Northern Care Alliance
NHS Foundation Trust

Meeting	**Joint Health Overview & Scrutiny Committee**
Paper Title	**Clinical Leadership Model Update**
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Date	24 September 2026

Recommendations

Joint Health Overview & Scrutiny Committee is asked to:

1. Receive the Clinical Leadership Model (CLM) Implementation Update.
2. Note the progress made since go-live.
3. Note the arrangements in place to monitor patient experience, complaints, quality and safety.
4. Acknowledge the ongoing work to embed the model and realise benefits for patients and local communities.

Which NCA Ambition(s) does this support?

The report supports the following NCA Ambitions:

1. **Improving Population Health in all our Places, working with partners:** We are working with our partners within the design process to ensure the NCA can meet the changing landscape of Health and Care, and meet the ambitions set out in the Darzi report.
2. **Caring for and inspiring our people**: Increasing the clinical voice and listening to colleagues is integral to meeting the NCA People ambitions. CLM is a fundamental part of our cultural change.
3. **Improving Performance – meeting and exceeding standards:** Through standardising our processes and bringing services together across our entire footprint, we will ensure that we have a mechanism for driving out unwarranted variation whilst ensuring that service excellence and patient experience are central to our decision making.
4. **Financial Sustainability – of our Organisation and Places:** CLM has a stated ambition to eradicate unwarranted variation, to reduce duplication and ineffective processes. Through this work a sustainable and efficient NCA can be realised.

Where has this paper been reviewed?

Not Applicable

Impact of the requirements of the protected groups identified

The stated aims of the programme include eliminating unwarranted variation, improving colleague experience – creating inclusive leadership opportunities for all, and enhancing patient involvement in organisational decision making. A programme level Equality and Quality Impact Assessment (EQIA) was completed and approved by the programme board. The EQIA action plan has

by the Equality Act?	been reviewed by the programme team to ensure that agreed actions are actively monitored and embedded into the M&T workstreams delivery plans.
Freedom of Information Status	Public
Link to Board Assurance Framework Risks	BAF Principal Risk 5: Change Portfolio IF we do not successfully implement the programmes within the NCA Change Portfolio in line with agreed timescales and deliverables, THEN we may fail to be a safe and sustainable organisation and be subject to regulatory oversight.

1. Introduction

1.1 The purpose of this report is to provide the Joint Health Overview and Scrutiny Committee with an update on the implementation of the Clinical Leadership Model (CLM), which went live on 1 April 2026

1.2 The report outlines the changes introduced through the programme, progress since implementation, the impact on patients and services, and the arrangements in place to monitor patient experience, complaints, quality and safety.

2. Background

2.1 The Clinical Leadership Model was introduced to strengthen clinical leadership, improve accountability, reduce unwarranted variation in care, and create a more consistent approach to service delivery across the NCA.

2.2 As part of the programme, the previous Care Organisation structure was replaced by six Clinical Groups and 34 Clinical Service Units (CSUs), bringing together services under clinically led management teams with responsibility for quality, operational delivery, workforce and performance.

2.3 The model was developed following extensive engagement with colleagues, trade unions, patients and partners, with changes made to the final design following feedback received during consultation.

3. Go-Live and Progress Since Implementation

3.1 In preparation for go-live, a significant programme of mobilisation and transition activity was undertaken including 9 workstreams as follows: governance, finance, HR and people, digital readiness, transition to Clinical Groups, patient co-production, place, business partnering and 24/7 site management. This work included aligning financial and reporting arrangements, implementing digital and system changes, supporting recruitment and leadership appointments, establishing new governance arrangements and ensuring services were appropriately aligned within the new Clinical Group structure. The Patient Co-Production workstream supported the inclusion of patient and public voices in the programme and established arrangements to ensure patient insight continues to inform decision-making within the new Clinical Group model. The mobilisation and transition programme helped ensure the organisation was operationally prepared for the introduction of the Clinical Leadership Model and transition to the new organisational structure.

3.2 The Clinical Leadership Model went live on 1 April 2026. Leadership teams were established across all six Clinical Groups and responsibility for operational delivery, workforce, finance and performance transferred into the new structure. The transition was completed without significant disruption to patient services. All Managing Directors are clinical – either practising medical consultants or a Nursing Director.

3.3 A three-month post go-live review and assurance processes have confirmed that the core organisational redesign and go-live objectives were delivered as planned, while also identifying

areas that require ongoing development as the programme moves into a phase focused on embedding the model and realising the intended benefits.

4. Impact on Patients and Services

4.1 The Clinical Leadership Model has been designed to improve care for patients through stronger clinical leadership, clearer accountability and greater consistency across services. A single leadership team is responsible for the services the NCA provides, regardless of location.

4.2 What has changed for patients so far?

The transition was completed without significant disruption to patient services, PALS or complaints handling. Early changes include clearer routes into service leadership for external partners, stronger Clinical Group oversight of complaints and patient feedback, and a reduction in overdue and long-waiting complaints. These are encouraging early signs, but it remains too soon to demonstrate an improvement in patient outcomes or overall service performance.

4.3 Immediate positive impacts

- The model provides clearer points of contact within service leadership for external stakeholders, including primary care and system partners, although these arrangements continue to embed.
- Early programme feedback, including survey feedback, indicates clearer service accountability, increased opportunities for cross-organisational learning and a more visible clinical voice in decision-making.
- Recent CQC inspection feedback included positive observations about aspects of the new model.
- These early observations will be tested through the six- and twelve-month reviews.

4.4 Initial challenges and NCA response

- The site management model requires further development. Additional Site Managers have recently been recruited.
- Further alignment of corporate teams with the Clinical Group model is required. The relevant CLM workstream will remain open until this is completed.

- New leaders have reported spending excessive time in meetings, partly due to the continued operation of legacy governance arrangements. Governance simplification is being addressed through the CQC and regulatory undertakings improvement work.
- The loss of familiar local structures has affected some interactions with system partners. Arrangements such as the Four Localities Partnership are being strengthened in response.
- Many intended benefits are medium- to long-term and cannot yet be demonstrated. The organisation will assess impact through the three-, six- and twelve-month reviews.

4.5 The anticipated benefits of a fully embedded CLM model include:

- Reducing unwarranted variation in care across NCA sites.
- Improving patient experience and ensuring the views of patients, service users and the communities are heard.
- Better connectivity between the Board, leaders and communities.
- Strengthening clinical leadership and decision-making.
- Improving collaboration between services and localities.
- Supporting more effective use of workforce and organisational resources.

4.6 While many of these longer-term benefits will take time to be fully realised, the new leadership and governance arrangements are now established and are supporting further service integration across the organisation.

5. PALS and Customer Complaints

5.1 The transition to the Clinical Leadership Model included aligning Patient Advice and Liaison Service (PALS) and complaints processes to the new Clinical Group structure. New complaints are now allocated through Clinical Group leadership teams, who appoint an investigating officer. Complaints and PALS activity are regularly discussed through Group Safety Summit meetings, where progress is reviewed and updates are sought on open cases. This has increased senior leadership focus and engagement with complaints management. Clinical Groups and Clinical Service Units are also making greater use of Datix dashboards to monitor complaint activity, identify themes, manage workloads and support service improvement.

5.2 The organisation is not aware of any complaints received specifically related to the introduction of the Clinical Leadership Model.

5.3 The organisation continues to receive a high volume of complaints and recognises that complaint closures are not yet keeping pace with demand in all areas. Some services continue to receive higher volumes of complaints than others, and as a result these cases can remain open longer. Work is underway to improve timeliness, strengthen oversight and ensure learning from complaints continues to support service improvement.

5.4 PALS services, patient experience processes and complaint handling arrangements remained operational throughout implementation, with no disruption to how patients, carers and the public raise concerns, seek advice or provide feedback.

5.5 Since April 2026, the number of overdue complaints and long-waiting cases has reduced, improving the age profile of the backlog. This improvement cannot yet be attributed directly to CLM, but it has occurred alongside increased Clinical Group oversight. Challenges remain, particularly within high-volume specialties such as Surgery, and continued focus is required to improve response times.

6. Quality and Safety

6.1 Quality, safety and governance arrangements remained operational throughout implementation of the Clinical Leadership Model. Governance, risk management and reporting systems were aligned to the new organisational structure.

6.2 Routine monitoring of patient safety, complaints, patient experience and quality indicators continues through established governance arrangements across Clinical Groups and Clinical Service Units.

6.3 The organisation will continue to assess the impact of the Clinical Leadership Model through programme reviews, including a three-month, six-month and twelve-month reviews, which will consider operating model maturity, governance effectiveness and delivery of intended benefits.

7. Next Steps

7.1 The organisation is now focused on embedding the Clinical Leadership Model and delivering the intended benefits for patients, colleagues and local communities. Areas of ongoing work include:

- Completion of the alignment of corporate services.
- Enhancement and iteration of the 24/7 site management model.
- Further embedding and standardisation of governance arrangements.
- Delivery of a comprehensive benefits realisation framework.
- Working with partners to improve the Place operating model.

7.2 Formal six-month and twelve-month reviews will be undertaken to assess progress, operating model maturity and benefits realisation.

8. Conclusion

8.1 CLM was implemented without significant disruption to patient services, complaints handling or established quality and safety processes. Immediate changes are principally organisational, including clearer service leadership and strengthened Clinical Group oversight. Early positive observations are emerging, including increased focus on complaints and older cases, but it is too early to demonstrate that CLM has improved patient outcomes or service performance. These benefits will be tested through the six- and twelve-month reviews.

Recommendations

The Joint Health Overview and Scrutiny Committee is asked to:

- Receive the Clinical Leadership Model (CLM) Implementation Update.
- Note the progress made since go-live.
- Note the arrangements in place to monitor patient experience, complaints, quality and safety.
- Acknowledge the ongoing work to embed the model and realise benefits for patients and local communities.