**JOB ROLE**

**Title:** Clinical Director

**Network:** Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN)

**Contract type:** Secondment opportunity

**Employing organisation:** Individual’s current employer subject to their agreement

**Accountable to:** National Clinical Director for Stroke; Director of Acute and Specialist Services in the ICS and the ISNDN Manager
Host Organisation/ North West Coast Clinical Network

**Grade / Band:** Senior AHP, Nursing or Medical Clinician
On same paypoint as current role

**Hours:** Minimum 1 Programmed Activity (PA) [0.1WTE per week]

**Period:**  12 months following appointment then subject to review

1. **Overview**

In 2020/21, 20 Integrated Stroke Delivery Networks (ISDNs) were established by NHS England to lead the implementation of the Long-Term Plan commitments for stroke. The new networks will help ensure effective delivery of high-quality stroke services based on a networked approach. This will reduce overall associated stroke mortality rates and disability, as well as reducing the burden stroke places on families and carers, on the health and care system, and on wider society. They will support service improvement across the whole patient journey including the pre-hospital phase, inpatient care, community rehabilitation and life after stroke, with prevention also a priority.

On 1st September 2020, the existing L&SC Stroke Programme became the Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN) in shadow form, before being fully established on 1st April 2021. It remains a non-statutory body, constituted from key stakeholders including all Lancs and South Cumbria stroke provider and commissioning organisations, North West Ambulance Service, the voluntary sector and patient and carer representation. ISNDN is formally accountable to the L&SC Provider Board and the Integrated care system or ICS, it is currently hosted by North West Coast Clinical Network.

1. **Vision**

Supporting the development of high quality and equitable integrated stroke services, to achieve the best outcomes and experience for patients. We will do this by:

* Working collaboratively with our stakeholders
* Facilitating transformational change through effective partnership working
* Being patient centred
* Encouraging the early adoption of evidence and innovation in stroke services
1. **Purpose of the ISNDN**

The ISNDN brings key stakeholders together to facilitate a collaborative approach to service improvement of stroke services that is patient centred, evidenced based and focused on delivering transformational change.

The ISNDN has the following objectives:

* Provision of robust clinical and stroke programme leadership
* Supporting their ICS to develop a strategic approach to improving local stroke pathways in line with the national service specification for stroke
* Supporting the delivery of the optimal configuration of stroke services
* Identifying and managing cross-boundary and border issues and patient flows
* Ensuring full engagement with the Sentinel Stroke National Audit Programme and monitoring performance of local stroke care
* Ensuring effective patient flows and care pathways
* Developing, and agreeing with system leaders, a coordinated approach to network resourcing
* Ensuring collaborative working with ICS and provider workforce leads to manage system capacity and demand
* Horizon scanning

1. About the role

The ISNDN will operate under a clinical leadership model, with a Clinical Director appointed from within the stroke area of expertise. It is expected that the role will work very closely, with the other clinical leadership roles (Clinical Leads) appointed for each workstream who will be accountable to the Clinical Director, with agreement from the ISNDN Board.

The Clinical Director role will take responsibility for the provision of expert leadership, clinical knowledge and advice to the ISNDN management team and wider stakeholders. They will play a key role in developing and leading the ISNDN transformational plan though bringing together clinicians, commissioners and service users from all stakeholder organisations and ensuring common agreement of approach to delivering optimal stroke service configuration.

The Clinical Director will take responsibility for leading collaboration between all organisations, developing relationships and delivering service transformation across the whole system to make services within the ISNDN footprint resilient and sustainable. The core elements of the role will include:

* Developing collaborations and relationships between clinicians and other professionals across the whole stroke pathway and the wider health and social care system to ensure the network is clinically led and patient centred
* Build clinical consensus on how patient care can be improved using the available evidence and local experience and expertise
* Working with professional, clinical and managerial colleagues across the ICS to lead and assure transformational change, service improvements and the delivery of stroke services in line with key indicators and the network’s agreed objectives
* Working with regional and national colleagues to ensure close liaison between ISNDNs and delivery of the stroke transformation agenda
1. Accountability

The Clinical Director will be directly accountable for their clinical leadership role to the National Clinical Director for Stroke, Director of Acute and Specialist Services in the ICS and to the SRO Stroke Programme. These organisations will work closely together to regularly and appropriately oversee and review the roles.

1. Key responsibilities
	1. Leadership and collaboration
* To provide robust and credible clinical leadership to the ISNDN working across professional and organisational boundaries
* To lead collaboration with all relevant stakeholders and partners and inspire and motivate others to develop culture of collaborative working in stroke services across L&SC
* To establish strong working relationships with key stakeholders across the ISNDN using appropriate communication and engagement strategies
* To engage with clinical teams and managers across different care settings to promote engagement, participation and ownership of stroke service delivery in the region
* To build clinical consensus on how patient care can be improved using the available evidence and local experience
* To help succession plan and identify others who may be able to provide additional clinical expertise to the network
* To encourage and facilitate effective communication and cross-boundary working across both professional and organisational boundaries
* To use strong negotiation and relationship building skills to maximise the effectiveness of relationships within the network
* To seek out new collaborations and build effective partnerships to help meet the strategic and operational needs of the ISNDN
* To influence external agencies and bodies in decision making by working with other organisations in the statutory, non-statutory and private sectors
* To positively represent the ISNDN at national meetings and events
* To maintain credibility with all key players within the ISNDN community, fostering a culture of collaboration for the delivery of equitable, high quality care. At times this will include acting as an ‘honest broker’ reconciling conflicting views and interests
* To understand, communicate and support the implementation of relevant national clinical policy and strategy
* To promote a culture of innovation, developing strong partnerships with the relevant Arms Length Bodies, STP’s and ICS’s, Clinical Commissioning Groups and local academic and education structures
* To be a key member of any relevant local, regional or national meetings/boards
* To contribute to an inclusive working environment where diversity is valued, everyone can contribute, and everyday action ensures the duty to uphold and promote equality
	1. **Service transformation and improvement**
* To support the development and delivery of strategic and operational plans, advising from a clinical perspective
* To lead the delivery of the optimal configuration of stroke services within ISNDN geography and with constituent systems to deliver sustainable models of care
* To foster a culture of multi-professional engagement in the NHS England Long Term Plan ambitions for Stroke care. This will include collaborating and engaging with clinical and commissioning colleagues to share best practice and support delivery of ambitious programmes of service transformation and quality improvement
* To ensure full engagement of the ISNDN with the Sentinel Stroke National Audit Programme (SSNAP), monitoring network performance and recommending or instigating appropriate improvement support. This would include supporting the delivery of regional recommendations suggested from the NHSE/I GIRFT Stroke Programme.
* To lead the monitoring and delivery of consistent, high quality regional stroke care through the delivery of the national clinical standards for stroke
* To ensure the provision of, and adherence to, agreed thrombectomy pathways to delegated commissioned thrombectomy centres
* To horizon scan in relation to innovations and new developments in stroke care
* To champion and support service improvement activities across the ISNDN
* To facilitate improvements in the care and quality of services for stroke patients
* To promote the involvement of patients/carers in the improvement of services facilitated by the network
	1. **Key working relationships:**
* ISNDN Team – Clinical Director, Associate Director Acute and Specialist Services ICS, ISNDN Manager, Project Manager & Administrator
* ISNDN governance structures namely: ISNDN Board, IAT Board, Clinical Pathway Groups
* Stroke clinicians/teams across region and also senior management within providers including Medical Directors
* Regional Medical Team – Medical Director
* North West Coast Clinical Network – Clinical Director & Director
* Commissioners
* Voluntary sector organisations – Stroke Association, BASIC, Speakeasy and Think Ahead
* Patient/carer representatives including Network Patient and Carer Assurance Group
* National stroke leadership
* Lancs and South Cumbria Integrated Care System
* Academia and innovation: Universities, Industry, North West Coast Innovation Agency; Clinical Research Network etc

 **PERSON SPECIFICATION**

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| **Qualifications** | ***Essential*** | ***Desirable*** |
| Registered with the GMC or equivalent nursing or AHP body with a licence to practice | ✓ |  |
| **Experience of:** |  |  |
| Working at a Consultant or senior nursing/therapist level | ✓ |  |
| Working in stroke services in Lancs and South Cumbria  | ✓ |  |
| Facilitating and/or leading significant change | ✓ |  |
| Working across organisational boundaries | ✓ |  |
| Working in a network or similar leadership role |  | ✓ |
| Managing or leading programmes or projects |  | ✓ |
| **Personal qualities** |  |  |
| Committed to improving stroke services by encouraging the collaboration and empowerment of local providers and patients/carers | ✓ |  |
| Able to be neutral and detach from existing organisational loyalties  | ✓ |  |
| Open minded and able to listen/understand the viewpoints of others | ✓ |  |
| Self-motivated, proactive and innovative | ✓ |  |
| Professional with positive reputation amongst peers | ✓ |  |
| **Skills** |  |  |
| Strategic thinker with proven leadership skills | ✓ |  |
| Excellent oral and written communication skills with the ability to develop strong working relationships at all levels | ✓ |  |
| Effective interpersonal, motivational and influencing skills | ✓ |  |
| Flexible and able to respond to changing priorities | ✓ |  |
| Able to operate effectively across organisational boundaries | ✓ |  |
| **Knowledge** |  |  |
| Understanding of the broader NHS landscape and current reforms |  | ✓ |
| Understanding of commissioning of NHS stroke services |  | ✓ |
| **Other** |  |  |
| Ability to travel throughout the ISNDN area as required and attend national meetings | ✓ |  |