National Health & Social Care Professions Office Position Paper

In support of Regional Executive Health & Social Care Professions Clinical Director

Executive Summary

Health & Social Care Professionals are the second largest clinical grouping in the HSE, composed of 20000 employees, from 26 professions, who collaboratively deliver services across all sectors to all patients and service users at every life stage. Bound by professional codes of conduct and ethics, the value and the complexities of the HSCP workforce and their combined potential to deliver large scale health system improvement can't be understated. It is clinical and care professional leaders, working in partnership with others and with people in local communities, who make improvements happen.[1]

Research has proven that where health organisations have strategic executive HSCP leadership, there are benefits to driving improvements in health and wellbeing, restoring and maintaining financial balance and delivering core quality standards, as well as improving the visibility and influence of the HSCP workforce on the organization's priorities.[2]

Clinically representative leadership facilitates the collaboration and integration needed to achieve lasting population-based health outcomes. Evidence[3] indicates that aligning clinical and professional governance functions of all the workforce under a diverse clinical team of medical, HSCP and nursing professional groups is integral in the design of effective governance frameworks in the new regional health services to achieve equity, parity and accountability. Regional Executive Health & Social Care Professions Clinical Directors will build a close working relationship with executive and non-executive colleagues, ensuring the EMT has a clear line of sight to the wider performance of the HSCP workforce resulting in:

- Robust clinical & professional governance for HSCPs through developing clinical cohesion and establishing explicit and effective lines of accountability from the care setting to the highest level in the organization
- Integrating approaches to clinical pathway design, development and implementation. Reducing fragmentation and enabling broad system collaboration and assurance of high standards of care and professionalism
- Greater overview of and insight into the quality, financial and operational performance of HSCP services through development and implementation of performance metrics driven by local/national KPI's
- HSCP workforce planning, including the development of sustainable clinical placement infrastructure to support the supply of domestic and international HSCP, HSCP practice development and deployment based on population needs.

The case for change: Regional Executive HSCP Leadership

A key enabler of the Sláintecare reform is the establishment of six Health Regions which will align acute and community services under one service delivery, budgetary and management structure. There is a recognized need for a standardized approach to clinical governance for all healthcare professionals. International evidence shows having professionally diverse clinical leadership at executive level leads to better patient safety and creates the culture for integrated team working and innovation.[4]

Integrated team working is critical for the effective implementation of Sláintecare and there is a requirement to model this in every team at every level of the health service including each Regional Executive Management Team. Professional assurance, a critical factor in delivering safe, high quality integrated care, requires explicit and effective lines of accountability from the care setting to the EMT so that assurance on standards of clinical care and professionalism can be provided.[5]

Professional assurance in respect of governance, accountability, authority, responsibility and leadership presents challenges which must be addressed at every level of any organisation delivering health care, thus requiring a senior

clinical governance team representative of the three clinical groups within the system; HSCP, nursing and medical.[6] 81% of NHS trusts have embraced this model by establishing an overarching HSCP clinical lead.[3]

HSCP Deliver – A Strategic Guidance Framework for Health and Social Care Professionals 2021 – 2026 highlights the impacts of effective HSCP clinical governance structures and clinical leadership of HSCP. HSCP Deliver, approved by the CEO and EMT of the HSE, was co-created by frontline HSCP and managers, service users, HSE leaders, representative bodies and other stakeholders.[7]

Linked to implementation of HSCP Deliver, and in anticipation of the essential requirement for HSCP clinical leadership in the emerging Health Regions, an integrated HSCP structure to support specific aspects of practice and professional development was designed. A suite of new HSCP grade codes have been sanctioned which for the first time will enable recruitment to posts, open to any of the 26 professions, paving the way for HSCP collective leadership structures. Leadership capability is also demonstrated by 22% of the HSE Leadership Academy graduates being HSCP over the last 5 years, which is in line with HSCP clinical workforce representation of 26%.

Risks from current governance structure

It is accepted that the challenges patients and service users face in accessing safe, effective care are a direct result of the system in which we operate[8]. The realignment of health services to deliver the right care at the right time to the right patient has brought to the fore the complexity of clinical governance in an integrated health system. [6]

In 2023, representative and professional bodies have been alerting the public to the concerns of HSCP regarding clinical supervision, practice development, scope, retention, recruitment, and other challenges in maintaining safe and effective patient care. A joint review by HSE/Forsa found clarity is required on the key differences between clinical governance, supervision, clinical and operational line management of HSCP [9].

Current risks within the system leading to poor quality of integrated care are listed below:

- Lack of regional executive HSCP leadership has resulted in failure to plan for HSCP workforce and resource requirements across all three domains of diagnostics, therapies and psychosocial, resulting in inadequately staffed and ineffective patient pathways.
- Disjointed and delayed transfer of patients/ service user from acute to community settings due to underdeveloped clinical care pathways/Policies, Procedures Protocols and Guidelines to integrate delivery of HSCP end-to-end care.
- Inadequate qualitative performance measures and lack of agreed measures of clinical effectiveness for HSCP service resulting in difficulty in monitoring and achievement of high-quality care aligned with best practice for delivery of improved diagnostic & clinical outcomes for patients/service users.
- Professional reporting lines, which fail to appreciate clinical risk specific to HSCP practice have resulted in adverse events & look backs in some sectors.
- HSCP practice development has not progressed in tandem with the demands of integrated care due to lack of co-ordinated oversight on clinical training & development needs of HSCP to embed integrative practice.
- Capacity to deliver clinical placement to both domestic and international graduates has been severely diminished thus impacting workforce supply.
- HSCP perception of conflict between work practices and compliance with the code of professional conduct and ethics of their regulatory bodies due to failure to engage HSCP in executive level health service design and delivery decision making and implementation.
- Challenges in ensuring safe practice and reducing unwarranted variation in practice & service delivery.
- Inconsistent fragmented implementation of extending scope and advanced practice ahead of agreed government policy and HSE structures and guidelines.
- Inconsistent service provision due to a high level of cross sectoral HSCP movement within the health service.

Benefits for Regional Executive Health & Social Care Professions Clinical Director

Regional Executive Health & Social Care Professions Clinical Directors will build a close working relationship with executive and non-executive colleagues, ensuring the EMT has a clear line of sight to the wider performance of the HSCP workforce resulting in:

- Robust clinical & professional governance for HSCPs through developing clinical cohesion and establishing explicit and effective lines of accountability from the care setting to the highest level in the organization.
- Reduced fragmentation and broad system collaboration and assurance of high standards of care and professionalism.
- Greater overview of and insight into the quality, financial and operational performance of HSCP services, enabled through embedding a clinical effectiveness and performance metrics structure.
- Joined-up approaches to clinical pathway design and accelerated implementation of new models of service.
- Cross-sectoral cohesion, adoption of new ways of working and standardisation of practice.
- Stronger contribution to the support/delivery of the regional strategy and quality initiatives.
- Enhanced interdisciplinary working and collaboration delivering enhanced patient and service user care and experiences.
- Increased regional focus on supports for clinical placement & practice development of all HSCP professions, ensuring long term supply.
- Enhanced visibility, satisfaction and feeling of value in the HSCP workforce leading to improved recruitment and retention.
- Enhanced collaboration, motivation, engagement and sharing of learning within and across services and across service boundaries.[10]

Summary and conclusion

A consistent defined and resourced HSCP clinical leadership structure is required to develop capacity for and to lead on the significant transformational changes required, as services move to a regional model. These include, establishment of executive level HSCP Clinical leadership, embedding new ways of working for HSCP, ensuring professional governance and assurance, modelling and implementing integrated working, delivering efficiencies and standardisation across networks of care and ensuring the population experiences the benefits of integrated care.

References*

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*Allied Health Professions (AHP) is the equivalent NHS clinical grouping of Health & Social Care Professions (HSCP) within the HSE, and terms have been interchanged for brevity & clarity