and includes the Medical Director, two Assistant Medical Directors and an Assistant Clinical Director with a nurse and paramedic background. Clinical pathways advisors from both nursing and paramedic backgrounds support pathways' links into primary and secondary care, as well as the regional clinical networks. The clinical excellence managers support clinical development and lead on clinical audit and clinical excellence.

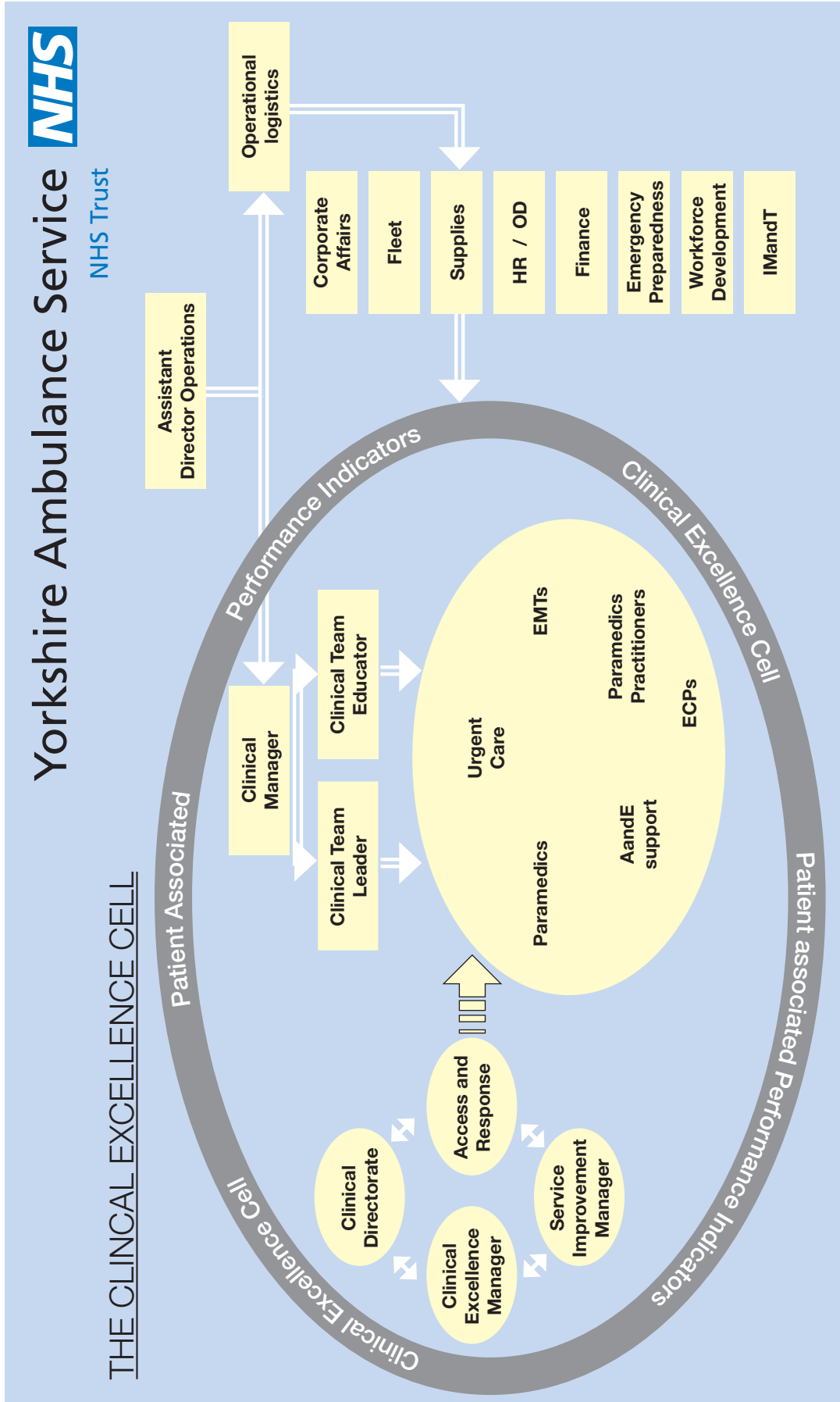
Dedicated clinical leadership days have involved a cross-section of staff in the organisation getting together to discuss clinical care, professionalism and leadership, led by the Medical Director the Director of Operations. Over 100 members of staff have participated in these forums. This initiative is now involving staff from Access and Response so that clinical care is integrated into the initial point of contact from patients requiring our assistance. See Appendix 8 for the Clinical Governance structure.



The leaders of tomorrow will need to be ordinary human beings with extraordinary talent

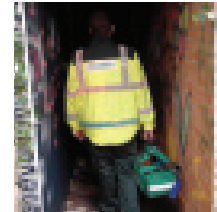
(Olivier 2004)

Diagram 5: YAS Model of Clinical Leadership



3.8 Medical Leadership Competency Framework

From a medical perspective, the NHS Institute for Innovation and Improvement has also developed a Medical Leadership Competency Framework. Diagram 6, below, outlines this framework, which identified five competencies within which there are four domains. These competencies provide a tool to support involvement of planning, delivery and transformation of services. Developed with the Academy of Royal Medical Colleges, with an underpinning literature review by Ham & Dickinson (2008), the Competency Framework aims at engaging doctors in leadership.



However the terms used are generic and actually point to a model of 'medical engagement' thus encouraging a model of diffused leadership, where influence sits across relationships, systems and cultures and should apply to all healthcare professionals. The overall competencies have been mapped to the previously identified elements of clinical leadership (Diagram 1- page 3).

Diagram 6: Medical Leadership Competency Framework

Competencies	Domains	Attributes
1. Personal qualities	<ul style="list-style-type: none"> • Self awareness – aware of own values • Self management – organising and management • Self direction - CPD • Acting with integrity – open and ethical 	Personal mastery
2. Working with others	<ul style="list-style-type: none"> • Working within teams – deliver / improve services • Encouraging contribution - creating a contributive environment • Building and maintaining relationships – listening / supporting others • Developing networks – partnership working 	Enabling team learning
3. Managing services	<ul style="list-style-type: none"> • Planning – actively contribute to service goals • Managing resources – awareness and effective use • Managing people – providing direction / reviewing performance • Managing performance – accountability 	Systems thinking
4. Improving services	<ul style="list-style-type: none"> • Ensuring patient safety – assess / manage risk • Critically evaluating – thinking analytically • Encouraging innovation – climate of continuous service improvement • Facilitating transformation – contribute to the change process 	Developing a shared vision
5. Setting direction	<ul style="list-style-type: none"> • Identify contexts for change – aware of other factors • Applying knowledge and evidence – gathering evidence-based information • Making decisions – making informed decisions • Evaluating impact – measuring / evaluating outcomes 	Developing a shared vision Personal mastery



Although developed primarily for medical practitioners, this framework is based on the concept of shared leadership, where leadership is not restricted to a designated role and there is a sense of 'shared responsibility'. This potentially maps better with pre-hospital care delivery, as often medical and non-medical practitioners work in close alliance sharing competences and skills on the clinical front line on a daily basis.





4.0 The Future

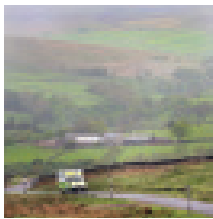
4.1 Where do we go from here?

This paper has outlined a proposed strategic framework for the role of clinical leadership in the ambulance service and proposes an adapted transformational leadership model as a framework for practice and local implementation. A number of practical examples have also been proposed. The principles are based on a number of documents, including those by David Nicholson and Lord Darzi, and also the NHS Leadership Qualities Framework (LQF) (2006) that sets the standard for outstanding leadership in the NHS. The LQF summarises the benefits of such a structure, including:

- Improve clinical standards and governance within organisation
- Support the organisation in achieving core standards set by Standards for Better Health, NHSLA and Healthcare Commission Annual Assessment
- Provide the infrastructure to reduce and effectively manage clinical risk and reduce litigation

Clinical leaders often adopt a transformational leadership style. Cook & Leathard (2004) suggested an increased need for suitable and timely preparation for clinical leadership roles. Many of the current programmes involve generic, decontextualised learning and fail to address the unique problems encountered within the pre-hospital clinical settings, with techniques being drawn from the business world. The majority of the current clinical leadership programmes overcome these barriers, however they are generally for healthcare professionals currently in a leadership post, which is arguably too late.

Clinical leadership transcends all directorates and is at the heart of developing and leading an organisation that delivers quality care. It relates to clinical governance, workforce planning, education and training, organisational development and continuing professional development to name but a few. A number of key national policy documents have made numerous references to leadership as part of the core business of the NHS. Leaders are positioned at all levels. Clinical leaders have a passion for their role, a clear picture of what they want their organisation to achieve, a special ability to share that vision with others and a talent for motivating, valuing and encouraging those around them (Mason 2006).



4.2 Bringing it all together

Diagram 7 (on the next page) summarises a potential model of practical application within an Ambulance Trust. This model represents the integral working with the clinicians delivering care operationally who have 24 / 7 clinical support available from a clinical support desk (or similar) where they can draw in expertise from a range of individuals, which is supported by the Medical / Clinical Directorate. A small number of advanced practitioners or consultant paramedics can also be available across the service to attend scenes, in the event of a difficult or protracted scenario, either as part of an air ambulance response or to support the management and triage of seriously ill patients.

Critical to this model, is the appropriate tasking and management of calls coming into the control room. By appropriate utilisation of advanced practitioners to seek and dispatch on calls appropriate to the skills of their colleagues in the same way as the air ambulance paramedics currently operate could be an option. This could supplement the work of the clinical support desk, as well as adding resilience to this increasingly valuable resource.

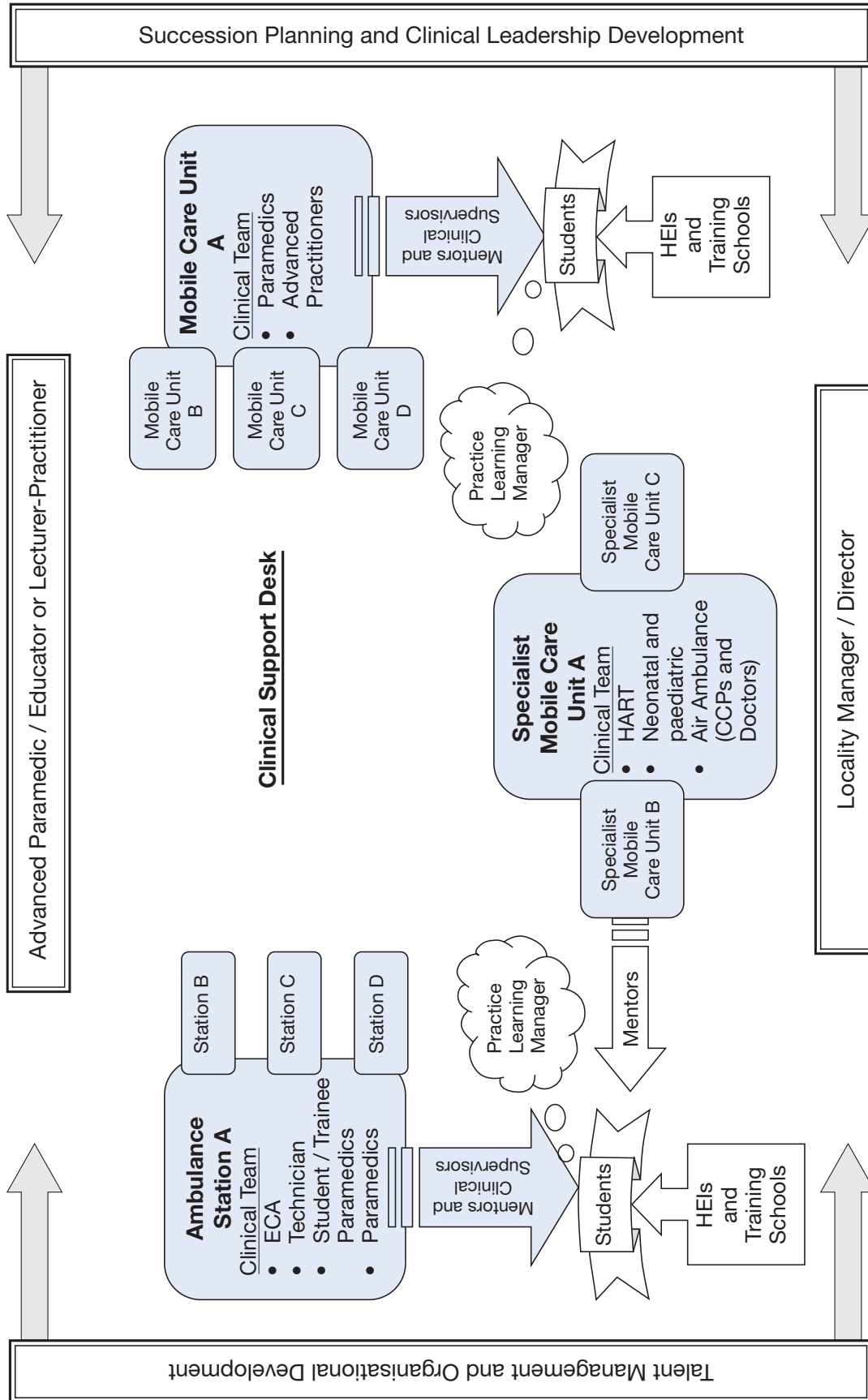
High-level clinical leadership is provided through the clinical directorate, with input from doctors, senior paramedics and specialist advisers, such as the consultant midwife and pharmacist who may work with the organisation.

Supporting this model, in terms of talent management and organisational development, is the capacity to identify and develop 'high flyers' that have the capacity to become the clinical leaders of the future. This succession planning model lends itself to allowing staff to develop particular areas of interest or clinical strengths in an organisation. Individuals have the chance to build on these in a supportive environment, particularly in terms of organisational development. The cornerstone of such developments includes quality education and training and CPD within protected time, whilst supporting students from training and academic institutions. They should be supported overall by practice learning managers working on a day-to-day basis with mentors and clinical supervisors. These individuals also support teams of clinicians whether in a station or a 'Mobile Care Unit' such as an air ambulance or rapid response unit. This also ensures the most appropriate and senior clinician is on scene and patients receive the highest quality care from the right clinician.

Local 'champions' could also be identified; these are individuals with particular areas of specific clinical interest or expertise. They can also identify areas of further training and or education for clinicians, such as applied anatomy and physiology, pharmacology and identification and management of major illness / trauma, as an example. The issue of paramedic prescribing is also a consideration for future practice. The *High Quality Care for All* (DH 2008) report set out to improve leadership across the health service. This will include educational programmes such as the *Leadership for Quality Certificate*, aimed at all staff in the healthcare system to introduce a common standard for leadership.

This paper is a foundation stone for moving forward. Some of the ideas, thoughts and theories may alter but the basic principles of identifying, nurturing and developing our own talents and those of our colleagues around us is our responsibility. If we do not take the lead - who will?

Diagram 7: Bringing it all together





Appendices

Appendix One:

National Steering Group Membership and Consultation Process

National Steering Group Membership

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Professor Bob Sang FRSA, Emeritus Professor at Faculty of Health & Social Care, London South Bank University and Honorary Member Patients Association.

Special thanks to Karen Freeman, Private Secretary / Office Manager to Anthony Marsh

National Group Directorates consulted:

- Chief Executive Officers group
- Directors of Clinical Care group
- Director of Operations group
- Director of Human Resources group

Others:

- British Paramedic Association – Roland Furber
- Faculty of Pre-Hospital Care, The Royal College of Surgeons of Edinburgh
- Professor Malcolm Woollard, Coventry University



Appendix Two:

Setting the scene

Background

Anthony Marsh, Chief Executive of West Midlands Ambulance Service NHS Trust, was nominated as the lead to progress this agenda nationally on behalf of ambulance services in England following key recommendations arising from *Taking Healthcare to the Patient* (DH 2005). Four of the recommendations, highlighted below, are pertinent to this document. These are:

- **The Department of Health (DH) should fund a programme of management and leadership development for ambulance staff, having first commissioned research to understand development need**
- **The DH should also resource and support the development of regional forums for operational directors and for service modernisation / strategy leads to share good practice and innovation**
- **The DH should provide similar support for clinical directors to come together at national level**
- **Ambulance managers need to continue to focus on their own development as professional healthcare managers, understanding the impact that their services can have on patient outcomes and work with their colleagues to enhance quality of care**

Supporting evidence - from *Taking Healthcare to the Patient* (DH 2005)

1. ***The Department of Health (DH) should fund a programme of management and leadership development for ambulance staff, having first commissioned research to understand development need.***

Recent discussions with CEOs and Human Resource Directors (HRDs) gained commitment to a programme of research into the leadership development skills gap and their appropriate interventions. Following a paper presented at the National Clinical Leadership Conference in April 2007 proposing the commissioning of an external research organisation (Matrix Research and Consultancy) which was supported and gained DH funding.

2. ***The DH should also resource and support the development of regional forums for operational directors and for service modernisation / strategy leads to share good practice and innovation***

All professional disciplines now have in place a national forum to provide regular opportunities for service strategy debate and sharing good practices. The NHS Institute for Innovation and Improvement (NHSI) will offer all Executive Directors, CEOs and Trust Chairmen four fully-funded sessions with an 'Executive Coach' and 'Masterclass' type support.

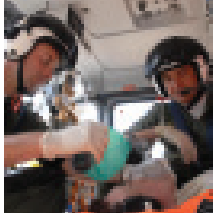
3. ***The DH should provide similar support for clinical directors to come together at national level.***

A national medical director forum is in place which brings together the clinical advisors of each Ambulance Trust to review and debate future clinical direction and an Ambulance Trust Chief Executive has been nominated to lead and support the work of this forum. This forum will aim to identify which initiatives or interventions can be provided to this group to support their CPD and to determine and influence the Clinical Leadership Steering Group.

4. ***Ambulance managers need to continue to focus on their own development as professional healthcare managers, understanding the impact that their services can have on patient outcomes and work with their colleagues to enhance quality of care.***

Leadership needs to focus more fully on:

- a. cross organisational teamwork
- b. building relationships
- c. coaching and supporting staff to improve patient care.



Appendix Three:

A Background to Clinical Leadership

Clinical leadership in the NHS

Clinical leadership has played an increasingly important role in the wider context of the NHS over recent years. Developments in medical and nursing careers have led to identifiable roles and succession planning, supported by a range of educational programmes. Leadership is recognised as a process by which an individual influences others to set standards, accomplish objectives and directs the organisation to greater cohesion. Leaders are generally identified by a number of key characteristics; knowledge, skills and attributes.

The relevant professional regulatory bodies (i.e. Health Professions Council, Nursing & Midwifery Council and the General Medical Council) set standards for professional activity incorporating best practice, performance and ethical dimensions to which all practitioners need to adhere. These form the basis of attributes of leadership.

Transformational leadership

Clinical leaders in medicine and nursing often adopt the 'Transformational Leadership' model. Transformational Leadership consists of six attributes

- 1. Developing a shared vision**
- 2. Inspiring and communicating**
- 3. Valuing others**
- 4. Challenging and stimulating**
- 5. Developing trust**
- 6. Enabling**

Clinical leadership in other professions

The Royal College of Nursing (RCN) Clinical Leadership programme similarly promotes achievement in specific areas:

- Policy influence and implementation
- Strategic influence and function
- Service improvement
- Practice development
- Personal development

A recent report on the RCN programme concluded that the programme is making a difference with participants gaining confidence and being empowered to lead their teams in spite of difficult circumstances. Other key findings suggested that there is a strong link between stress, efficiency, performance and leadership, or the lack thereof, in the NHS.

Similarly the Kings Fund Leadership Development Programme assists individuals working at all levels of the health service to develop their leadership skills. Their approach to leadership training is that the knowledge, perceptions and assumptions participants bring with them assists in the problem-solving processes and the management of change. A full list of program providers is in Appendix 6.



Why do we need clinical leadership?

The benefits of clinical leadership to an organisation, the individuals within it and the patients it serves are on a number of levels. At an organisational level, staff are better equipped to adapt and thrive in response to an ever-changing environment. On an individual level, there are benefits in terms of personal development and improving knowledge and skills. On a patient level, the concept of a clinically-led, learning organisation, would suggest a greater responsiveness to patient needs, as well as an improved ability to meet those needs (Timpson 1998).

Clinical leadership within the ambulance service has traditionally been the primary responsibility of the Medical Director. Such individuals frequently originated from trauma or acute care backgrounds, often working in isolation, with limited recognition for their input. As ambulance service delivery has changed over recent years, fewer patients are being transferred to the Emergency Department (ED) with more patients being appropriately treated and clinically managed at home, with a subsequent potential increase in clinical risk. The need for appropriately trained leaders with experience and influence in such situations is clear.

The shift towards primary care, highlighted in NHS reforms, supports Recommendation 62 of Taking Healthcare to the Patient. It states that there is a need for leadership from a range of specialties, such as primary care clinicians, general practitioners (GPs), emergency care practitioners (ECPs), nurses and other clinicians.

World class commissioners are central to a self-improving NHS and clinical leadership is critical to this process by assisting boards, executive and clinical teams in building and shaping their organisation. These commissioners act as learning organisations, motivating clinical innovation through improvements in quality, access and outcomes (DH 2007). Of the 11 headlines, four and eight appear the most relevant:

Relevant headlines from World Class Commissioning

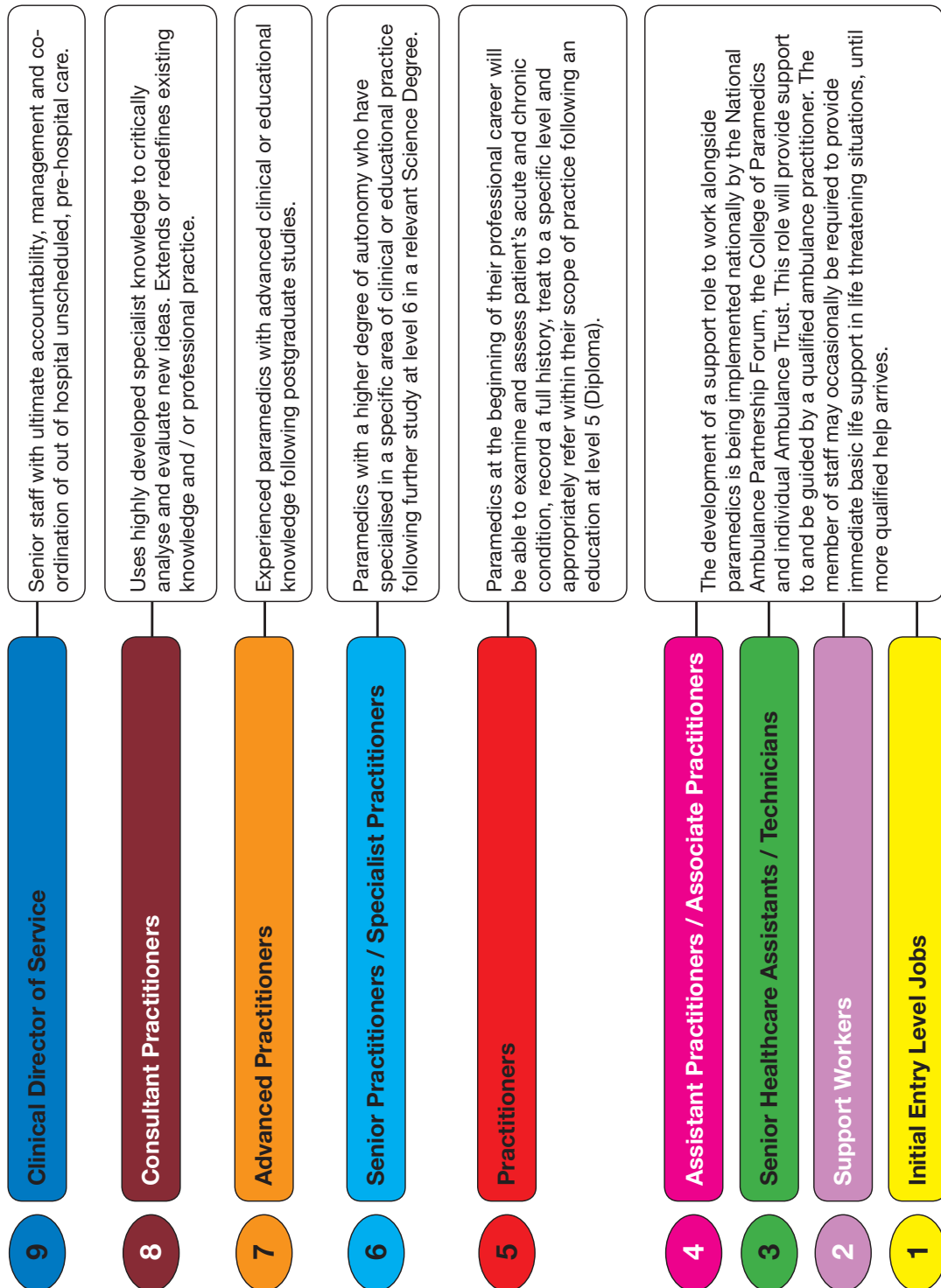
- 4:** Lead continuous and meaningful engagement with clinicians to inform strategy and drive quality, service design and resource utilisation
- 8:** Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration

Current roles within clinical teams, such as station managers or similar, are skilled in de-briefing techniques. Senior staff such as mentors or clinical supervisors have also provided clinical leadership through clinical supervision and mentorship, supporting clinicians in both practice and education / training settings. However, these individuals also require further development for their own leadership skills, particularly to support the newly qualified graduate paramedics entering clinical practice. Research undertaken by Taylor (2008) suggested the need for 'hybrid' roles: those that combine clinical practice and formal positions of leadership within an organisation. Such roles would facilitate the development of new skills whilst providing a direct route for knowledge and learning which can be directly incorporated into clinical practice.



Appendix Four:

Revised British Paramedic Association Career Framework (2008)





Appendix Five:

Benner (2001) Novice to Expert model of skill acquisition

Novice to Expert Model

Benner's (2001) Novice to Expert model was based on the work of Dreyfus and Dreyfus, initially undertaken in the 1980's, which was based on nursing. However, the framework could also be applied to all health care professions, including paramedics.

These five different stages reflect three general changes in skilled performance from an ambulance perspective, this could be applied to the development of the ECP or advanced paramedic role (both terms are used interchangeably) within the ambulance service – autonomously managing a range of undifferentiated patients in a variety of settings, as well as development as an organisational clinical leader.

Novice to Expert model – developmental phases

Stage	Descriptor	Development phases	BPA Career Framework
1. Novice	No experience of situation in which they are expected to perform – rule-governed behaviour	Moving from reliance of abstract principles to using prior experience to support actions	1 - 4
2. Advanced Beginner	Demonstrate marginally acceptable performance		
3. Competent	Clinician in same role for 2-3 years, able to cope and manage complex situations		
4. Proficient	Understand situation as a 'whole' – perceptions based on prior experience	Viewing situations holistically and selecting relevant sections for action	5 - 6
5. Expert	No longer relies on analytical principle – huge background of experience with an intuitive grasp of situations	Moving from detached observer to involved performer, becoming engaged in the situation	7 - 9





Appendix Six:

Clinical Leadership Education and Training Providers

Clinical Leadership and Education Providers

The following list of providers illustrates the diverse range of clinical leadership and education provision that can be sourced from professional, academic and other institutions and bodies. This list is correct at the time of printing although it should be noted that it is illustrative and not exhaustive. These providers demonstrate the wealth of experience and expertise in this field that can be sourced to support clinical leadership actions within ambulance Trusts.

NHS Leadership:

The NHS Leadership Centre – Literature Review

www.library.nhs.uk/healthmanagement/ViewResource.aspx?resID=64789#9

Gateway to leadership

www.come2life.nhs.uk/gateway.aspx

Leadership qualities framework

www.nhsleadershipqualities.nhs.uk/

The King's Fund Information and Library Service has compiled a downloadable reading list on Leadership in the NHS.

www.kingsfund.org.uk/information_and_library_service/reading_lists/index.html

Universities:

Coventry University

www.coventry.ac.uk/phecc

University of Essex

www.essex.ac.uk/hhs/shortcourses/clinical_lead.htm

Bournemouth University

courses.bournemouth.ac.uk/3details.asp?programmeCode=PQLM

University of Bedfordshire

www.luton.ac.uk/courses/bysubject/heacar/msc-prodevclilea

Leeds University - Leadership at the Point of Care (LPC) is a three-day leadership development programme for front line staff in the NHS who have a direct and immediate impact on patient care.

healthcare.leeds.ac.uk/pages/knowtran/3_programmes/leadatpointofcare.htm

University of Warwick

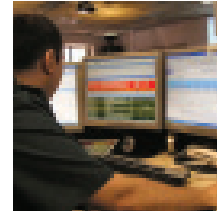
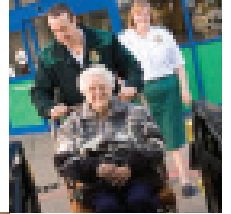
www2.warwick.ac.uk/fac/sci/wmg/ftmsc/content_store/le/

Harvard University

www.ksg.harvard.edu/leadership/

Keele University

www.keele.ac.uk/depts/hm/cml/index.htm



Department of Health:

Department of Health's Lifelong Learning web pages

Department of Health's Learning and Personal Development web pages

Department of Health's an organisation with a memory guidance document

Department of Health's developing excellence in leadership within urgent care

www.dh.gov.uk/assetRoot/04/11/85/93/04118593.pdf

Department for Education and Skills lifelong learning web site

Diagnostic Tools for Individual and Organisational Development

www.realworld-group.com/individualtools.asp

www.realworld-group.com/organisationaltools.asp

Others:

National Library for Health (NLH)

Knowledge Management Specialist Library

www.library.nhs.uk/knowledgemanagement/

Health Foundation

www.health.org.uk/aboutus/

Institute for Healthcare Improvement

www.ihl.org USA senior healthcare improvement programmes

Professional Organisations:

BPA

www.britishparamedic.org

RCN - England

www.rcn.org.uk/resources/clinicalleadership/

RCN – Scotland

www.rcn.org.uk/scotland/learning/clinicalleadership.php

Institution for Innovation and Improvement

www.institute.nhs.uk/Leadership/

Paramedic leadership

www.qaa.ac.uk/academicinfrastructure/benchmark/health/paramedicscience.asp

Journals:

Emergency Medical Journal

emj.bmj.com/

Journal of Paramedic Practice

www.paramedicpractice.com/



Appendix Seven:

Clinical Leadership arising from the Matrix Future Leaders Study (2008) Clinical Related Recommendations

In 2007, a National Future Leaders Study was commissioned by the Department of Health, on behalf of Ambulance Services in England. All eleven Ambulance Trusts contributed to this research.

As a result of the data obtained 12 recommendations were presented in the final report, each designed to support leadership development across the middle to senior management layer. Of these 12 recommendations, the following five recommendations relate directly and impact on this clinical leadership study. These are listed on the following three pages.

Recommendation	Description	Key Stages	Lead	Personal / Service Improvements Expected (Benefits Realisation)	By When	Status Red Amb Green
<p>Recommendation Three:</p> <p>Significantly strengthen the capacity for clinical leadership</p>	<ul style="list-style-type: none"> Significant capacity pressures in line management, results in clinical supervision being overlooked Operational pressures to achieve national performance targets complete with quality measures and in particular clinical support and supervision Ambulance Trusts to consider providing adequate levels of clinical leadership / supervision in the short to medium term to accommodate the increase in the clinical workforce Establish the necessary culture of clinical professionalism that is being reinforced by the shift to HEI based education and more joint working with clinicians from other professional backgrounds 	<ul style="list-style-type: none"> Review clinical leadership capacity levels Mentorship, preceptorship and coaching policy Establishment of Trust Mentor Database Clinical role reviews Clear plan to implement clinical supervision and leadership, which includes allocations of time and resources 	<p>MD HRD Ops</p>	<ul style="list-style-type: none"> Effective succession planning Improve recruitment and retention Reduce sickness absence Increase staff support Job descriptions define minimum clinical leadership and supervision time Staff appraisals are undertaken annually Improvement in clinical standards through measurement of CPI's Attainment of CPD portfolios KSF progression 		
<p>Recommendation Four:</p> <p>Actively participate in regional talent management initiatives</p>	<ul style="list-style-type: none"> Develop internal talent management and succession planning processes and initiatives developed by their SHA This will help to promote greater inter-change between different parts of the health system and offer senior leaders more career development opportunities than would be possible within the Ambulance Trust family alone 	<ul style="list-style-type: none"> Link into regional Zimap system Support the regional approach to talent pools Develop action-learning sets across health communities Develop rotational posts in clinical and non-clinical areas Explore the opportunities and benefits of new clinical relationships between ambulance service clinicians and pre-hospital care doctors 	<p>HRD MD</p>	<ul style="list-style-type: none"> Create staff that can work flexibly across the wider NHS Supports career progression Promotes greater interchange between NHS organisations Opportunity for the involvement of other HCPs to develop clinical skills within ambulance sector Opportunity for ambulance service staff to develop in other spheres of health care Role modelling / shadowing of roles linking with Deanes, PCT's, Acute Trusts, Primary Care, Consultant Practitioner posts 		

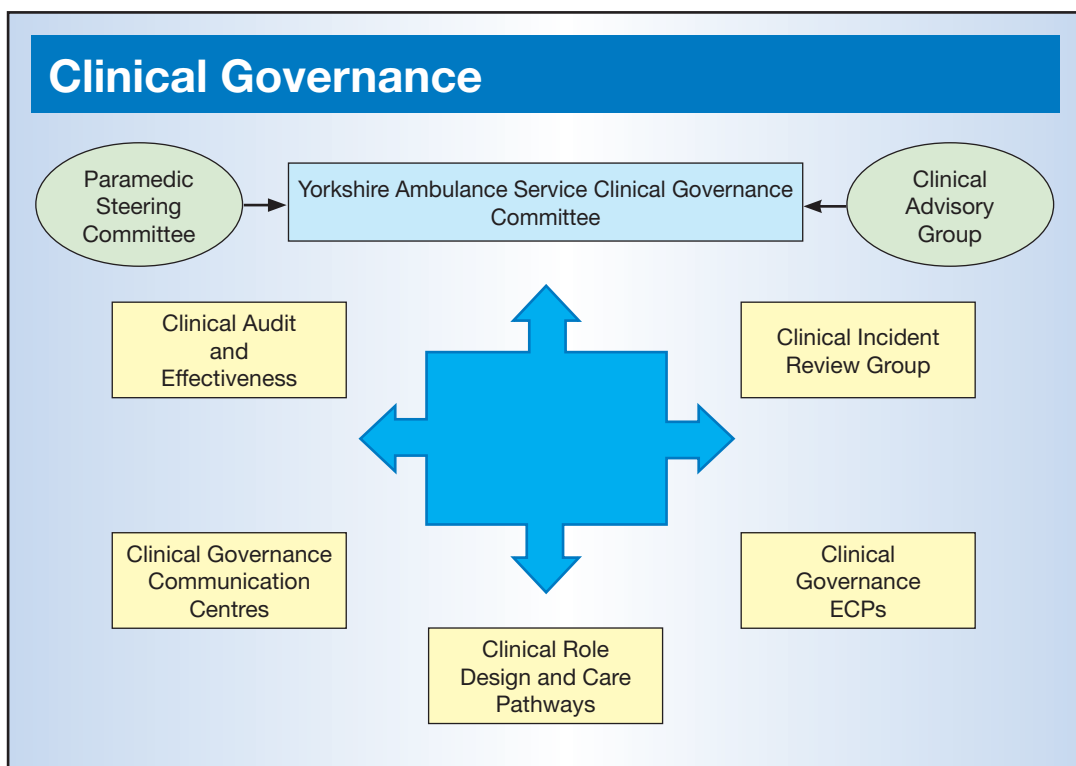
Recommendation	Description	Key Stages	Lead	Personal / Service Improvements Expected (Benefits Realisation)	By When	Status Red Amb Green
<p>Recommendation Seven:</p> <p>Middle managers should be offered an accredited leadership programme, ideally with participants from other parts of the health system</p>	<ul style="list-style-type: none"> All middle managers should be offered the opportunity to undertake an accredited leadership programme focusing on improved performance, effective communications and networking Programmes should include participants from other healthcare organisations. During / following the programme participants should be provided with an internal / external coach with a brief to support the translation of the learning points into practice Facilitated action learning sets should be considered either as an integral part of these programmes or to support specific topics on organisation or service improvement. Again, there would be merit in Ambulance Trusts undertaking a common specification of the core content of such programmes with an expectation that they would be customised and delivered locally In drawing up these specifications Ambulance Trusts should consider how they can make the programmes attractive to clinical leaders from other healthcare professions 	<ul style="list-style-type: none"> Research the standards to be met to support a middle management development leadership programme Action Learning Sets (internal 08 / 09 and then external 09 / 10) Mentorship, preceptorship and coaching policy CMI-accredited in-house Management Development Programme Create a development specification that generates interest for joint delivery with other healthcare providers and participants 	<p>HRD</p>	<ul style="list-style-type: none"> Improved culture Highly skilled leaders and managers Increase recruitment and retention Reduce sickness absence Increase support for staff Improve patient care through measurement of CPIs Reduce complaints Create staff that can work flexibly across the wider NHS Increase recruitment into the NHS Supports career progression 		

Recommendation	Description	Key Stages	Lead	Personal / Service Improvements Expected [Benefits Realisation]	By When	Status Red Amb Green
<p>Recommendation Eight:</p> <p>Develop clinical leadership through service improvement</p>	<p>1. Consider funding service improvement learning groups to focus on a topic based clinical condition / pathway and its needs</p> <p>2. Working as facilitated learning sets participants, which will include professionals from different backgrounds and organisations, will:</p> <ul style="list-style-type: none"> learn about best practice and service innovation and how these ideas might be locally adapted explore the respective contributions of different professionals and their perceptions of each others' roles and skills consider the implications for clinical leadership and governance within and across organisations 	<ul style="list-style-type: none"> Participate in the SHA leadership programmes, widening membership to support identified talent Develop the Trusts leadership development strategy to promote action learning, coaching and mentoring skills 	<p>HRD MD</p>	<ul style="list-style-type: none"> Learn about best practice and service innovation Explore respective contributions of different professionals and perceptions of others roles 		
<p>Recommendation Eleven</p> <p>Develop the concept of a 'productive ambulance team'</p>	<ul style="list-style-type: none"> Ambulance Trusts in England should consider trialing the productive leader approach to explore application potential and adaptation to the ambulance service context The NHSI should consider developing a research programme / pilot scheme to develop thinking about the 'productive ambulance team' This would explore the concept of a 'self managing team' and how it can make maximum use of systems, procedures, clinical and performance information to deliver enhanced performance, productivity and staff satisfaction 	<ul style="list-style-type: none"> Secure pilot site for trialing the productive leader / ambulance team 	<p>Ops</p>	<ul style="list-style-type: none"> Enhance performance Increase productivity Increase staff satisfaction 		



Appendix Eight:

Yorkshire Ambulance Service NHS Trust
Clinical Governance Structure Supporting Their Clinical Leadership





Appendix Nine:

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Appendix Ten:

Useful Websites

Clinical Leadership Summit

www.dh.gov.uk/en/Policyandguidance/Organisationpolicy/Healthreform/DH_073231

General Medical Council

www.gmc-uk.org/guidance/inde

Healthcare Commission

www.healthcarecommission.org.uk/healthcareproviders/nationalfindings/publications

Health Professions Council – Standards for Education and Training

www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/

JRCALC Guidelines

www2.warwick.ac.uk/fac/med/research/hsri/emergencycare/jrcalc_2006/guidelines/

NHS Institute for Innovation and Improvement

www.leadershipdevelopment.nhs.uk/

National Health Service Litigation Authority

www.nhsla.com/

Nursing and Midwifery Council

www.nmc-uk.org/aSection.aspx?SectionID=12

Skills for Health Careers Framework

www.skillsforhealth.org.uk/page/career-framework

Standards for Better Health

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665

