

**Clinical Lead for Acute Stroke**

**JOB ROLE**

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

**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 Director

**Profession/Grade:** Consultant or Senior Non-Medical Clinician, Band 8b+

**Hours:** 2 PAs/0.2 WTE

**Period:**  1 year in first instance

1. **Context**

In 2021, the Greater Manchester Integrated Stroke Delivery and Greater Manchester Neuro-Rehabilitation Networks merged to form a single organisation. The Greater Manchester Neurorehabilitation & Integrated Stroke Delivery Network (GMNISDN) remains a non-statutory body, constituted from key stakeholders including all Greater Manchester and Eastern Cheshire stroke and neurorehabilitation NHS providers, North West Ambulance Service, the voluntary sector as well as patient and carer representation.

The network is hosted by the Northern Care Alliance NHS Foundation Trust on behalf of Greater Manchester (GM). We are formally accountable to the GM Integrated Care Partnership (ICP) as one of the [Strategic Clinical Network’s](https://www.england.nhs.uk/north-west/gmec-clinical-networks/) quality improvement programmes - our governance structure is outlined [here](https://gmnisdn.org.uk/about-us/network-structure/). The network helps inform the ICP’s joint forward plan, with CVD prevention a key focus and we are involved a wider collaboration to bring together prevention strategy and activities that are part of the NHSE post pandemic recovery initiative [Core20PLUS5](https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/) for adults.

The GMNISDN is one of 20 NHS England (NHSE) Integrated Stroke Delivery Networks and part of the [national stroke programme](https://www.england.nhs.uk/ourwork/clinical-policy/stroke/), responsible for delivering the stroke elements of [NHSE’s Long Term Plan](https://www.longtermplan.nhs.uk/). NHSE has also commenced a programme to transform neurology services, including community neurorehabilitation.

1. **Vision and purpose**

We support the development of high quality and equitable stroke and community neurorehabilitation services in Greater Manchester, to achieve the best outcomes and experience for patients. We do this by:

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

We actively [engage with patients and carers](https://gmnisdn.org.uk/about-us/our-work/involving-patients-and-carers/) to ensure their voices are heard, working closely with relevant voluntary sector organisations in our area. There is more about our involvement activities later in the report.

Our primary purpose is to bring key stakeholders together to facilitate a collaborative approach to the service improvement of stroke and community neurorehabilitation services. We are responsible for delivering quality improvement for the whole stroke care pathway including:

* Prevention
* Urgent care – pre-hospital and hyper acute
* Inpatient care – acute and rehabilitation
* Community neurorehabilitation
* Life after stroke

We also support the community neurorehabilitation and longer-term support of other neurological conditions as part of the region’s transformation of the inpatient neurorehabilitation care pathway.

Our approach will always be clinically led, patient centred, evidenced based and focused on delivering long lasting and meaningful change. We do this by:

* Providing robust clinical and programme leadership and support
* Facilitating quality improvement of our local care pathways in line with the national service models and other relevant guidelines/policies
* Ensuring the patient and carer voice is heard in service development
* Supporting the transformation programme for inpatient neurorehabilitation services to ensure there is a whole pathway approach
* Supporting wider system initiatives to prevent CVD
* Ensuring full engagement with the Sentinel Stroke National Audit Programme (SSNAP) and support for performance management of our local services
* Leading workforce development initiatives to help manage system capacity and demand
* Horizon scanning and ensuring evidence based, innovative practice is at the heart of our services

Given the ongoing severe financial challenges faced by the ICP we will also focus on health economics within our portfolio of projects and prioritise initiatives that are cost neutral or saving to the system.

1. **About the role**

The GMNISDN operates a model comprising of a Clinical Director who clinically leads the network supported by a Manager who leads a project delivery team comprised of Administrators and Facilitators (who are clinically qualified) plus a Patient and Public Involvement Co-ordinator.

The Director oversees a range of Clinical Leads who are experts in their clinical area of expertise. These roles evolve over time but currently include:

* Acute
* Inpatient rehabilitation
* Community
* Psychology
* CVD Prevention

The overall key responsibilities of the Clinical Leads are to provide detailed and ongoing clinical expertise on network projects including identification and prioritisation as well as chairing and supporting key network meetings e.g. steering and subgroups.

The Clinical Lead for Acute will work closely with the other Clinical Leads as well as the wider network team under the supervision and leadership of the Clinical Director. They will help clinically lead and provide expertise for projects and workstreams in the acute setting but may also be involved with projects that may overlap with inpatient NR, community stroke/NR or other related pathways of care. Specifically, the Lead will focus on:

* Implementing the national optimal stroke imaging pathway across the region
* Supporting improvements in the region’s 24/7 thrombectomy service
* Chairing the HASU Forum and supporting associated programmes of work (e.g. improving thrombolysis rates)
1. **Key responsibilities of the clinical leadership team**
* Horizon scanning e.g. reviewing research evidence and engaging with academics, reviewing new clinical guidelines/policy, maintaining awareness of changes in clinical practice within the UK and internationally and considering implications of future changes to clinical practice in local services/pathways/models of care
* Developing and maintaining relationships with other clinical leaders - engaging with other clinical and strategic leaders (nationally and locally) to influence policy and bring back innovations/ideas e.g. membership of clinical boards/groups/forum/NHSE working parties etc
* Working with senior/strategic/clinical leadership ICP leadership/management and GM localities to enable and support service transformation/improvement:
	+ Identifying and working with key enablers of change
	+ Ensuring stroke/NR is a priority in GM
	+ Supporting business case development/progression
	+ Raising regional operational issues and risks
	+ Supporting development of regional clinical pathways
* Working with providers (NHS, voluntary sector and others) to support transformational change, working with senior/strategic/clinical leadership within providers to ensure priority and delivery of improvements and escalate concerns
* Supporting development of network strategic plans with Network Manager and project team
* Presenting at relevant meetings and representing the network where required. E.g. where they are a core member or chair of the group such as steering groups or network standing groups (CEG, subgroups etc). This includes NHSE and other external meetings
* Providing expert clinical advice to inform decision making/project plans:
	+ Identification and prioritisation of projects in network programme and with reference to emerging local/national clinical priorities
	+ Supporting development and sign off of Programme Initiation Documents
	+ Supporting clinical aspects of project planning and approach including compliance with clinical guidelines/best practice/evidence e.g. advising on clinical pathway/model/service specification development, ensuring the project is patient centred and ensuring appropriate clinical services and other stakeholders are involved
* Meeting regularly (no more than monthly unless ad hoc meeting/input required) to review project progress and oversee clinical elements (i.e. not project milestones etc)
* Using data to drive change – identifying areas where data is needed and using the data provided (collated and analysed by project team) to inform plans or measure impact/progress
1. **Key responsibilities of the role**
	1. **Leadership and collaboration**
* To provide robust and credible clinical leadership to the GMNISDN in the field of acute stroke
* Work under the guidance of the Clinical Director to provide expert advice 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 acute stroke services across GM under direction of the Clinical Director
* To establish strong working relationships with key stakeholders relevant to projects delegated by the Clinical Director across the GMNISDN using appropriate communication and engagement strategies
* To engage with clinicians, managers, 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 Director 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 Director 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 organisations
* 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 Director in the development and delivery of strategic and operational plans, advising from a clinical perspective
* To support the delivery of the optimal configuration of acute stroke services within GMNISDN geography and with constituent systems to deliver sustainable models of care
* To support the Clinical Director to foster a culture of multi-professional engagement to deliver the NHSE Long Term Plan ambitions for stroke care
* To support engagement of the GMNISDN with SSNAP, supporting the Clinical Director 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 GiRFT Programmes
* To support the Clinical Director in 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 Director with implementations plans
* To champion and support service improvement activities across the GMNISDN supporting the Clinical Director 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 Clinical Director, Leads and project delivery team: Manager, Facilitators, Administrators and Patient & Public Involvement Co-ordinator
* Stroke clinicians/teams across region and senior management within provider organisations
* Locality staff including social care
* Voluntary sector organisations
* Patient/carer representatives including the Network’s Patient and Carer Group
* GM ICP
* Academia and innovation: Universities, Industry, Health Innovation Manchester; Clinical Research Network etc
	1. **Accountability**

The Clinical Leads will be directly accountable to the GMNISDN Director 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**

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| **Qualifications** | ***Essential*** | ***Desirable*** |
| *Medical:* GMC registered with a licence to practice*Non-medical:* Degree in relevant clinical profession (nursing, AHP etc) and registered to practice. Master’s level education, either relevant modules or degree.  | √ |  |
| Member of a relevant neurological or stroke specialist interest group |  | √ |
| Leadership or project management/service improvement training  |  | √ |
| **Experience** |  |  |
| Working at a senior level in Greater Manchester stroke acute 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 |  | √ |
| Understanding of commissioning of NHS services |  | √ |
| **Other** |  |  |
| Ability to travel throughout the GMNISDN area and attend national meetings as required (likely to be virtual) | √ |  |