Clinical Leadership Framework
# Clinical Leadership Framework

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**To be read in association with the following Trust documents:**
- Nursing Strategy
- Clinical Effectiveness Strategy
- Time To Make a Difference (TTMD)
- Partners in Healthcare Strategy
- Paramedic Strategy
- Clinical Contact Centre Strategy

**Target audience:**
All Trust personnel involved in the provision of patient care

## Version History

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**Please Note:**
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Forward

I am pleased to present the Welsh Ambulance Services NHS Trust (WAST) Clinical Leadership Framework. The NHS in Wales has invested in the development of leadership capacity through National Leadership and Innovation Agency for Healthcare (NLIAH) programmes, the development of Consultant Practitioner roles and through the philosophy of leadership at all levels. This framework supports this investment and continues to develop clinical leadership across WAST to safeguard the quality of our patient services.

The Clinical Directorate works in partnership with all regions and directorates to achieve the implementation of clinical supervision, mentorship and clinical development into practice. The benefits will be realised by patients, individual staff and the organisation.

Clinical Leadership encompasses the need to place service users and providers at the centre of pre-hospital care. It promotes multi-professional teamwork and accountability for current practices and extended roles to meet the changing needs of patients who have a range of often complex and long term illnesses.

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 based on personal mastery, systems thinking, enabling team learning and developing a shared vision for a modern Ambulance Service.

Sara Jones
Director of Unscheduled Care/
Clinical Director
1. Introduction

1.1 This Clinical Leadership Framework has been developed to set the context for the delivery of high class patient services throughout WAST. It sets out the direction for patient care, our vision, values, and objectives and displays the Trust as a partner in the wider networks of care.

1.2 Clinical leadership is at the heart of developing and leading an organisation that delivers quality care. It should integrate with a number of key areas of service delivery such as clinical governance, workforce planning, organisational development, education and training and Continuing Professional Development (CPD). Clinical leaders are positioned at all levels and have a passion for their role. They have 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).

1.3 This Framework draws together ideas from discussions between WAST, our key partners and stakeholders and sets out the main themes around:

- Safeguarding the quality of our patient services
- Playing a distinctive part in the wider networks of care
- Ensuring the Trust remains responsive and accountable

1.4 The vision for the role of Clinical Leadership in the Trust proposes an adapted transformational leadership model as a framework for clinical practice. The implementation of a transformational leadership model would provide benefits including:

- The improvement of clinical governance within organisations.
- An improvement in achieving core clinical standards such as those in the Healthcare Standards.
- Providing an infrastructure to reduce and effectively manage clinical risk and reduce litigation.

1.5 High-level clinical leadership is provided through the Clinical Directorate Team and comprises the Director of Unscheduled Care / Clinical Director, Associate Nurse Director, two Medical Advisors, a Consultant Paramedic, Unscheduled Care Lead and a Lead for Professional Development and Education. 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.
1.6 The cornerstones of such development includes education and training, both CPD within protected time, and supporting students from training and academic institutions, with overall support from Clinical Managers working on a day-to-day basis with mentors and clinical supervisors.

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

(Mason 2006)

2. Underpinning Philosophy

2.1 This framework 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 are our responsibility – if we do not take the lead - who will?

2.2 This Framework outlines key concepts of Clinical Leadership that encompasses the need to place services users and providers at the centre of Pre-hospital Care. It promotes autonomy and accountability for current practices, and extended roles in a multidisciplinary workforce. This will contribute to meeting the changing needs of patients with a range of often complex and long term illnesses and diseases. These changing services coupled with the additional academic demands on Paramedics and Nurses have led to an urgent need for developing sound clinical leadership in a modern Ambulance Service.

2.3 This Framework supports the organisational objectives of the Trust and has been underpinned by the following documents:

- Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century (Welsh Assembly Government, 2005)
- Delivering Emergency Care Services: An Integrated Approach for Delivering Unscheduled Care in Wales (Welsh Assembly Government, 2008)
- Post Registration Career Framework for Nurses in Wales (Welsh Assembly Government, 2009)
- Paramedic Curriculum Guidance & Competence Framework (College Of Paramedics 2008)
- The Trusts Leadership and Management Framework

2.4 Designed for Life

2.4.1 Designed for Life set the vision in 2005 for the provision of Health and Social Services in Wales until 2015. This includes the provision of Unscheduled Care services of a consistent response and of high quality, regardless of where, when and how members of the public contact the service.
2.4.2 A key factor in this vision is stronger clinical and professional leadership with a focus on improvement which will form the basis for improving quality. By carefully using our resources, financial and human, commissioning of services in the future will be driven by clear and rigorous standards of clinical and professional governance.

2.4.3 Designed for Life recognises that clinical leadership is evident in Wales, but needs to be given far greater support. It will be vital in:

- developing and evaluating new clinical models of care
- developing and using the evidence base
- developing clinically credible targets to drive the service
- establishing clinical champions

2.5 Delivering Emergency Care Services (DECS)

2.5.1 One of the main principles of the DECS Strategy is to ensure that people have a better understanding of the range of unscheduled care services that are available to them and clearly understand how to access these services quickly and appropriately.

2.5.2 Strong clinical and professional leadership is essential in a modern ambulance service that aims to continually improve on the delivery of its unscheduled care services and create the right mix of skills and facilities to ensure that patients are assessed by the professional who is most appropriately placed to deliver the care they need.

2.6 Post Registration Career Framework for Nurses

2.6.1 The development of nursing practice is underpinned by education which combines both learning in practice and theoretical learning, leading to registration. The Post Registration Career Framework for Nurses in Wales outlines the career development of Nurses and a clear career pathway. Unregistered support worker role development is supported by a National Vocational Qualification (NVQ) Framework. The Career Framework (Appendix 2) also outlines development from student to registered Nurse, newly registered Practitioner, through to Specialist Practitioner, Advanced Practitioner, progressing to Consultant Practitioner to Director of Services.

2.6.2 There are four pillars to every Registered Nurses role. These include clinical practice, education, research and management.

2.6.3 The Post Registration Framework for Nurses in Wales (Welsh Assembly Government 2009) is a document which although is written for the Nursing Profession, can be adopted across all professions and this is recognised by professional leaders in the Welsh Assembly Government.

2.6.4 Through this Framework, the Trust provides the mechanism for the implementation of the Post Registration Career Framework and ultimately supports the modernisation of nursing careers which meet patient and service need.
2.7 Curriculum Framework for Paramedics

2.7.1 Given the complex nature of out of hospital, unscheduled care and the diversity of health care situations encountered, Paramedics must be well educated, skilled and knowledgeable practitioners in a range of subjects and be able to appraise and adopt an enquiry-based approach to the delivery of care. The variety and diversity of Paramedic Practice is articulated in the College of Paramedics Curriculum Guidance and Competency Framework.

2.7.2 This is underpinned in the Trust’s Paramedic Strategy that emphasises the College of Paramedics Integrated Five Stage Pathway and Educational Pathway, they are referred to as:

- Student Paramedic
- Paramedic
- Specialist Paramedic
- Advanced Paramedic
- Consultant Paramedic

2.7.3 Fundamental to all of this is the Trust’s Clinical Effectiveness Strategy which identifies the processes and structures that underpin the Clinical Effectiveness Framework, and in turn will lead to improvement of the quality of care delivered. It outlines short, medium and long term goals and highlights the need to develop and support staff and clinicians at all levels.

2.7.4 The Development of the Clinical Control Contact Centre and Patient Care Services Strategy will serve to support this Framework, ensuring the best possible care at all levels.

3. Clinical Leadership

3.1 What is Clinical Leadership?

3.1.1 Clinical Leadership can be defined as the ability to both create and sustain an organisational culture of excellence through continual development and improvement (Pintar et al 2007). A Clinical Leader can also be defined as an:

‘Expert clinician, involved in providing direct care, who influences others to improve the care they provide continuously’

Cooke (1999:306)

3.1.2 Increased academic preparation for Paramedics, results in pressures on clinical, operational and managerial practice. During 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.
3.1.3 Building relationships whilst acting as role models in any profession, encourages staff to listen to and support advocates who understand their values and challenges, thereby sustaining the improvements/change introduced. The suggested components that constitute clinical leadership are based on Knowledge, Skills and Attributes.

3.2 Knowledge
3.2.1 Clinical staff will clearly have varying degrees of clinical knowledge. Links to the Skills for Health Career Framework Outline Levels 1-9 (not currently linked to the Knowledge and Skills Framework) provides a guide on the implementation of a flexible career and skills escalation enabling an individual staff member 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, 1984 and Dreyfus & Dreyfus, 1985).

3.3 Skills
3.3.1 Adapted for nursing, and applicable to Paramedics, the Dreyfus & Dreyfus Novice to Expert model (Benner, 1984) is used extensively as a basis for the development from student to senior/consultant roles. 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, finally leading towards expertise, or the expert practitioner, through five stages of proficiency. 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.

3.4 Attributes
3.4.1 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 & Avolio, 1999). This leader-follower relationship is based more on trust and commitment rather than contractual arrangements (Jung & Avolio, 1999).

3.4.2 The six attributes of transformational leadership are:

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

3.4.3 These six transformational leadership attributes can be streamlined into four elements essential to the Clinical Leadership role (Appendix 1):

- Personal Mastery
- Systems Thinking
- Enabling Team Learning
- Developing A Shared Vision

3.4.4 Clinical Leadership is an evolving role and not all Clinical Leaders will necessarily possess all of these elements, or indeed call upon them, all the time. For the Clinical Leader, autonomous practice is probably the most important element of Personal Mastery since this self-motivational competency will be an essential driving force.

3.4.5 The other elements; enabling team learning, systems thinking and developing a shared vision arguably come with time, experience and expertise, supported by education and training.

3.5 Clinical Leadership Ladder
3.5.1 Appendix 2 outlines the Clinical Leadership Ladder; this is based on potential career progression of staff in an organisation. There is an increasing level of responsibility and expertise required at each rung of the ladder, from the relative ‘novice’ to the ‘expert’ Consultant Practitioner.

3.5.2 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 the Ambulance Trusts are limited and it should be recognised that, in reality, a limited number of individuals will succeed to the top ‘rung’ however; it is worth realising the potential to do so within Ambulance Trusts in years to come.

3.5.3 The Trust, through its Nursing and Paramedic Strategies, aims to adopt this ladder and also ensure the clinical competencies are reflected within the recently launched Paramedic Science and Higher Education Programme.

4. Operational Modelling

4.1 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 Wales modernisation, referred to in a number of key policy documents, most importantly in the ‘Taking Healthcare to the Patient: Transforming NHS Ambulance Services’ which made a number of recommendations, of which recommendation 62 (Annex D) was the most relevant to this framework.
4.2 There should be improved opportunity for career progression, with scope for Ambulance professionals and Nurses to develop their clinical leadership skills. 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.

4.3 There are a number of elements within Clinical Leadership which include clinical supervision, mentorship, preceptorship and CPD. Transformational leadership, often associated with Clinical Leadership, consists of six processes (or attributes):

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

4.4 Clinical Leadership within the Trust to support clinicians in both clinical practice and education/training settings is currently provided through clinical supervision and mentorship by the Clinical Directorate Team. This team will require further development of their own leadership skills, particularly to support the newly qualified graduate Paramedics and Nurses entering clinical practice. An added tier to the leadership umbrella will be the Clinical Team Leader role. These individuals will provide a key function through the monitoring and adherence to protocols and routine clinical performance indicators at an operational level.

4.5 Amongst other developmental roles, the Specialist Paramedic/Nurse roles will be key to the delivery of care, whilst also providing supervision and mentorship to peers. Recruitment for the roles can be from a variety of professional backgrounds providing the benefit of a multi-professional approach, led by the Director of Operations. The Clinical and Educational process will be led by the Clinical Director.

5. The Way Forward

5.1 There are considerable managerial, developmental, educational and clinical quality assurance components associated with the delivery of this Framework. Partnerships with seven Local Health Boards and Voluntary Sectors will be essential. Clear strategies such as the Clinical Contact Centre Vision, forms an integral part of delivering these key objectives.

(2008), have identified the need for the Trusts clinical and operational structures to be reviewed. This will ensure there is adequate managerial, developmental, educational and clinical leadership available in terms of both resource capacity and clinical knowledge and competency.

5.3 An additional strategic external driver to this is Designed for Life, (2005) the Human Resources Strategy for Wales, which identifies the role of effective leadership and management in NHS Wales.

5.4 Through the Human Resources Directorate, the Trust is reviewing how its management, leadership capacity and capability could be improved. An aim of this is to clearly define the management competencies required to deliver the organisations objectives.

5.5 Through reviewing and benchmarking with other NHS organisations, the Trust will seek to develop managerial competencies and include them in individual Knowledge Skills Framework (KSF) outlines.

5.6 Consideration should be given to the provision of clinical supervision and advocacy at an operational level that will successfully integrate theory based knowledge with clinical practice. A key function in delivering this will be the continued function of a Clinical Model in the Command and Control Centres.

5.7 There are very few senior clinical posts within the Trust’s current operational management structure. This has the potential to create a shortfall in the level of Clinical Managers required to support the deployment and quality assurance of the pre-hospital care delivered by higher grade clinicians.

5.8 The recent move from vocational training for Paramedics to an educational model of development in higher education institutes, has acted as a catalyst for change in the education and development function of the Trust. This will be acknowledged and addressed in the Education Strategy with particular attention being paid to:

- Theory based knowledge and clinical skills
- Management and administration of therapeutics
- Offsite academic facilities
- Development of non-graduate clinicians

5.9 To fulfil its commitment to deliver improved healthcare, the Trust introduced a new clinical model of triage into Ambulance Control Centres. The reasons for this are:

- To address the issue of inappropriate Emergency Ambulance (EA) responses to 999 calls from patients with neither life threatening nor serious conditions (low acuity calls).
• Through a telephone triage assessment provide an effective sign-posting to callers ensuring an appropriate disposition and access point to healthcare.
• To introduce clinical assessment skills/knowledge model into Ambulance Control Centres.
• To reduce unnecessary ambulance journeys to hospital for patients, and reducing inappropriate demand on emergency departments (ED); thereby releasing EA/RRV resources back into the system.
• To increase the opportunities to empower/educate patients to self-care (as appropriate) through effective communication of health care advice and information.
• To identify appropriate clinical measures and performance framework for low acuity 999 calls.
• To identify role development opportunities for clinicians to work in Ambulance Control Centres as part of a multi-professional team.

6. Summary

6.1 The Clinical Leadership Framework is underpinned by the:

• Paramedic Strategy
• Nursing Strategy
• Partners In Healthcare Public Health Community Engagement Strategy
• Clinical Effectiveness Strategy

6.2 This shared Paramedic and Nursing Framework identifies and supports the need for improved clinical leadership within the Trust.

6.3 The development of future strategies should reflect and support the requirements of this framework to ensure that individual and corporate objectives are met.

6.4 This framework for Clinical Leadership identifies the opportunity for a multidisciplinary approach to provide cross boundary participation in clinical practice, education, research and management to enhance care delivery.

6.5 This Framework also compliments and supports the Trusts Leadership and Management Framework and highlights the requirement to develop an education strategy for both regulated and non-regulated staff members.
Appendix 1 - Career Framework

**Personal Mastery**
- Clinical credibility
- Leader and follower
- Creativity
- Influencing
- Respecting
- Decision making
- Inspiring
- Motivating
- Visionary and enabler

**Enabling Team Learning**
- Organisational/situational awareness
- Managing conflict
- Networking
- Consulting and delegating

**Attributes - an amalgam of the following**
- Personal Mastery
- Enabling Team Learning
- Systems Thinking
- Developing A Shared Vision

**Knowledge**
- Skills for Health Career Framework 1-9
- BPA Career Framework
- Post Reg CF Nurses

**Skills**
- Dreyfus and Dreyfus Model of Skill Acquisition
  1. Novice
  2. Advanced Beginner
  3. Competent
  4. Proficient
  5. Expert - intuition
- Skills for Health Career Framework 1-9

**Systems Thinking**
- Planning
- Communication
- Problem solving
- Challenging current practice

**Developing A Shared Vision**
- Highlighting
- Giving and seeking information
- Developing and maintaining trust
- Recognising and rewarding others
Appendix 2 - Clinical Leadership Ladder

KEY ELEMENTS OF THE CAREER FRAMEWORK

9. More Senior Staff - Level 9
   Staff with the ultimate responsibility for clinical caseload decision making and full on-call accountability.

8. Consultant Practitioners - Level 8
   Staff working at a very high level of clinical expertise and/or have responsibility for planning of services.

7. Advanced Practitioners - Level 7
   Experienced clinical professionals who have developed their skills and theoretical knowledge to a very high standard. They are empowered to make high-level clinical decisions and will often have their own caseload. Non-clinical staff at Level 7 will typically be managing a number of service areas.

6. Senior Practitioners/Specialist Practitioners - Level 6
   Staff who would have a higher degree of autonomy and responsibility than 'Practitioners' in the clinical environment, or who would be managing one or more service areas in the non-clinical environment.

5. Practitioners - Level 5
   Most frequently registered practitioners in their first and second post registration/professional qualification jobs.

4. Assistant Practitioners/Associate Practitioners - Level 4
   Probably studying for foundation degree, BTEC higher or HND. Some of their remit will involve them in delivering protocol-based clinical care that had previously been in the remit of registered professionals, under the direction and supervision of a state registered practitioner.

3. Senior Healthcare Assistants/Technicians - Level 3
   Have a higher level of responsibility than support worker, probably studying for, or have attained NVQ level 2, or Assessment of Prior Experiential Learning (APEL).

2. Support Workers - Level 2
   Frequently with the job title of 'Healthcare Assistant' or 'Healthcare Technician'. Probably studying for or has attained NVQ Level 2.

1. Initial Entry Level Jobs - Level 1
   Such as 'Domestic' or 'Cadets' requiring very little formal education or previous knowledge, skills or experience in delivering, or supporting the delivery of healthcare.
Bibliography


