

European Study Tour 2015

**NHS Dartford, Gravesham and Swanley
Clinical Commissioning Group**

**Patricia Davies
Accountable Officer**

Welcome and Introductions

- Setting the scene
- Current challenges
 - Health inequalities
 - Growth
 - Workforce
- Opportunities

Setting the scene

Setting the scene

Clinical Commissioning Groups (CCGs)

- Established 1 April 2013 (2012 Health and Social Care Act)
- Over 200 CCGs in England
- Responsible for purchasing and contract management (“commissioning”) of healthcare services for the local population
- GP Membership Organisation - all practices are members through Council of Members;
- Day to day management responsibilities delegated to the Governing Body (the Board);

Setting the scene

Current CCG Commissioning Responsibilities

- Urgent and emergency care (including ambulance and out of hours)
- Elective hospital care
- Community health services
- Maternity, new-born and children's healthcare services
- Mental health services
- Learning disability services
- Continuing healthcare services

Setting the scene

Not responsible for...

- Commissioning of primary care, specialist services, prison health and planned healthcare for members of the Armed Forces (*Commissioned by NHS England*)
- Public health and health promotion services (*Commissioned by local authorities*)

Setting the scene

The NHS in Dartford Gravesham and Swanley:

- Population of **258,000 people**... and growing very fast!
- CCG annual commissioning budget of **£303 million**
- **34 GP practices** on the CCG Council of Members
- **1** local acute hospital; **1** county-wide community service provider; **1** mental health services provider
- **Many** smaller community and voluntary sector providers
- Over **50 languages** spoken in CCG area

Setting the scene

General Practice

- Cornerstone of the NHS and Gatekeepers of care
- Currently commissioned by NHS England, but delegated Commissioning around the corner
- Majority of GP's contracted through national GMS Contract
- Quality Outcomes Framework awards practices for managing common chronic diseases (asthma, diabetes, etc.) and implementing preventative measures, e.g. blood checks
- Currently under enormous pressure in terms of workload – linked to shift from secondary to primary care

Setting the scene

Funding streams:

- CCGs and GPs – revenue funding based on registered and weighted GP population
- NHS Trusts – funded by CCGs through annual contracts
- All capital funding made available through NHS England and Trust Development Authority

Challenges

Challenges:

Strong record of delivery, but challenges around:

- Health inequalities
- Growth
- Funding constraints
- Workforce
- Maintaining Performance
- Public confidence/expectation

Specific Challenges...

Health Inequalities:

- DGS is in **bottom 20%** of national deprivation index – links to lower life expectancy and early onset of chronic disease
- Obesity – **22% of year six children** are over-weight
- **73% of all deaths** relate to cancer, circulatory and respiratory disease
- Higher level of hospital admissions in DGS linked to long term conditions

Specific Challenges...

Growth and Funding:

- **20,000** new homes in next 15 years. Increase of over **50,000** resident population
- **13%** increase in over 65 year olds and **26%** increase in over 85 year olds
- London Paramount theme park planned to open from 2021 with **5,000** construction workers and up to **90,000** additional visitors a day to the area.
- Additional revenue funding of **£50million per annum** required in DGS plus **£135million capital** build programme

Specific Challenges...

Workforce:

- Significant workforce issues and low morale in primary care, both nationally and locally
- Balance of shift from GP's to hospital doctors
- High vacancy and sickness rates in community and mental health services in north Kent
- Additional 27 GP's required in DGS by 2030 (excludes retirements)
- Impact of 7 day working
- Staff drift to London

Specific Challenges...

Maintaining Performance:

- NHS Constitution targets and other national and local standards
- DGS - strong performance over past 18 months, but increasing significant pressure on services, especially unplanned care
- Neighbouring pressures impacting on local services
- CQC inspections of hospitals and GP practices
- Overall, good quality and safety of healthcare provision

Opportunities

Opportunities:

Strong record of delivery, and.....

Challenges:

- Health Inequalities
- Growth
- Workforce
- Funding constraints
- Maintaining Performance
- Public confidence/expectation

Opportunities:

- New models of care
- Integration
- Partnership working
- Dynamic contracting
- Better quality & safety
- Effective Engagement

Opportunities...

New Models of Care, the Integration Agenda & Beyond:

- Healthy New Towns
- Primary and Acute Care
- Vertical integration and multi-speciality community services
- Greater joint Health and Social Care
- Greater use of technology – integrated patient care records
- Other policy changes?

Opportunities...

Clinical Leadership and Collaboration

- DGS CCG: clinically driven; public health consultants; primary care tutors
- North Kent Executive Programme Board
- DGS Clinical Interface Group
- North Kent Education, Research and Innovation Hub
- Integrated working

Opportunities...

Contracting and Procurement:

- Current contracts focus around single provider and lead commissioner arrangements
- Future contracts need to be more dynamic: look to integrated care contracting principles and alliances between providers?
- Procurement: promotes competition and improves quality, but extremely resource intensive – need to think out of the box

Opportunities...

Primary Care:

- Facilitating greater collaborative working across GP practices and pharmacies
- Greater multidisciplinary working with community, mental health and social care
- Integrated education across peers – polypharmacy
- Integrated primary care records, moving to fully integrated patient care records
- Using information to promote and improve quality and safety – smoothing out GP variation and improved prescribing

Opportunities...

Primary Care:

Delegated Commissioning and the Future:

- Greater influence to respond as a system to increasing and changing demands
- Effective targeting of resource to improve health outcomes and reduce inequalities.
- Better, timely response to local quality issues
- Innovation – joint approach to upskilling present workforce and expanding roles, with greater spread of clinical skills across nursing and allied professionals
- Training – increasing students in the work place to drive up standards.

Opportunities...

Quality and Safety:

Good quality and safety improves outcomes, efficiency, performance and promotes excellence.

Local examples:

- ✓ Healthcare Associated Infections (HCAIs) – C. difficile
- ✓ Pressure Ulcer collaborative
- ✓ Medication Error Reporting
- ✓ Learning from the Francis Enquiry into Mid-Staffs Hospital
- ✓ Polypharmacy Scheme
- ✓ Data

And when it all comes together...

... the story of Mrs P

Questions and Discussion?



The role of professional regulation in driving quality

Jackie Smith
Chief Executive and Registrar

30 October 2015



Revalidation is for real

- pilots
- Council decision
- get ready now!

What is revalidation?

- demonstrates your ability to practice safely and effectively
- allows nurses and midwives to maintain their NMC registration
- builds on existing renewal requirements
- a continuing process that you will engage with throughout your career

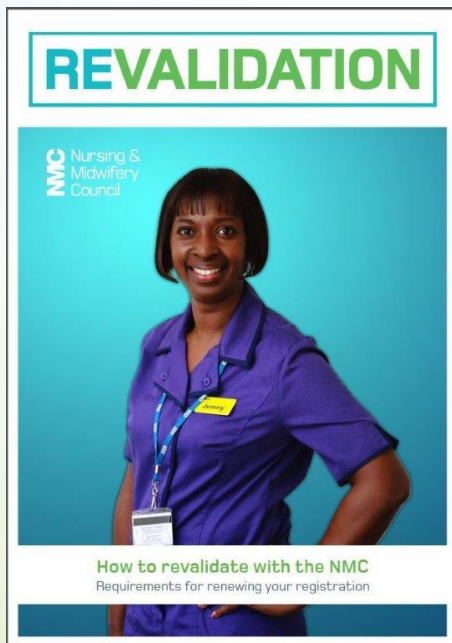
Why have we introduced revalidation?

- to raise awareness of professional standards and the NMC Code
- to provide the chance for nurses and midwives to reflect on the Code in their practice
- to encourage a culture of sharing, reflection and professional improvement
- to increase public confidence in the professions

What's involved?

- 450 practice hours
- 35 hours CPD
- five pieces of practice related feedback
- five written reflective accounts
- reflective discussion
- health and character declaration and PII
- confirmation

Revalidation information



- dedicated revalidation resources available on-line (www.nmc.org.uk)
- contains details on provisional revalidation requirements. Information on case studies being developed
- we are also working with a supplier on a range of other materials to support revalidation
- we need your feedback on the guidance

Preparing for revalidation

- if you haven't started thinking about revalidation you are too late!
- find out your revalidation date
- book your appraisal
- know your confirmer
- get your feedback
- be prepared!

Thank you

www.nmc.uk.org/revalidation
[@JackieSmith_nmc](https://twitter.com/JackieSmith_nmc)

THiNK 2020

Transforming Healthcare in North Kent

'The bridge between local community services and hospital care'



Leslieann Osborn
Deputy Director Strategy & Planning

• Darent Valley Hospital • Queen Mary's Hospital • Erith & District Hospital • Elm Court (Priory Mews)

Care with compassion

Respect and dignity

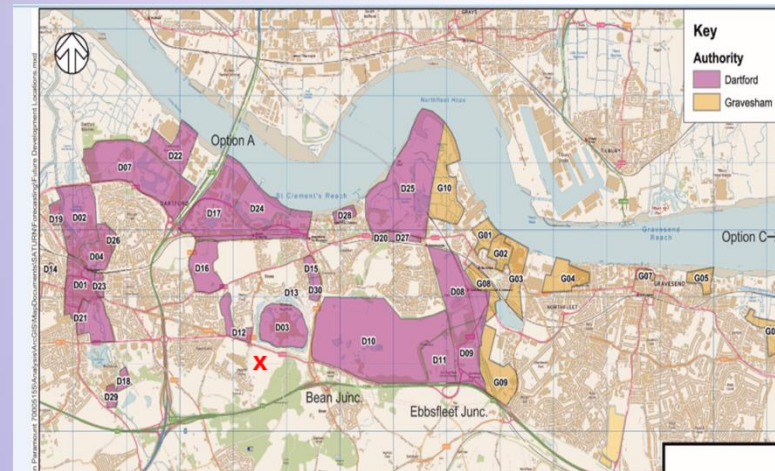
Striving to excel

Professional standards

Working together

Context

- We are a medium sized Acute Trust, operating across 5 sites, not a Foundation Trust
- Local population of 256,000.
- Planned growth over next 25 years is 24% increase.
- Of this ***Ebbsfleet Garden City*** accounts for 55% of the growth
- ***London Paramount*** due to commence construction in 2016 and open in 2020. Up to 5,000 transient construction workers followed by up to 40,000 visitors per day to the area.
- It is anticipated that the construction phase could result in increased local healthcare requirements such as mental health, drug and alcohol services and minor injury services.
- In line with our Clinical Strategy we will need to strengthen and expand our core services to cope with this increased demand



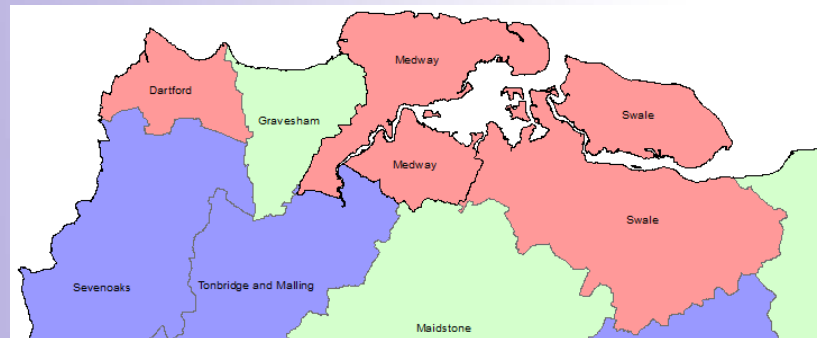
Current Health Landscape



• Darent Valley Hospital • Queen Mary's Hospital • Erith & District Hospital • Elm Court (Priory Mews)

Community Services

Services cover DGS and Swale CCG's
We have partnered with an established
Community Provider in Medway and our bid
supports our strategy to become a
“hospital without walls”

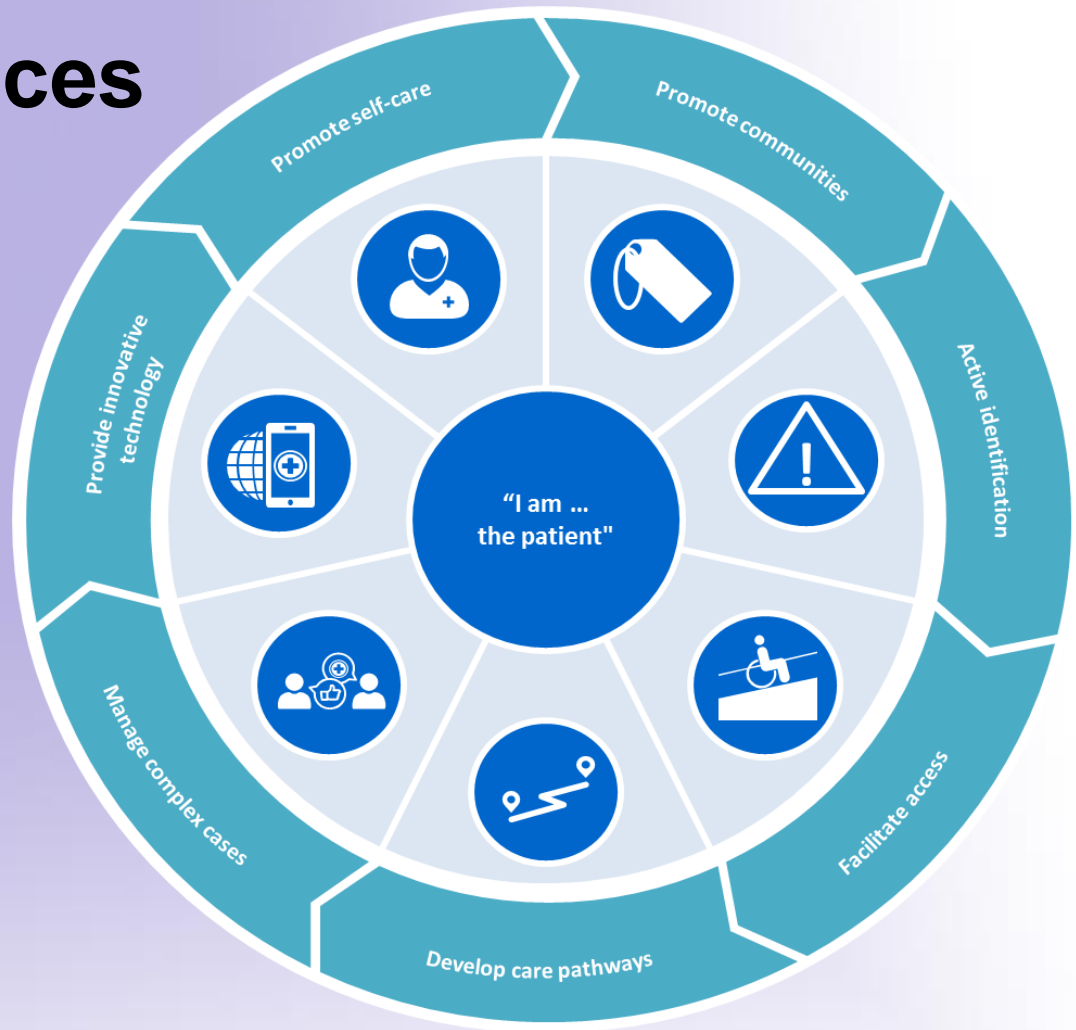


- Contract for 7-10 years / £12m p.a. for our locality
- Services include:
 - Community nurses, including specialist nurses, LTC and out of hours nurses
 - Community Beds
 - Rapid response team
- Benefits include:
 - Integrated services, reducing duplication, improving patient experience, saving money
 - Better flow through acute and community beds
 - Shared care records

• Darent Valley Hospital • Queen Mary's Hospital • Erith & District Hospital • Elm Court (Priory Mews)

Community Services Clinical Model

- Patient Centred – holistic care
- Supportive technology
- Promoted self care and independence though community support
- Joint working with partners such as GP's, mental health and social care



NHS Five Year Forward View

- Published in October 2014
- A shared vision across seven national bodies
- Focuses on both NHS and care services
- **New care models programme key to delivery**



Vanguard

Five new care models

Multispecialty community providers

*moving specialist care out
of hospitals into the
community*

Integrated primary and acute care systems

*joining up GP, hospital,
community and mental
health services*

Acute care collaboration

*local hospitals working
together to enhance
clinical and financial
viability*

Enhanced health in care homes

*offering older people
better, joined up health,
care and rehabilitation
services*

Urgent and emergency care

*new approaches to improve
the coordination of services
and reduce pressure on A&E
departments*

• Darent Valley Hospital • Queen Mary's Hospital • Erith & District Hospital • Elm Court (Priory Mews)

Acute Care Collaboration – ‘The Dartford Partnership Model’

- Aim of our Vanguard is to create a partnership with Guys and St Thomas FT based on principles of cooperation, system leadership, shared values and resource.
- Together, we will reduce clinical variation, improve the pathway for complex patients, increase the value of our estates and expand the deployment of technology enabled patient care. We will scope shared services and joint outsourcing where appropriate.
- For us the multi provider partnership supports our strategy to bring excellent care, locally, using the brand of other providers to provide a high quality offer to patients, in so doing supporting the cost of the PFI estate.

Summary

DGT in 2020

An integrated healthcare Trust, offering high quality, safe, accessible community, acute and specialist services to the local population



**Any
Questions?**

Health Education England

Philippa Spicer
Local Director
Kent, Surrey and Sussex



*Developing people
for health and
healthcare*



Introduction

Health Education Kent
Surrey and Sussex

Population in Kent, Surrey and Sussex

- Covering population of 4.45 million
- Varied demographic of affluence and deprivation
- Forecast 8% population growth in the next 10 years
- Large increase in older population in the next 20 years

A breakdown of the workforce presently covering Kent, Surrey and Sussex

- Over 100,000 NHS staff
- 55k in acute services
- 15k in core community
- 10k in mental health
- 3k in ambulance

Budget

- HEE – Circa £5 Billion
- KSS - Circa £285 m

Education and Training Impact on Patient Care and Safety

1. The World Health Organisation recognised that multiprofessional learning leads to better interprofessional working.
2. Better teamwork between health professionals improves patient outcomes.
3. IPL helps students to appreciate the importance of personalities and interpersonal skills.
4. Institutional hierarchies can hinder communication, which can negatively affect patient care.
5. Research is needed on the effects of IPL learning beyond undergraduate studies.

Health Education England exists to ensure high quality care is delivered to patients through excellence in education and training.

Success criteria

Through Learning:

- Improvements in safety
- Improvements in experience
- Improvements in clinical outcomes
- Innovation



Bringing the NHS Constitution to life



HEE and LETBs have a mandate to promote the NHS Constitution and commits to uphold the values of the NHS Constitution in everything we do.

Respect and dignity

Commitment to quality care

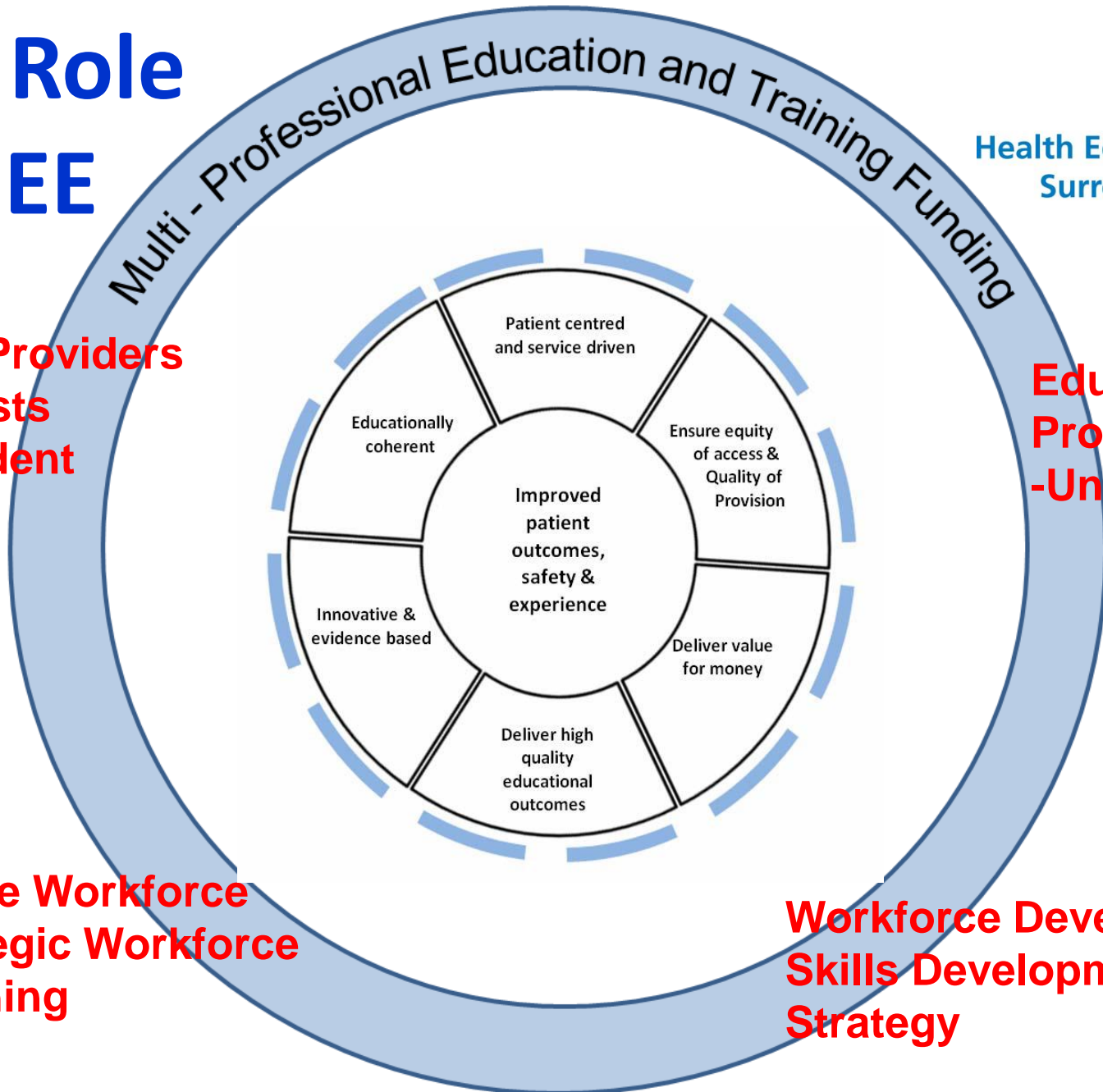
Compassion

Improving lives

Working together for patients

Everyone counts

The Role of HEE



Service Providers
NHS Trusts
Independent Sector

Education Providers
-Universities

Future Workforce
Strategic Workforce Planning

Workforce Development
Skills Development Strategy

Skills Development Strategy

Health Education Kent
Surrey and Sussex

The Skills Development Strategy (SDS) 5 Yr strategic workforce and education interventions required to support providers of NHS services to deliver excellent patient centered care.

Developed by Providers, in partnership with Health Education Kent Surrey and Sussex and informed by the health needs of our population both now and in the future.



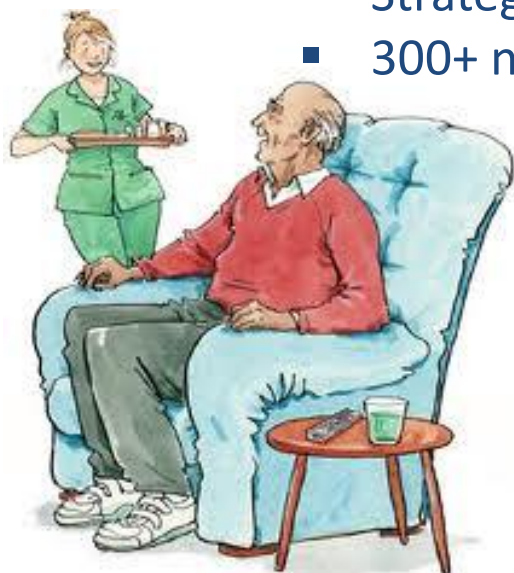
Top Strategic Priorities:

- ✓ Dementia
- ✓ Primary Care
- ✓ Emergency Care
- ✓ Children and Young People
- ✓ Career Progression
- ✓ Technology Enhanced Learning
- ✓ Patient Safety/Human Factors

Primary Care Programme

Health Education Kent
Surrey and Sussex

- **Future Workforce –**
 - GP WorkforceTool
 - Strategic Workforce Plan
 - 300+ new Nurse mentors

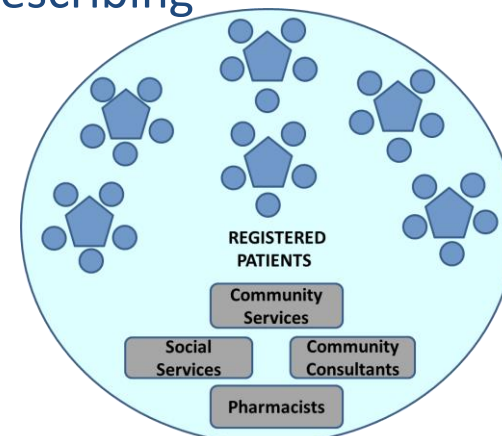


The Tool

<div style="border: 1px solid #ccc; background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"> </div> <p style="font-size: 0.8em; margin: 0;">Your Practice <small>Setup your Practice Details.</small></p>	<p>View your practice's details Your practice's address and contact details.</p>
<div style="border: 1px solid #ccc; background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"> </div> <p style="font-size: 0.8em; margin: 0;">Staff <small>Setup and manage your staff.</small></p>	<p>Update Staff Data Data collected about staff is used to compile the anonymous quarterly returns data. By keeping your staff up to date the return will be less effort to complete and will achieve a greater degree of accuracy.</p>
<div style="border: 1px solid #ccc; background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"> </div> <p style="font-size: 0.8em; margin: 0;">Job Roles <small>Set practice's head count requirements.</small></p>	<p>Update Job Roles and FTE Use this section to specify your required headcounts and FTEs for the various roles within your practice.</p>
<div style="border: 1px solid #ccc; background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"> </div> <p style="font-size: 0.8em; margin: 0;">Risks <small>Risks & Actions in this quarter</small></p>	<p>Edit your Risks & Actions Enter the details of risks and actions taken to resolve them in the current Quarter.</p>
<div style="border: 1px solid #ccc; background-color: #e0e0e0; padding: 2px; margin-bottom: 5px;"> </div> <p style="font-size: 0.8em; margin: 0;">View Return <small>Review and modify this quarter's return.</small></p>	<p>View & Submit this Quarter's Return The information collected about your practice is compiled automatically creating your report.</p>

- **Workforce Development**
 - Acute Skills and Community
 - Practice Nurse Programme
 - Community Pharmacy prescribing

- **Education Support**
 - Community Education Provider Networks
 - Primary Care Tutors



Dementia Programme

Health Education Kent
Surrey and Sussex

- Dementia Awareness Training - Trusts and CCGs engaged. 30,000 staff trained.
- Empowering Practitioners in Training - 'Time for Dementia' longitudinal study. 4 cohorts of undergraduate students will undertake the programme across 3 yrs.
- Empowering Practitioners in Practice - Dementia Fellowship programme developed by the Centre for Dementia Studies and delivered to a network of 52 primary & community care professionals
- Empowering Care Home Staff - Delivery and evaluation of an innovative dementia leadership training programme to 100 healthcare professionals working in nursing homes to improve compassionate care.

Emergency Care Programme

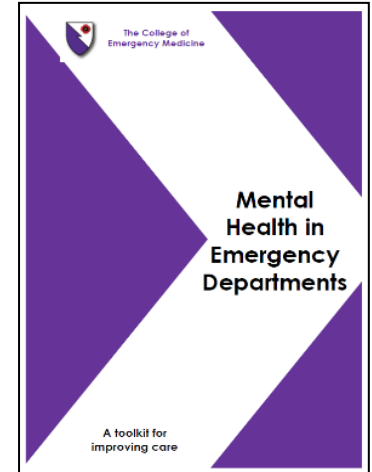
Mental Health Crisis in the Emergency Dept

'Nursing staff should have access to training in mental health so that they are able to assess risk and contribute in a positive way to the patient's condition.'

Commissioned South London and Maudsley NHS Foundation Trust to deliver interprofessional course.

Learning outcomes:

- Understand role of **non-technical skills** e.g. situational awareness, leadership, team working when managing patients presenting with a mental health crisis;
- Demonstrate **improved knowledge** of how and when capacity should be assessed in Emergency Department.
- **Increased assurance** in leading or working within a team in the management of challenging situations



Technology Enhanced Learning Programme

Simulation – Patient Transfers

- To provide in-situ training multi-professional training.
- To provide a safe environment for training.
- Support lessons learned and spread of learning.
- EG – Paramedic training, Anaesthetic training.
- Acute and Primary Care



Human Factors:

To improve the quality of patient care (safety/efficiency/patient experience).

“The principles & practices of Human Factors focus on optimising human performance through better understanding the behaviour of individuals, their interactions with each other and with their environment”.

Human Factors principles can be applied in the:

- **identification, assessment and management of patient safety risks**
- **analysis of incidents to identify learning and corrective actions.**

Programme will:

- Develop capability & capacity for training and education in Human Factors.
- Support organisations apply knowledge and practice.
- Create a Human Factors Learning Network, enabling the spread and embedding of best practice across the region.

Patient Safety/Compassion

Schwartz Rounds are an evidence-based forum for staff to talk about the emotional and social challenges of caring for patients.

- The aim is a safe environment to share stories and offer support.
- Working in partnership with the Point of Care Foundation to pilot the use of Schwartz Rounds.
- Currently working with 9 organisations. Evidence of Outcomes:
 - staff confidence in handling sensitive issues
 - belief in the importance of empathy
 - empathy with patients as people
 - confident handling non-clinical aspects of care
 - openness to expressing thoughts, questions and feelings.



University of Brighton



**UNIVERSITY OF
SURREY**



brighton and sussex
medical school

Cultivating Compassion ToolKit

Brighton and Sussex
University Hospitals

NHS Trust



Health Education Kent
Surrey and Sussex

Surrey and Borders Partnership

NHS Foundation Trust



Ashford and St. Peter's
Hospitals
NHS Trust



NHS
*Coastal West Sussex
Clinical Commissioning Group*

NHS Care Certificate

Current and Future Work:

- Support with wider implementation across health and social care sectors
- Tailoring to GP services
- Skills for Health Quality Mark
- Supported by Talent for Care and Widening Participation Strategy initiatives
- Review and Evaluation
- Recording and Reporting
- Higher Care Certificate

Guidance through the workbook

HCA support network covering both acute and community services

Drop in sessions for all staff

Apply framework for behaviours, values and fundamentals

Encourage a blended learning approach and reflective practice

Launch at the 2015 HCA Conference to inform HCAs of the change and advertisement through posters and flyers

Link to Social Care including NSA Endorsement

Address the need for additional staff to absorb workload

Standardisation of level of assessment and quality of evidence required

Peer Review Group

Apply to all

Effective communications strategy for Care Certificate Implementation including nursing newsletters and notice boards

Introduce a second Practice educator for HCAs to assist with HCA coaching and support with teaching delivery

Regular meetings with department managers

Skills for Health Quality Mark assessment offered to all Trusts

A roll out programme to assist assessors to become familiar in the documentation which will be provided in each workplace

Practice educator for HCAs being visible in practice areas to answer queries and support students and assessors

Suggested Additional Standards:

Performance of clinical observations in clinical and community settings
Pain management
Pressure area care
Continence care
Personal care delivery

Primarily HCAs

Staff with NVQs

New Staff

Restricted Administration support

Band 1-6 Nurses and staff

Staff without formal qualifications

Staff involved in the pilot

Implementation and Portability Ideas

How are AHSN working with HEKSS?

Health Education Kent
Surrey and Sussex

- Supporting the new ways of working in North West Surrey
- Supporting new ways of staff raising areas of improvement (BSUH, SaSH)
- How can education support polypharmacy review?
- How can education better support care and nursing home residents (inc. industry)?

Health Education England KSS Working through Lead Organisations - SASH

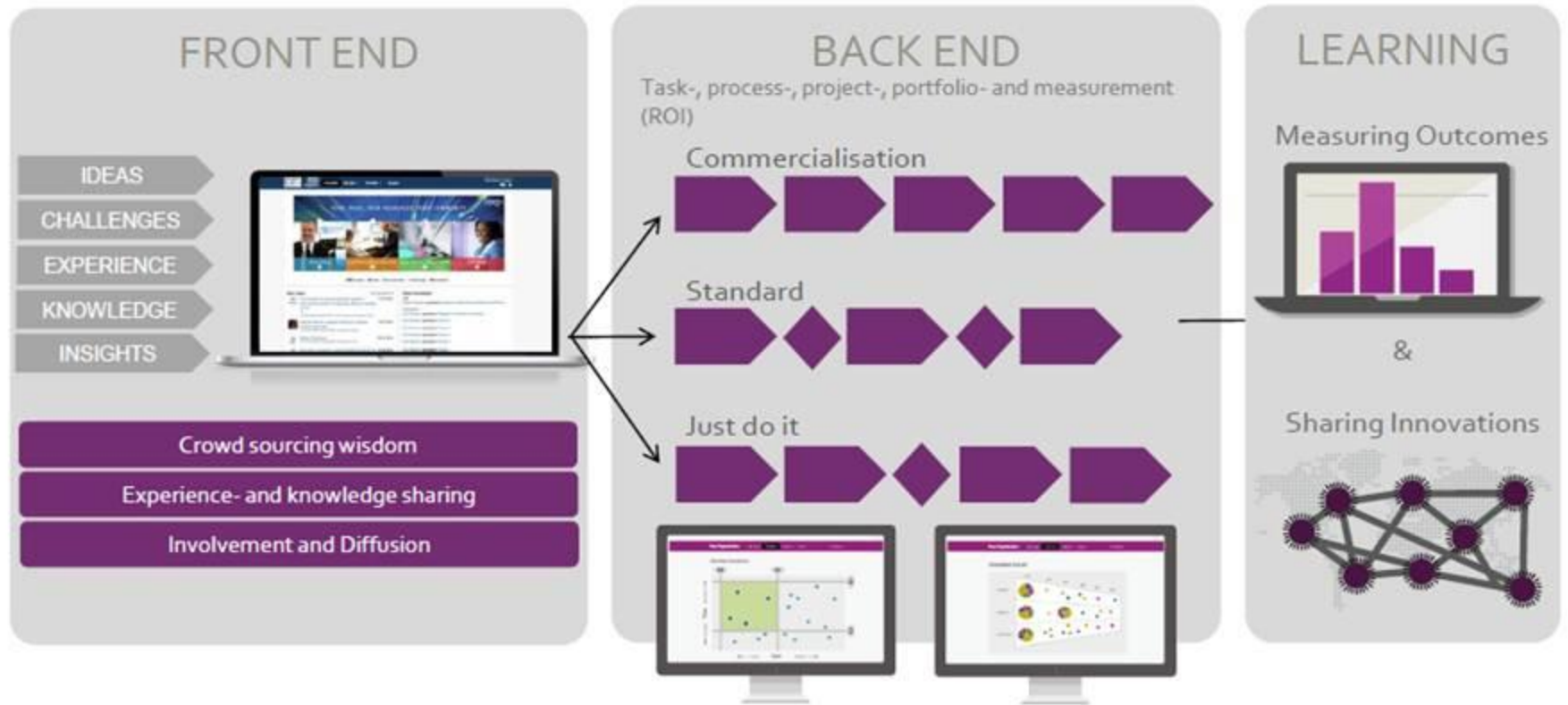
Working through lead organisations provides:

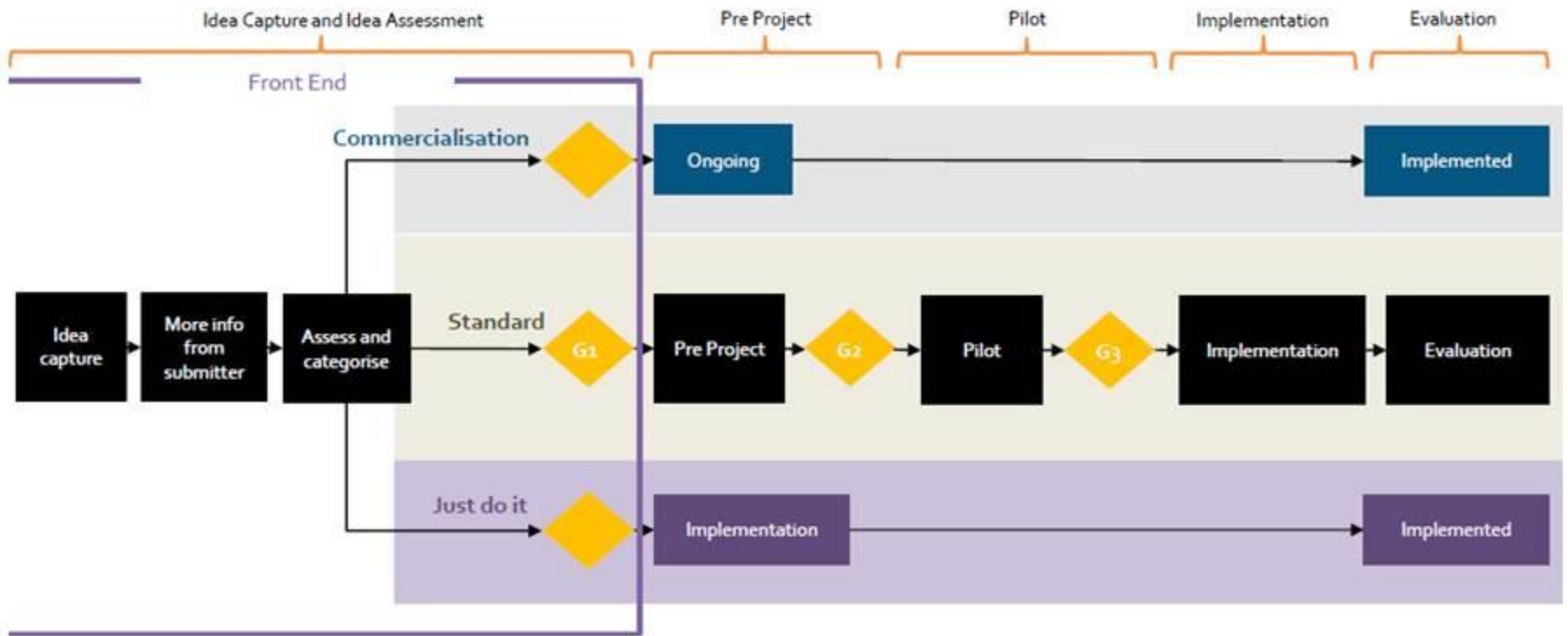
- Strong leadership from service
- Strong Clinical Leadership
- Collaboration between organisations
- Consistent outcomes
- Adoption at Pace

Education and Training Programmes Led by **Surrey and Sussex Healthcare NHS Trust** on behalf of Kent, Surrey and Sussex,
Examples:


- School of Physicians Associates
- ‘Mouth Care Matters’ – Safety and Quality of Care
- “Human Factors and Middle Management”

Offering the leading innovation software platform






The Ideas to Innovation Factory



A new initiative which will build a culture of innovation, enabling staff to suggest and **share ideas** and watch them progress through to implementation



Easy to use **web based** system allowing access anytime and anywhere



All staff can submit ideas which are posted onto **'the wall'**, creating a forum for discussion and knowledge sharing



A team of **innovation agents** assess and help ideas develop



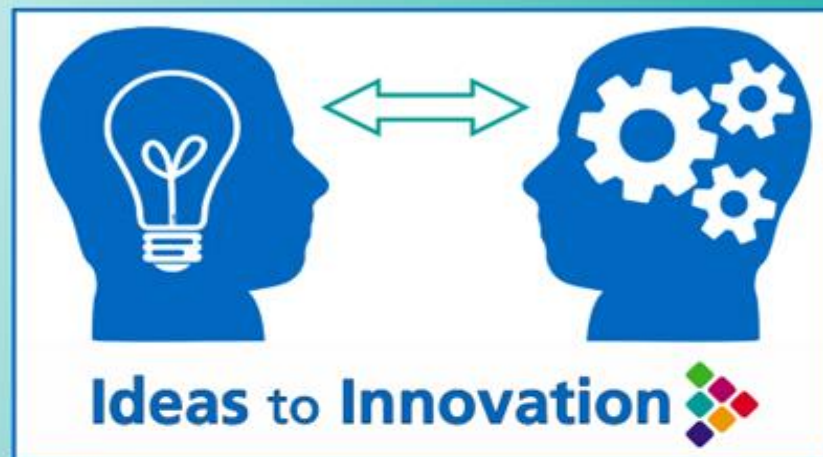
This will help us **challenge what we do** – can I learn: can I inspire?

Your ideas matter

We all see areas of improvement as we go about our daily roles. Over 3,600 staff members at SASH now have a dedicated place to go to share suggestions and ideas for improvements.

Capturing and putting these ideas into action will lead to improved quality and patient satisfaction.

Welcome to the Ideas to Innovation Factory.










Submit your idea

230 users 96 ideas 9 archived ideas

New ideas

Last updated ▾

-  **Consent to view summary care records (SCR)** 23/10/2015
 | SASHNHS-1195 | Jane Allen

-  **Automatic sliding doors at front entrance to Trust HQ** 23/10/2015
 | SASHNHS-1189 | Karen Stringer

-  **Caring for Older People's course/module** 22/10/2015

Recent Activity

- Jane Allen **created** Consent to view summary care records (SCR) 2 days ago
- Colin Pink **updated** Automatic sliding doors at front entrance to Trust HQ 2 days ago
- Michelle van Zyl **updated** the profile 3 days ago
- Steven Adams **commented** Caring for Older People's course/module 4 days ago

Innovation funnel / Innovation funnel /

Innovation funnel

Edit

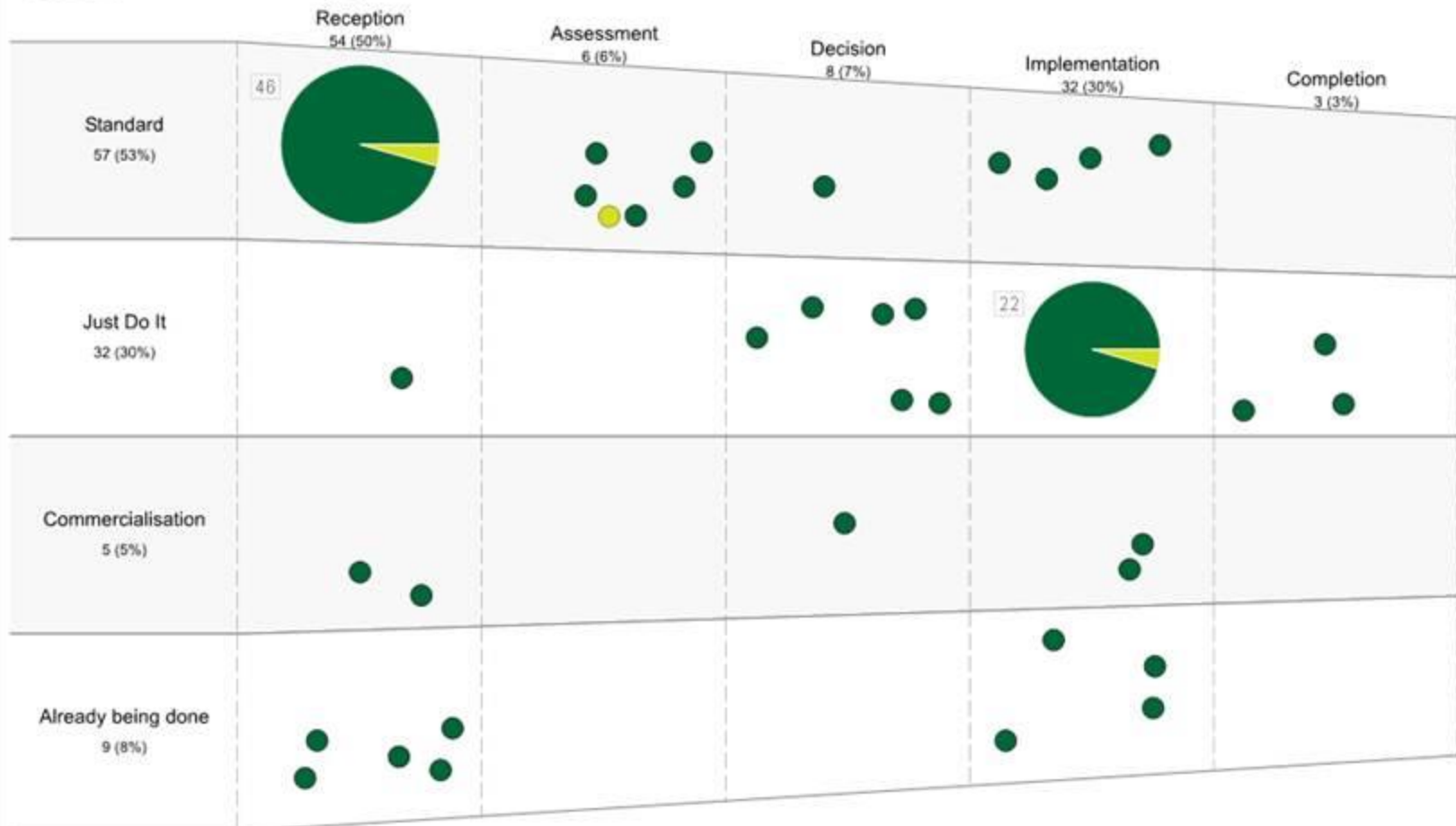
General Medicine
Idea Clinic

Cardiology
Other

ED

Acute Medicine

Matron



Developing leaders for the future NHS



NHS Leadership Academy

What sort of problems

Long term solutions to urgent care needs

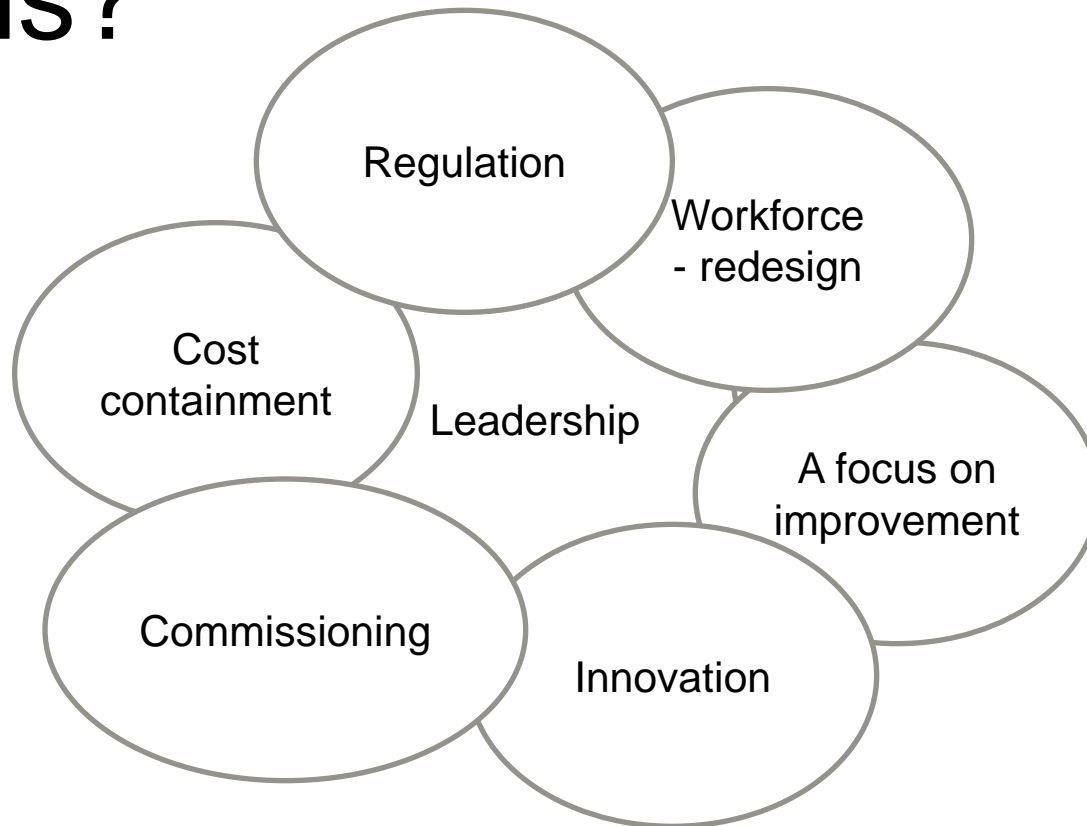


Better community support to long term conditions

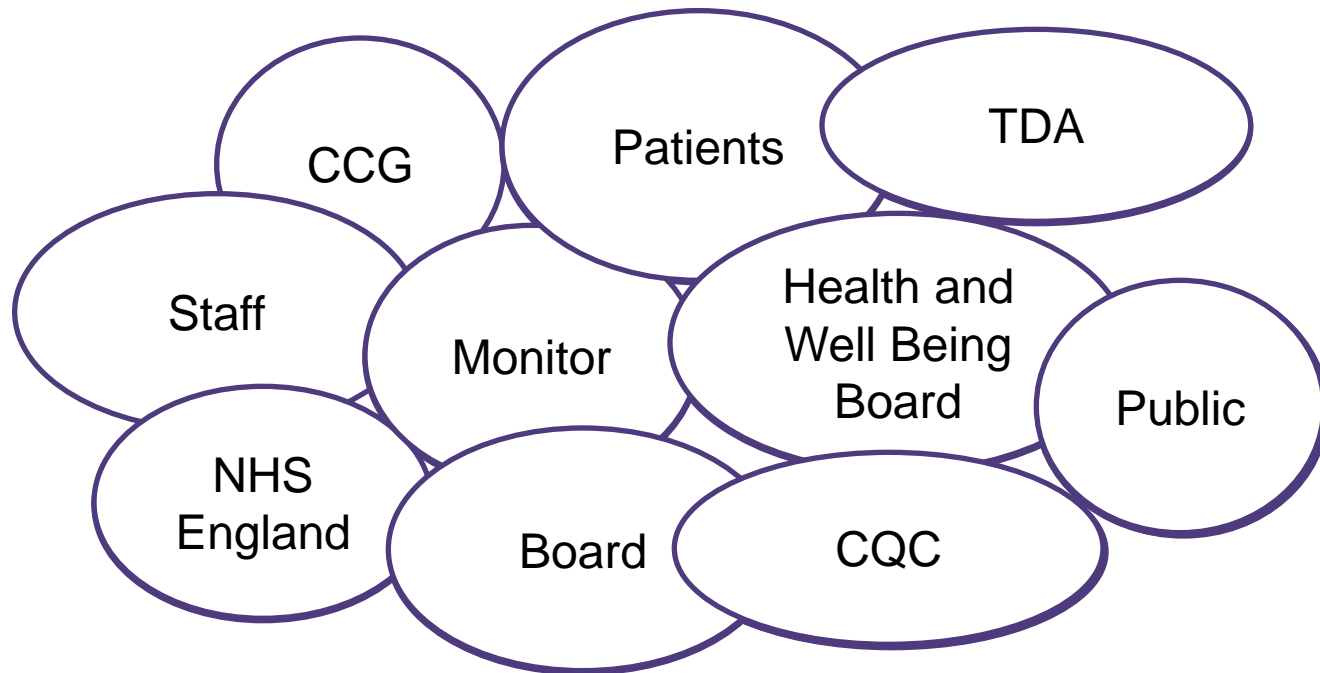
More integrated care for vulnerable people



Options?



Who else is interested?



Core purpose – Leadership Academy

“Leadership development that makes a difference”

To promote, develop and extend leadership excellence across the NHS by:

- Providing exceptional learning and development experience, at pace and scale, using new technologies and modelling a more compassionate, more engaging leadership style
 - Patients at the heart
 - Immediate application to workplace: experiential learning and work based improvement projects
 - State-of-the-art online, workplace and development space education
 - Focus on productivity, efficiency and probity in use of public resources

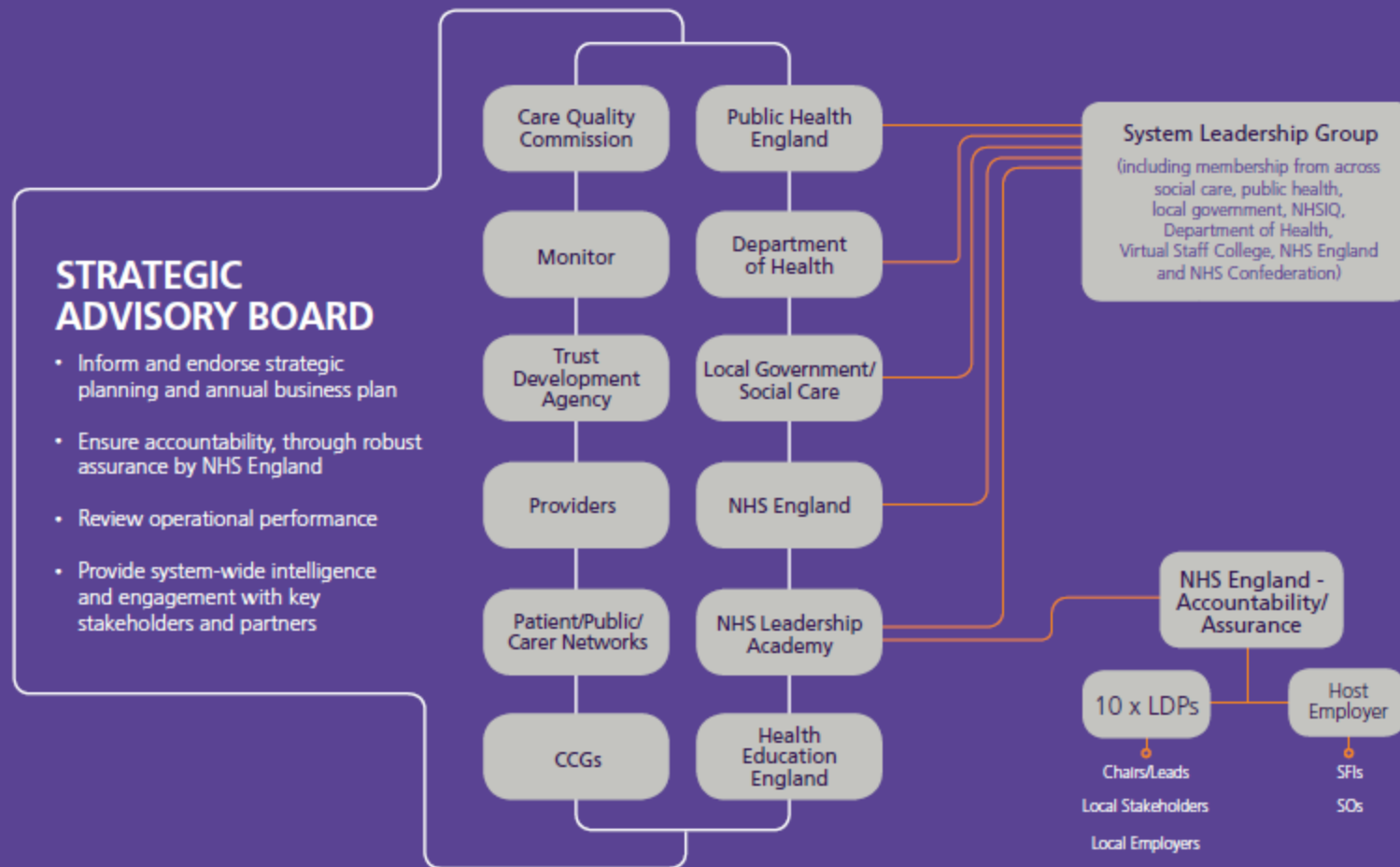


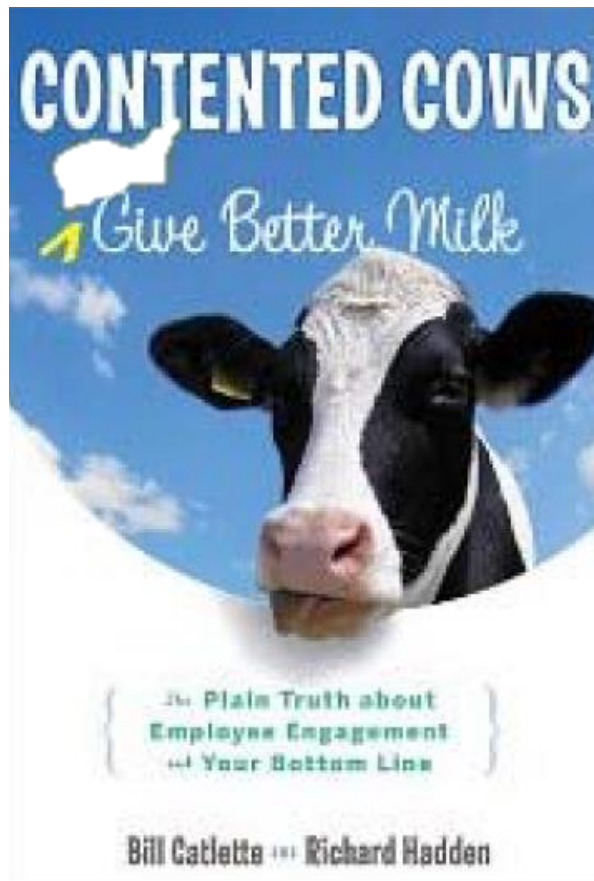
How?

- Broadening, and where necessary changing, the range of leadership behaviours people in the health system use
- Professionalising leadership: raising the profile, performance and impact of health system leaders, requiring and supporting them to demonstrate their fit and proper readiness to carry out their leadership role and defining what we expect from them
- Working in partnership to make leadership in the health system more inclusive and representative of the communities it serves
- Developing leaders who are more innovative and can create a climate where innovation can flourish



Our connection with the system: Map of governance





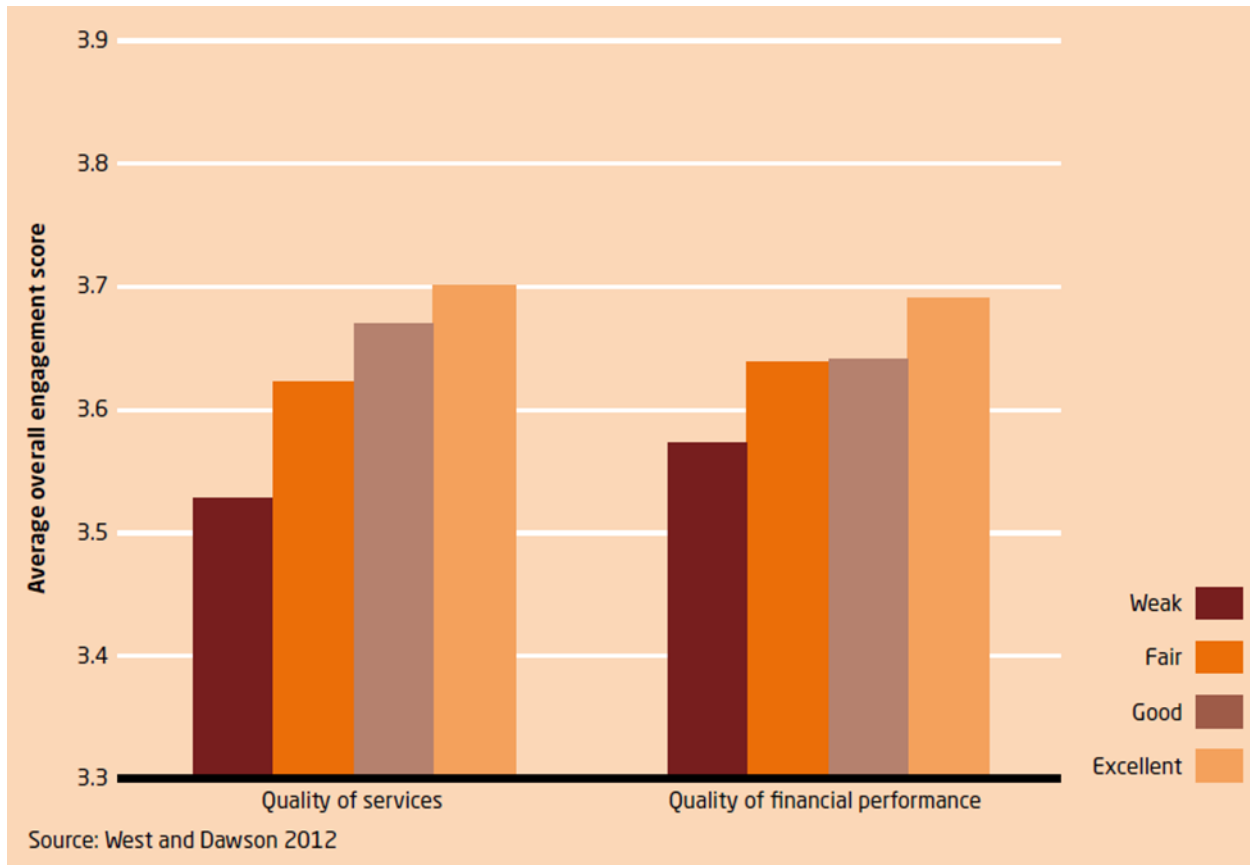
A cow with a name produces more milk than one without

Douglas & Rowlinson, Newcastle University

...and treating her as an individual

...increases milk yield by 500 pints /yr

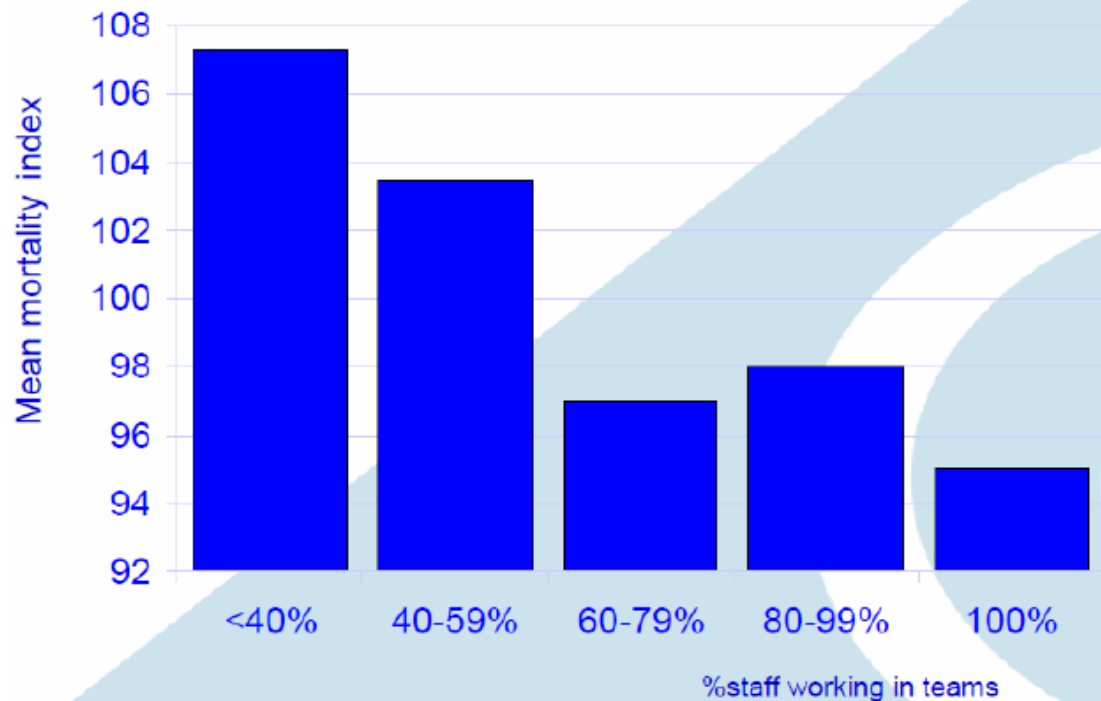
Relationship between engagement and performance



The link between the Management of People & Patient Mortality in Acute Hospitals

West M et al. Int J HR Mgt 2002 13:8 1299-1310

Team working and patient mortality



Do different kinds of problems require different kinds of change?

1. Critical Problems: Commander



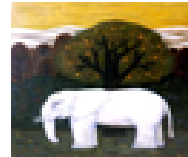
2. Tame Problems: Management



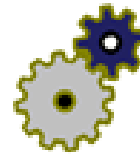
3. Wicked Problems: Leadership



Differentiating 'Authority'
(legitimate power)
Command, **Management**,
&
Leadership



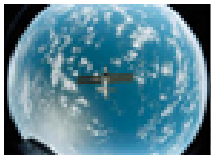
Command



Management



Leadership

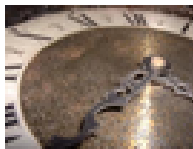


Space

Tactical

Operational

Strategic



Time

Short Term

Medium Term

Long Term



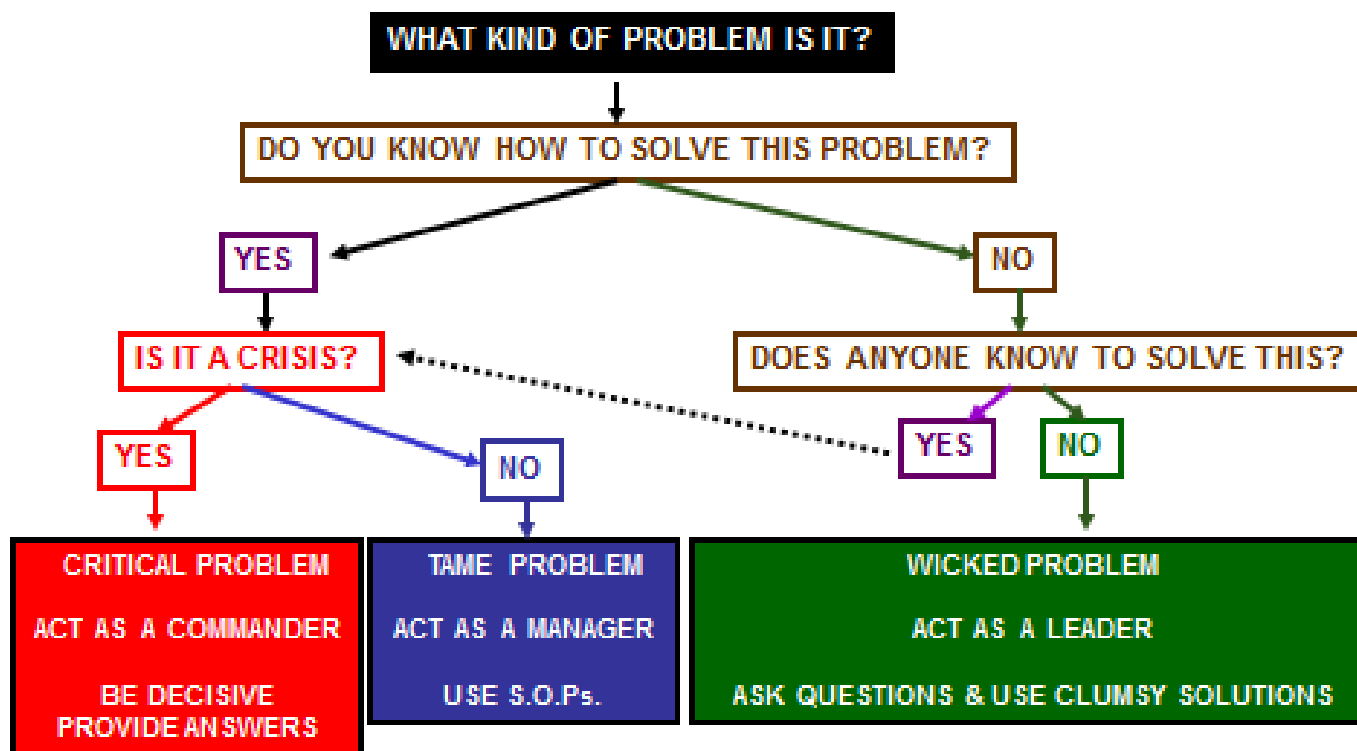
Problem

Critical

Tame

Wicked

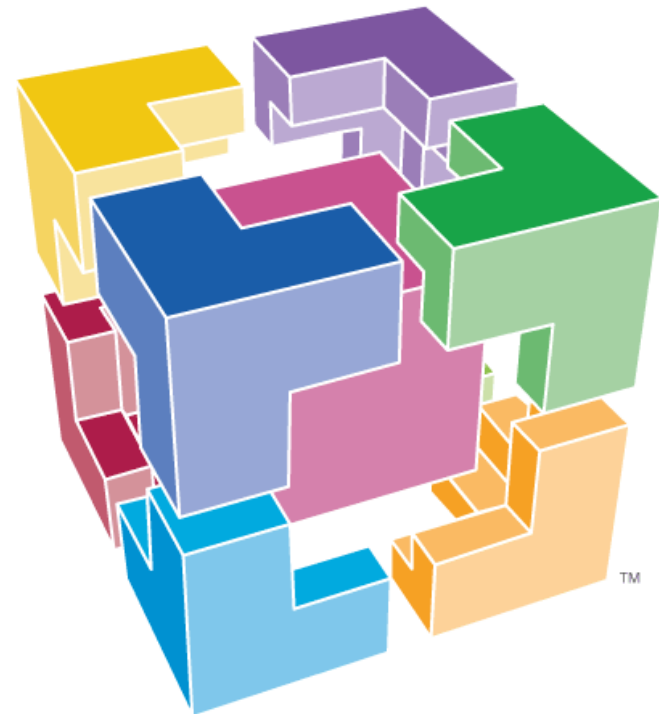




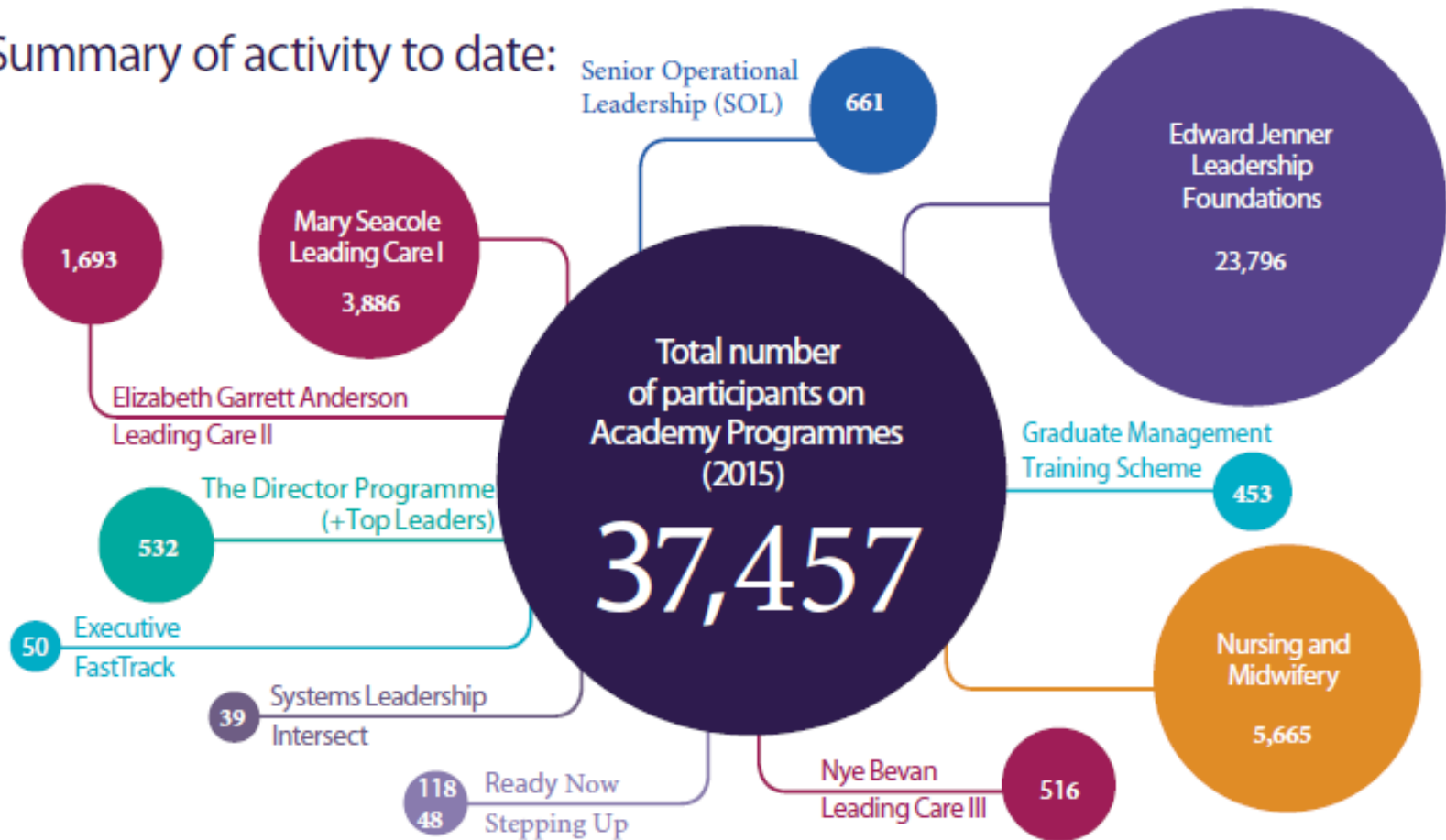
Healthcare Leadership Model

The Healthcare Leadership Model is made up of nine behavioural dimensions:

- Inspiring shared purpose
- Leading with care
- Evaluating information
- Connecting our service
- Sharing the vision
- Engaging the team
- Holding to account
- Developing capability
- Influencing for results



Summary of activity to date:



The list figures above do not add up to the total as this figure has excluded the 800 nurse participants from the Professional Development Programmes.

Our participants are:

From EVERY

Area
Organisational type

From a range of levels
(agenda for change)



From a mix of backgrounds

CLINICAL



54%

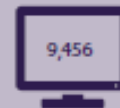
NON-CLINICAL



46%

Other resources:

Talent management:
accessing online materials



Healthcare leadership model:
self-assessment completed



Access to organisational
development networks
and materials



There is an overlap of participants going in more than one programme

For more information

NHS Leadership Academy

www.leadershipacademy.nhs.uk

