Company name

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**Clinical Lead for Inpatient Rehabilitation**

**JOB ROLE**

**Title:** Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network Clinical Lead for Inpatient Rehabilitation

**Employing organisation:** Remains with current employer, however, the appointee must be released to fulfil the role

**Accountable to:** Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network Clinical Co-Directors

**Profession/Grade:** Senior Clinical Allied Healthcare Professional, Band 8a+

**Hours:** 0.1-0.2 WTE

**Period:**  1 year

1. **Context**

Since 2015, there have been two networks in Greater Manchester (GM) overseeing service improvement of the local neurorehabilitation (NR) and stroke pathways - the GM Neurorehabilitation Network (NRN) and the GM Integrated Stroke Delivery Network (ISDN). In October 2021, the two networks merged to become the GM Neurorehabilitation & Integrated Stroke Delivery Network (GMNISDN).

GMNISDN is a non-statutory body hosted by Salford Royal NHS Foundation Trust (SRFT). It is constituted from key stakeholders including all GM and Eastern Cheshire NHS stroke providers as well as NHS organisations in GM providing community NR services. Other stakeholders include commissioners, North West Ambulance Service, the voluntary sector and patient and carer representation.

1. **Vision**

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

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

1. **Purpose of the GMNISDN**

The GMNISDN will bring key stakeholders together to facilitate a collaborative approach to service improvement of stroke and community NR services that is patient centred, evidenced based and focused on delivering transformational change. The network will have the following objectives:

* Provision of robust clinical and programme leadership and support
* Support the GM Health & Social Care Partnership (GMH&SCP) to develop a strategic approach in improving local clinical pathways for stroke and community NR in line with the [national stroke service specification](https://www.england.nhs.uk/ourwork/clinical-policy/stroke/national-stroke-service-model/) and other relevant guidelines/policies for NR and stroke
* Ensure effective patient flows and care pathways
* Support the transition to a single provider model for acute NR services and facilitate effective collaborative working between acute and community NR stakeholders to ensure there is a whole pathway approach
* Identify and manage cross-boundary and border issues and patient flows
* Ensure full engagement with the Sentinel Stroke National Audit Programme and monitor performance of local stroke and community NR services
* Develop and agree with system leaders, a coordinated approach to network resourcing
* Ensure collaborative working with ICS and provider workforce leads to manage system capacity and demand
* Horizon scanning

1. **About the role**

The GMNISDN operates under a joint clinical leadership model, with two Clinical Co-Directors who have expertise in hospital (stroke only) and community care settings. The Co-Directors provide expert leadership, clinical knowledge and advice to the GMNISDN management team and wider stakeholders. They play a key role in developing and leading the GMNISDN 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. They lead collaboration between all organisations, developing relationships and delivering service transformation across the whole system to make services within the GMNISDN footprint resilient and sustainable.

Additional clinical leadership will be appointed to support the network’s Co-Directors in the form of Clinical Lead roles. These roles will provide additional support based on their clinical profession or area of expertise and experience, that will enhance the ability of the network to develop and deliver patient centred, high quality care across the whole patient journey for stroke and in community NR services.

The Clinical Lead for Inpatient Rehabilitation will work closely with the other Clinical Leads (Nursing, Community etc) as well as the wider network team under the supervision and leadership of the Hospital/Community Clinical Co-Directors. They will help clinically lead and provide expertise for projects and workstreams in the inpatient stroke setting but will also be involved with projects that may overlap with inpatient NR, community stroke/NR or other related pathways of care.

1. **Key responsibilities**
   1. **Leadership and collaboration**

* To provide robust and credible clinical leadership to the GMNISDN in the field of stroke, especially in the inpatient setting.
* Work under the guidance of the Clinical Directors to provide expert advice relevant to AHPs that supports delivery of the network’s strategy and work plan
* To collaborate with all relevant stakeholders and partners and inspire and motivate others to develop culture of partnership working in stroke and community NR services across Greater Manchester under direction of the Clinical Directors
* To establish strong working relationships with key stakeholders relevant to projects delegated by the Clinical Directors across the GMNISDN using appropriate communication and engagement strategies
* To engage with clinicians, managers, commissioners, patient groups and voluntary sector across different care settings to promote engagement, participation and ownership of stroke service delivery in the region
* To help build clinical consensus on how patient care can be improved using the available evidence and local experience
* 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 support the Clinical Directors in building new collaborations and effective partnerships to help meet the strategic and operational needs of the GMNISDN
* To help support the influencing of external agencies and bodies in decision making by working with other organisations in the statutory, non-statutory and private sectors
* To maintain credibility with all key players within the GMNISDN community, fostering a culture of collaboration for the delivery of equitable, high quality care
* To understand, communicate and support the Clinical Directors in the implementation of relevant national clinical policy and strategy across the stroke pathway, focusing on inpatient services
* To support the Clinical Directors to promote a culture of innovation, developing strong partnerships with the relevant Arm’s Length Bodies, STP’s and ICS’s, Clinical Commissioning Groups and local academic and education structures
* To positively represent the GMNISDN at relevant local, regional or national meetings/boards as required
* 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 Clinical Directors in the development and delivery of strategic and operational plans, advising from a clinical perspective
* To support the delivery of the optimal configuration of inpatient stroke services within GMNISDN geography and with constituent systems to deliver sustainable models of care
* To support the Clinical Directors to foster a culture of multi-professional engagement to deliver the NHS England (NHSE) Long Term Plan ambitions for stroke care
* To support engagement of the GMNISDN with the Sentinel Stroke National Audit Programme (SSNAP), supporting the Clinical Directors and network team in monitoring of network performance and recommending or instigating appropriate improvement support. This would include supporting the delivery of regional recommendations suggested from the NHSE/I GIRFT Programmes
* To support the Clinical Directors in the monitoring and delivery of consistent, high quality regional stroke and community NR care through the delivery of the national clinical standards for stroke and other national guidelines and policy
* To horizon scan in relation to innovations and new developments supporting the Clinical Directors with implementations plans
* To champion and support service improvement activities across the GMNISDN supporting the Clinical Directors with implementations plans
* To facilitate improvements in the care and quality of services for stroke patients and their families/carers
* To promote the involvement of patients/carers in the improvement of services facilitated by the network
  1. **Key working relationships:**
* GMNISDN Co-Directors
* GMNISDN Clinical Leads
* GMNISDN team - Manager, Facilitators & Administrator
* Stroke clinicians/teams across region and also senior management within provider organisations
* Commissioners
* Voluntary sector organisations
* Patient/carer representatives including the Network’s Patient and Carer Groups
* Greater Manchester Health & Social Care Partnership
* Academia and innovation: Universities, Industry, Health Innovation Manchester; Clinical Research Network etc
  1. **Accountability**

The Clinical Leads will be directly accountable to the GMNISDN Co-Directors for their network related work. Support for the role will include regular 1-2-1 meetings as well as attendance in network team meetings and at other relevant groups within the network’s governance framework

**PERSON SPECIFICATION**

|  |  |  |
| --- | --- | --- |
| **Qualifications** | ***Essential*** | ***Desirable*** |
| Degree in a relevant AHP profession | √ |  |
| Registered with the HCPC and registered to practice | √ |  |
| Member of a relevant neurological or stroke specialist interest group e.g. ACPIN |  | √ |
| Leadership training | √ |  |
| Masters level education, either relevant modules or degree | √ |  |
| **Experience** |  |  |
| Working at a senior level (band 7 or above), in Greater Manchester stroke inpatient services | √ |  |
| Setting up services or new initiatives/projects related to stroke patients | √ |  |
| 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, pro-active and innovative | √ |  |
| Professional with positive reputation amongst peers | √ |  |
| **Skills /Knowledge** |  |  |
| Highly specialist knowledge and understanding in a broad range of neurological conditions or stroke and their associated challenges | √ |  |
| Awareness of relevant national guidance relating to area | √ |  |
| 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 | √ |  |
| Understanding of the broader NHS landscape and current reforms e.g. Devolution Manchester |  | √ |
| Understanding of commissioning of NHS services |  | √ |
| **Other** |  |  |
| Ability to travel throughout the GMNISDN area and attend national meetings as required (likely to be virtual until pandemic restrictions end) | √ |  |