

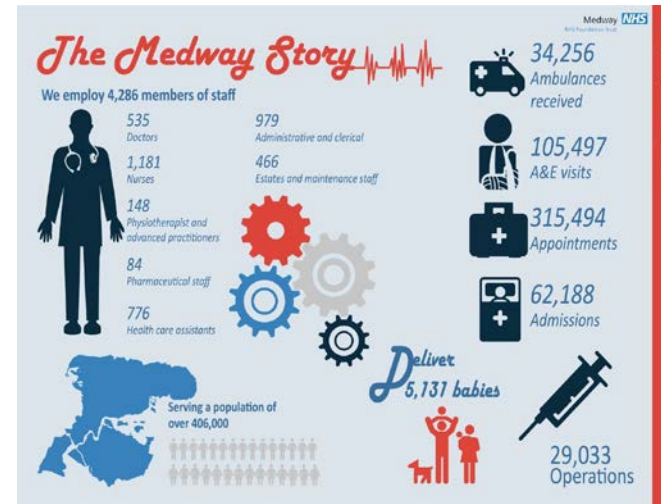
The National Emergency Laparotomy Audit

Using national data, leading local change

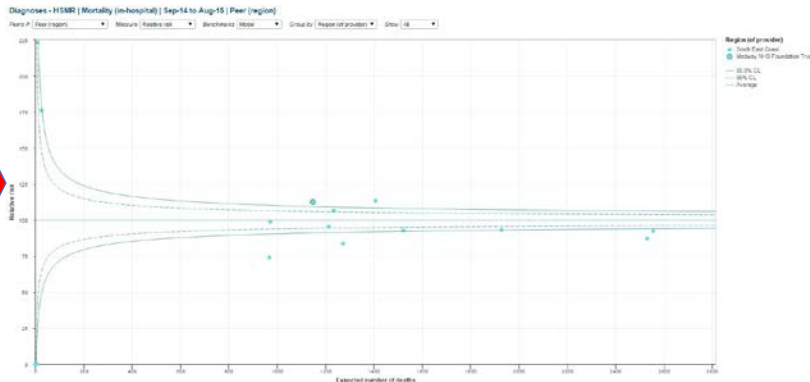
Dr. Sarah Hare

National Clinical Lead

The challenges of being a clinical lead

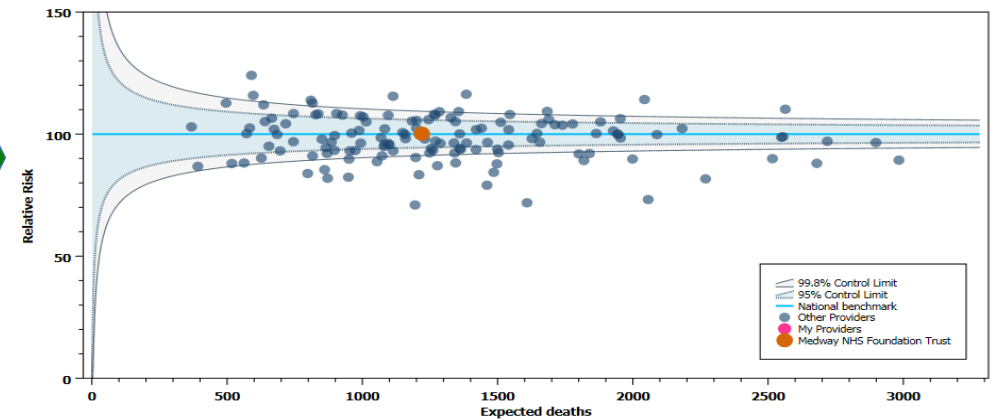


**HSMR
120
Jan
2014**



**HSMR
100.19
Sept
2016**

HSMR BY PROVIDER (All acute non-specialist) for all admissions



Leading change in 'hostile' environments

- Hospitals are under increasing pressure
- External scrutiny
- Fatigued by constant change initiatives
- No money
- No time
- No enthusiasm



What does it take to be a clinical lead?

- Collaboration
- Persistence
- Creativity
- Challenge current practice
- Be supportive of others
- Enjoyment of task – be nice!



Build your team – who can help?



- CEO, MD
- Exec Board
- Program/Directorate Boards
- Clinical Leads
- QI Teams



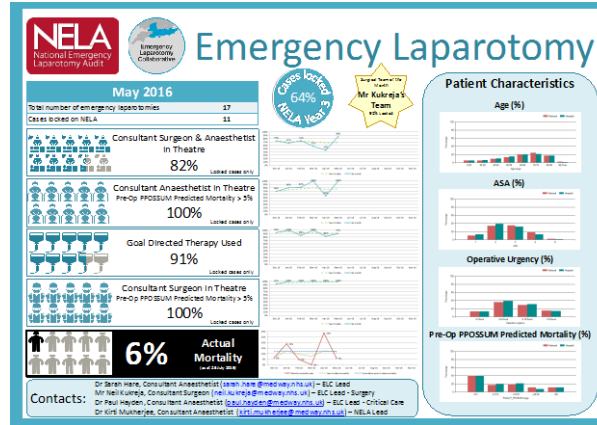
- The influencers, mavericks
- The non-conformists
- The Role models
- The Hyperconnected
- The Trusted

Helen Bevan, CTO Horizons NHS



- Identify those who WANT to contribute
- Engage them, encourage them to share the vision of great care you want to provide

Motivating your teams



QI – sustaining the impact

1. Establish the correct team
2. Make sure your change has a clear advantage to previous state of affairs
3. Make the benefits of your improvement highly visible to everyone
4. Enable staff to deliver the high quality care for patients that they want to provide

Always bring it back to the patient



