North Cumbria University Hospitals NHS Trust
Proposed Acquisition by a Foundation Trust

External Stakeholder Event
12 October 2011

Foundation Trust
Questions and Answers

Caring for North Cumbria
Your hospitals, our priority

North Cumbria University Hospitals NHS
NHS Trust

Background

This document sets out the content of the Question and Answer sessions which followed the presentations made by the Foundation Trusts expressing an interest in acquiring North Cumbria University Hospitals NHS Trust. The sessions lasted 1hr 25mins.

This transcript should be viewed together with the briefing document for the event and the individual presentations made by each organisation.

The following information is not verbatim minutes of the sessions but the transcript is intended to will give all Stakeholders an indication of the questions asked by different Stakeholder groups attending the event and the responses provided by the Foundation Trusts.

In providing this transcript North Cumbria University Hospitals NHS Trust has endeavoured to ensure all relevant information has been captured however some detail may inevitably be lost. The information provided by the Foundation Trusts in this session has not been verified and the Trust does not accept any liability for the content.

Northumbria Healthcare
Acquisition Stakeholder Event, 12th October 2011

Northumbria Healthcare gave their presentation. The Chair of the meeting invited questions from the audience. These questions are recorded by stakeholder group. Where there is more than one answer to the question several members of the FT team contributed to the response.

Question – Secondary Care Clinicians & Staff

Recruitment – it is difficult to recruit to a number of specialities, particularly in a remote environment such as we are experiencing. What would your approach be to improving recruitment and particularly at consultant level and what experience have you got?

Answer

We have a recruitment process which is quite individual in Northumbria Healthcare which involves a somewhat longer process than the traditional consultant process, where we get to know candidates quite well and we work on getting a good match at pre-interview stage for people interested in coming to work for the organisation. It is about an understanding that the consultants are coming to work in an organisation that will deliver for them and their patients and that they are joining an organisation which is attractive. We have managed to show that a small investment has grown and have managed to build the consultant body based around co-operative and joint working across the sites, creating rotas that work for consultants and the patients themselves. Hexham was a hospital that was struggling to appoint Anaesthetist Consultants. We now have 30 which we have managed to build up over the years. It is about having a clear clinical model and being consistent in that.

Question – Cumbria County Council & District Councils

We are interested in the arrangement with Adult Social Care. How would you make sure that you build crucial links, not only operationally but within the community?

Answer

Northumbria Adult Social Care is within our organisation. We have a high level partnership for example the service was reviewed last week and we meet and manage the arrangement overall. We have a lot of other mechanisms to make sure that we have aligned plans such as high level agreements, partnership mechanisms and lots of regular contact at a strategic level. We are all in agreement in terms of priorities and if there are problems, we are honest and straight forward about how they get dealt with.

Although culturally, organisations can be very different, we have patients and service users very much in common and through our joined up working, we have a good relationship, particularly around Adult Social Care and Closer to Home, encouraging the focus to be on the hospital rather than acute services.

Question – Clinical Commissioning Groups

As commissioners, we have identified a number of areas which need to be and are being modernised. How would you set about delivering change and forcing ownership by hospital clinicians at all levels?

Answer

We can build on a track record in Northumbria and people working within their own area, and between areas to deliver a service including service design and service reviews. We have tested out models working with our consultants and we manage the job descriptions and trainee rotas so we support all levels. Over a period of years, we have a good alignment so people being cared for in any part of our organisation are being cared for at the same level.

The key is that we do not develop plans separately, so if you have any plans you want to develop from a primary care point of view, we can look at that and the key is that we design the plans and everyone is in agreement at that point.

A particular example – we have been working with Northumbria Commissioning Group on a game share model, working together to make sure everyone works together and moves forward to agree common objectives. That process has been started.

Question – Patient Representatives

Your experience and providing care closer to home, what is your experience of providing care in both acute and community settings making sure that there is a sustainable service and also preventing unnecessary admissions to acute care?

Answer

In terms of how we demonstrate more care closer to home – chemotherapy is a good example. Some years ago we were told by specialists that we could not do any chemotherapy in Hexham and we said that is not right and we challenged it. We developed a nurse-led service in Hexham. We have taken that model and introduced it in Berwick and most recently in Alnwick. Patients in Berwick used to travel 120 miles a day, and now they no longer need to do that for the chemotherapy regimes. Also the number of patients getting those treatments are growing.

In terms of how we work together to make sure that more patients are managed at home and looked after closer to their homes or in their own homes, we have spent a long time working with partner organisations. Five years ago, we developed Partners In Care. Part of that was for COPD patients and improving their quality of care. More recently, we been involved in negotiated care and that particularly focused on COPD in North Tyneside. We have been working with both Local Authorities, the GPs and Community Services for the past year in looking at how we can all work together to look after more patients and care for more patients closer to home. That has led to an integrated network and a number of strands where we are identifying high risk patients and in the community, some of them have been hospital and some have not, and we have developed systems for identifying these patients. We are about to role out at multi-disciplinary level using community teams at practice level to look at better ways to

manage patients, whether or not it is extended into Adult Social Care. We have modernised the way we work and provide short term support for these patients, doing this through a care planning approach. It is a lot of work in North Tyneside. We would be happy to share that in more detail at another time.

In terms of specific re-admissions, some of the key work is based on patient experience. We have regular contact with a whole range of patient forums and service user groups. We regularly survey patients and take their views on board. The integrated pathway includes community staff working in A&E and the Admissions Unit to prevent unnecessary admissions and to monitor re-admissions. There is a whole range of work going on.

Question – Patient Representatives

Will you have separate Governing Bodies for Northumbria and Cumbria?

Answer

Legally we have to have one Governing Body. We have 71 governors for Northumbria. If we were successful we would make that proportionate to make sure that there were the same 40-50. We would have a discussion about a natural big Governing Body and arrangement for local constituencies. We would be required to have one big Governing Body which meets a couple of times a year, but most of the work would be in the localities.

Question – Operational Managers

How do you define your operational management model and perhaps an example of that?

Answer

One thing that makes me proud to work in Northumbria is when I sit on the management committee with 7 directors and 8 clinicians, which is nearly half the team and they are all primed up and work in teams. As a clinician, I work in engaging the clinical management staff so we have that clinical engagement at all levels. That is a model we stole from Kaiser Permanente and that has been embedded in our organisation. We expect our clinicians to get involved at an early stage and managers to get involved with the clinicians.

There is a lot of engagement to go on. That would be our same shared vision. One of the points about clinician engagement is around having a shared vision. We will keep returning to a shared vision and what is better for the patient because we can see what is best for the clinicians or directors.

Out of four Deputy Directors, two have nursing backgrounds. Five general managers all have nursing backgrounds. Out of operational services, nine have a nursing background. There is 100% buy-in to management, operational management and general management and involvement with patient care for the organisation. That has gone on for a long time and will continue to go on.

Question – Cumbria Cluster

During times of transition, there are great dangers to patients. What contingencies would you put in place to ensure patient safety?

Answer

Our approach would be, if we were successful, to agree a management contract as quickly as possible so that the two organisations can be aligned as quickly as possible. It is a new and unchartered territory. The acquisition is a long and protracted process. If we agree a management contract, we can have people over here quickly and work with people over here and ensure we are managing risk from day one.

Question – Cumbria LINKs

How do you propose to maintain the critical mass of the clinical services in remote Cumbria?

Answer

We have had lots of issues about critical mass in Northumbria over the years and we have had to work out the physically possible things to do, like recruitment. We have made tailored solutions for the problems that have occurred. We do not know what these will be for North Cumbria because we do not know the patch well enough. We do not know the critical mass, whether there is a need for clinicians to work across sites or deliver more specialist care in a more rural setting. That is a complicated process that we have to work out over time. We have managed to do that in Northumbria over 2,500 square miles. It has resulted in some clinical change but delivering more closer to home than was previously possible.

Question – NCUH Partnership Forum

How would you ensure that staff feel that they are part of and can influence any changes in the organisation?

Answer

We have been through this over the years in Northumbria. We still would be very straight forward and up-front. If there was an issue, we would have a discussion about the way forward. We would have staff forums and we would have staff governors on our Governing Body. But, fundamentally, we have to be very straight with each other. Things have to change but that would be for good reason. You would have good commitment from us and we would work together for solutions. We would describe a problem and come to an agreement on a way forward. The Health Service is always changing and things have to change but we would do that together.

A good example of that is that when we joined with Hexham hospital the staff were nervous because they became part of a much bigger hospital. I was involved in surgical services because they had had difficulty in retaining orthopaedic and general surgeons and we needed to change the way general surgery services worked. There was a lot of work with the GPs and community and people who used the hospital. By focusing on

the surgical services that we could provide to the whole community, we ended up with a situation where we changed the way the emergency services work which did involve working to make it in community services. We were able to deliver and got people interested in it and got GPs believing in us, the more specialist services we were able to offer locally. We ended up providing more services at Hexham and as a result people were able to access more surgical services. There was quite a lot of tension around that. There would be different situations we could mention in North Cumbria.

Question – Health & Well Being

I live in Whitehaven. You mentioned nervousness about people living in Hexham and also engagement with the public. Public engagement does not end with Governors. You have had to balance the wishes of people in Hexham and Berwick. We have a lot of nervousness about the decisions made in Carlisle by people coming from Whitehaven. What discussion have you had that seem to have worked?

Answer

In 2009, we engaged in changing our emergency care system across Northumbria trying to determine what the best options were. When we decided to go forward to talk to people more formally, we ran a Trust engagement process that lasted three or four months from January to April where we did dozens and dozens of public discussion events and presented a fair challenge. We had verbal feedback, questionnaire feedback and more groups as a spin off from that. The engagement was different at the end and there was agreement with formal consultation throughout the summer. There were times where we had three teams out per night in different parts of Northumbria and North Tyneside. We had presentations about the risks and alternative options. Our local needs were matched against the greater good. There were further refinements to the proposals and at the end of the year we had stronger proposals. There were surveys to see what customer satisfaction was. We had 50% support for the concept at the beginning. At the end of the process after all the presentations, 74% satisfaction with the proposals. That was down to us listening to what the concerns were and reshaping it. In the end, it was a better proposal.

Question – Operational Managers

How would you deal with parallel on-call emergency services? For example, obs & gynae on multiple sites, considering cost implications.

Answer

I don't know. We have looked very closely at what services are available. One extent being a Foundation Trust is an easy thing to be because if there is a mandatory model to follow, and you follow it. The difficulty is tailoring it to fit your needs.

We are about to start a due diligence process before we could say what sort of model we could propose. At the moment I cannot answer that question as I do not know enough about North Cumbria Trust. National Safety Standards and guidelines would be a core and how we deliver our solution for that.

Question – Secondary Care Clinicians & Staff

Problems of reconciling Closer to Home policies in providing community initiatives and running community hospitals and critical mass. How do you reconcile the two arms of providing Closer to Home whilst sustaining critical mass?

Answer

Our view would be patients generally would like to have treatment more closer to home than being in hospital for long periods. We need to make sure that the services are provided to a high standard. We have seen in other parts of the country where it [*closer to home*] has cost more and not been delivered. We would work with community colleagues and primary care colleagues to deliver patient satisfaction and good outcomes, and to not totally destabilise the system. It is a tough act to balance. We need to understand what the overall impact is before decisions are made.

Example? Dr Neil Goodwin

Answer

A COPD pilot in Blythe about shifting care into the community. The decision we came to with the community care colleagues was that from the patient experience point of view and good outcomes and that had to deliver a good outcomes this would entail a steep challenge within the hospital and we did that together. In the end the programme was cancelled because of cost implications. It identified however a sustainable model of care in the community setting.

Question – Cumbria County Council & District Councils

Given the engagement that you described with Adult Services, what extent do you work to children's services? We are particularly interested in the safeguarding and how you learn from our serious case reviews also the LSCB?

Answer

My remit as a Director is to look after Children's Services and my deputy too is on the Safeguarding Board in Northumberland. I am on the Serious Case Review panel. Any serious case reviews would be part of our presentation to our Clinical Policy Group which meets once a month. Our named nurse for Child Protection presents the case. Recently, with the transition of Community Services, we have a paediatrician who works in the community. We have an advert out for a Director of Children's Services. We will have one service all the way through; they are all one in Northumbria. We have presence on the two main sites. We have a superb plan and an agreed model in Cramlington.

Question – Cumbria County Council & District Councils

Cumbria is a two tier authority. Can you see how the working relationships will develop in relation to Closer to Home within the district?

Answer

Most of the focus will be where the social care arrangements are. We have demonstrated that we are a unit now. There were a lot of small councils and we worked with them all to pick up on the local issues. We have lots of mechanisms to try and do that.

One of the benefits from our experience is in the community business unit. We operate housing services, a district function, a range of health and well-being services which are cross-district boundaries, so we have a good understanding of two tier government as well as interfaces. We can bring that experience in terms of partnership working.

Question – Clinical Commissioning Groups

Examples of the role you will play in providing county-wide pathway services. In particular, how can you enhance service delivery through the year of care initially?

Answer

What you have heard from many of the answers is that our philosophy and belief is that we work together, as from years of experience by trying to work in silos, we will never achieve the outcome. One of the first things we will do is a lot of external things, talking to the commissioning groups, local GPs and local GP clusters, then take that forward and listen to their views. We are not at that point yet because that is work to be done and we will need to work out how to work together.

In specifics to the year of care, I presume you mean diabetes type year of care for many things, not just diabetes. The year of care initiated in North Tyneside and was developed to the point where it has got to today. In North Tyneside, we led that so we are formally behind and supporting the year of care services. Also, diabetes should be managed in primary and community care and the service issue should be aligned to make sure that happens. The same model, the same planning approach can be used for other chronic conditions. Year of care has been used to develop the COPD model using the same methodology and principles around development of a care plan. We used the same approach for a vulnerable group of COPD and undertook some matrix work to reduce A&E attendances by two thirds for a respiratory condition. As part of the COPD work, we undertook very detailed patient questionnaires, 50 questions around the quality of care and more importantly if they felt that they could better manage their conditions and could they do it early enough. That feedback was fantastic. We can share that with you as commissioners. This is being rolled out across the patch. We have a newly formed Steering Group and it will be rolled out across the whole of Northumberland for COPD.

Answer

My view would be that there will be some operational things that we need to sort out internally, some purely commissioning things. Legally, we have the same interests so no surprises. We are not going to destabilise anything that is already in place.

Answer

From a Primary Care perspective, the way that Northumbria Trust goes about these sort of projects is to actively engage with Primary Care. We have done this for over a decade through PCG days and Primary Care Commissioning days. There has been active engagement from the highest level. For example, a Chief Executive coming out to engage with GPs and get them on to the planning groups at the earliest stage.

Question – Patient Panel Representatives

The Patient Panel in North Cumbria is very strong and plays an important role in patient experience. You mentioned open and transparent patient experience. How would you ensure that the views of the panel are taken into account to ensure the quality of services for patients in North Cumbria?

Answer

We would seek to build a very similar patient experience process so we would have a system that concentrates on the patients every day to tell us about their experience. We would build some of the engagement mechanisms that we have seen with local governors and talk about what is going on in the local community and try to draw on that. Sometimes, things need to change and it is unpopular but it has to change for a sustainability point of view. It is about being honest. It is a difficult issue and we have to talk about it and listen to you.

Answer

Where we have undertaken service reviews and are undertaking secondary care service changes, we have always found patient involvement has made development of the vision much better especially where they can feed directly in to the process.

Answer

We involve patients in the assessment processes. For example, with patients in residential homes. Also there are numerous mystery shoppers and numerous community based projects that are driven through Links. We have a strong Link group and patient representation.

Answer

One of the examples of engaging patients on an every day journey comes from our Children & Young People's Service. We have a group of children and young people who meet once a fortnight to talk about what they want to have for their services. They are involved in mystery shopping, outpatients and sitting in on consultant interviews and on the Governance Committee. It has taken a long time to get them to understand but it fitted in nicely with their citizenship agenda and that has been welcomed by the schools. They have produced DVDs to work with local schools and working with community doctors. It is a shining example of engaging with difficult patients to work with. We have a very good sustainable model working with local schools and children who have been through our services and they contributed a lot to our services. They have taught us how to listen to them.

Answer

Another example when we were talking to patient groups, 40 separate groups over three or four months. We captured their most significant priorities for the patient journey. That was confirmed with the Governors and our Board. We looked into our quality account and there are several hundred views from patients about their journey and their experience. That gives a very solid commitment to listening and acting on what people are asking us to do.

Question – Operational Managers

The robust governance model, can you expand on that and how it goes on and back to Board?

Answer

We have a commitment at our Board. Quality is number one on our Board agenda, particularly in terms of our long term strategy. We have a very robust clinical quality group and good working arrangements at ward level. At ward level, looking at a weekly meeting of incidents and the multi-disciplinary team learn from what has happened in the week. That gets taken up to the Business Unit. A three month trend analysis looks at integrated governance from a team perspective and what we can learn from that. We are very committed to learning from that. For example, for serious cases which cover the patients' journey, a clinical lead would take that on and we would ask the consultants to challenge that presenter about what can be improved. With CPG backing and approval, we would implement that. It is clearly multi-disciplinary. Six months later, we do an audit to say it has been implemented and it is a really open and honest culture.

Question – Cumbria Cluster

A lot of patients leave this county for treatments that probably should be delivered here. You have started to repeat some services, PCI. What do you see as repetition of services?

Answer

We have done a high level of analysis of patient flow, some going to Newcastle, Teeside and some North West. In different specialties, there are different drivers for that, some specialist services that are not available here. We would review specialty by specialty and try to build a plan that contained as much work as possible in Cumbria. For example, a lot of orthopaedics might go over there. That could be about competency or some services might not have the volume to deliver that specialist service. We could look at if there is an opportunity to develop a new model of care for example plastic surgery. It is not good for patients to have to travel and it is not good for the Trust for patients to have to travel out of the county.

Question – LINKs

Have you done your homework or not. What weaknesses have you identified in the delivery of healthcare in North Cumbria? How do you plan to address them?

Answer

Over the last few years there has been far too much effort having to be spent on managing the financial situation and some performance issues on the patch. The priority is to get out of the situation with the money. We have a track record to do that and I would seek to do that very quickly, having a plan within six months. That lets us then improve on the outcomes. That is down to due diligence and what we find. A lot of the service is very good, but you would not believe that by looking at the press. In terms of Clinical risk and clinical outcomes - what evidence is there, how does it compare to our services and how can we develop an improvement plan before the acquisition process is complete. There is not enough information for us so far to be crystal clear and hopefully the due diligence would help. Let's get out of trouble and focus on where we are in terms of patient care. Can it be better and how it can be better? Let's agree a delivery plan and deliver it.

Question – NCUH Partnership Forum

How does the Trust involve Allied Health Professionals in the leadership structure?

Answer

As a Director of Nursing, I have responsibility for AHPs. We have an expanding group of AHPs. We have a leadership structure for all staff with Heads of Department engaged with all staff. The Heads of Department have attended a clinical leadership and development course. They are very involved in the new emergency base unit. They lead their own service. They have their own budget and access to their own finance accountant. They have their own governance group and are involved in other governance groups, for example Orthopaedics. For stroke, they are part of the medical operation group and for surgery they are part of the surgical team. They have a very strong voice in Northumbria. They are now doing seven day working. They are very strong and we need them. We cannot work without them. We have a quarterly catch up and they are present on the Education Board and Non-medical Education Board. Their voice is definitely heard.

Answer

There is a Clinical Director in each base unit or more than one. For example, Community Director for Clinical Services or Clinical Lead or Allied Health Professional Clinical Lead. An Example of how they work is with a full review of speech and therapy services this is being led by a clinical physician.

Question – Health & Well Being

What approach will you take in setting an equality objective in design, development, procurement and delivery of your services if you take on the services of North Cumbria Trust? What are you currently doing in setting your objectives in North Cumbria?

Answer

As the equality Lead for the Council, I link in to a Lead Director for Equality in the Trust. They work on very sound foundations. We have statistical awareness and very good understanding of our communities and the need to develop. It is very easy to pay lip service. We take that one step further through our Patient User Forums to ensure we have got representation of all aspects of our communities. We ensure we seek views whether that is in Ashington or Hexham or Haltwhistle. We have very sound joined up arrangements. Having had a look at some of Cumbria arrangements there are sound foundations to build on that.

Question – Clinical Managers

As relatively small hospitals, we have a small number of junior doctors on small rotas which is tight on service provision. How have you ensured education and training for your junior doctors in similar circumstances?

Answer

We had three units with very tight numbers and it was therefore difficult to differentiate from training and service delivery. It has been a long journey and we have different ways of extended working, such as practitioners, to allow trainees to be released for training. I have been linked with the Deanery and I quote from Mrs Page "David, make sure you look after education. It is important". I take that to heart and it allows our trainees to reap the benefits of the services we are delivering.

We have expanded the places we provide. We are 100% full for the first year training programme and that is because people like to come to us. That means we have more consultant delivered training. The care and support our trainees get from that means that our Obs & Gynae training came top in the survey, not because of what we do, but because we are there and we support the trainees. It is about drawing out other services and running extended practitioner clinics. They are doing the leg work.

We are also working towards splitting off lists to allow a trainee to benefit from that. It has been a long process and has taken a lot of work. We are now reaping the benefit from that work.

Question - Secondary Care Clinicians & Staff

Multi-disciplinary teams, particularly in cancer care. We provide MDT for common cancers and provide surgery locally. How do you see that changing or not changing and what would be the model for running MDT to allow the units to be equal partners in the process?

Answer

We would be very keen to keep those MDT's working as well as they can do. One of the things I am currently investigating is some IT solutions for people having case conferences around clinical problems when they do not have to be around in the same place at the same time. We currently have live MDT processes around the region and we would try to focus on keeping those MDTs running as far as possible.

Answer

We would also be guided by the Cancer Peer Review and TeleMedicine and teleconference to make sure everyone needs to be there. You would have had a report which recently told you about MDT. (Charles Brett confirmed he has).

Question – Cumbria County Council & District Councils

How do you intend on engaging with elected members to ensure that their experience influences your delivery?

Answer

We have some unique experience in Northumbria in terms of our formal partnership with the County Council. Regular meetings are held with the directors of the council to plan and jointly look at and plan how to take services forward. There is a Scrutiny Committee setting out services or change mechanisms. We ensure that local ward members are kept involved in any changes, whether that is county wide or specific wards. It is a mechanism to ensure it is a vital platform for ensuring our local communities have the appropriate care.

Question – Clinical Commissioning Groups

The building of the new West Cumberland Hospital presents major opportunities. Do you feel that the plans have gone far enough or can you see wider operations?

Answer

There are a few things we feel we can explore a bit further. There are one or two further operations. We would sit down and say that this is the plan and ask if there is anything else we can do before we go too far into the process. If we make that process too long, that is a problem but there is an opportunity here. We have done it with Hexham.

Question – Dr Neil Goodwin

Can you give an example of what you have done in a similar situation to West Cumberland Hospital in Hexham?

Answer

Hexham had to be totally changed when it was re-built so to get the business case through, the whole model had to be changed, including the number of beds. That had to be agreed jointly. When we got to stage 2 with Hexham it was just before we went to Foundation Trust with Monitor and we went through another route with Primary Care to see if there were things that needed to be changed here. We changed some of the service models and some of the layouts, people on site and some of the hospital services. We had six weeks to get that approval.

Answer

In the Hexham work, there were a number of service streams that needed to be developed. Some GPs were involved in delivery of those service workstreams. We had a GP involved with the lead consultant for each workstream. The leads were responsible for making sure that the services are delivered in the appropriate way.

Question – Operational Managers

We have heard a number of strengths and opportunities. Can you share a weakness or threat?

Answer

The big problem is the money, so we need a clear plan to sort the money out as quickly as possible. There are some service configuration issues and from afar we cannot see how they can be delivered yet. The first priority is to sort the money out. There are performance issues in some areas, but the focus is then on improving the clinical model.

There are some regulatory problems that every trust would have to report to the NHSLA, and the issue is that on day one that would drop a NHSLA level virtually over night. That is a big problem for us in relation to the way Monitor assesses risk. We have a comfortable risk rating of 4 routinely and are amber/green. On the point of acquisition those ratings would drop straight away. Everyone is in the same boat. We would have to find a way of dealing with that. From the Northumbria unit, everyone is concerned about being a distraction so we need to make sure that there is resilience.

Question – Dr Neil Goodwin

What is the biggest opportunity for you in this acquisition?

Answer

The biggest opportunity is our combined strength. The biggest threat is being centralised and we have fought hard over the years to make sure that does not happen and there is an enormous opportunity there for us. The opportunity is for NHS run chains of hospitals, Guys & St Thomas' for example.

Question

Do you think there is an operating model which will operate under the tariff?

Answer

We have not yet done the financial due diligence. We have an environment in Northumbria and we run services which in stand alone services are not sustainable. They will have to change. We currently do not receive any supplements over and above the tariff. My view is I cannot see why we cannot get over a sustainable financial situation after six months. I would want to be in a position where we all wash our faces

financially and deliver a good patient experience. We made sure we do not have any supplements to the tariff and we currently do not have to rely upon that.

Question – LINKs

HealthWatch when it comes in to existence next year will have a responsibility to flag up when there is a risk of serious incidents training. How do you plan to have an open system to share data to be able to monitor and prevent such situations arising?

Answer

Lots of clinical outcome information is made public. Very thorough processes for the SUI and significant planning events.

For our Governors, they are encouraged to share what patients views are in a small community. We have regular breakfast meetings with them. Lots of public engagement exercises to pick up on all those concerns. Our patient perspective surveys have the opportunity for lots of free text from patients and their families. That is where we get what they think. We analyse those comments and pick up the hot spots and where there is a story to be told.

Question – Health & Well Being

It was mentioned earlier in the presentation in Northumbria silo working is a thing of the past. Do you realise the major cultural change in North Cumbria because that is what is required for true delivery of service?

Answer

We are not expecting it to be easy. Amongst the people we met from North Cumbria, nearly everyone is understanding of the issues and willing to take them on and to make change. We have not sensed any massive resistance to making changes. It is always different when you get in the guts of it. It is the time to act. There is momentum now and as a fall-back we have had people talking to each other. There are established mechanisms to be able to do that. You cannot beat a bit of momentum and people saying that we can get a result. We can get a lot of momentum very quickly.

Question – Clinical Managers

At present, we are undertaking a nursing review. What are you plans to review the nursing structures and establishments within the Trust?

Answer

I have not seen your nursing structure for North Cumbria. In the past we have looked at a nursing structure and it is about looking at the structure you have got now, what is the skill mix and looking at incidents and what training has been given. Have they had NVQ 1-3 and do you appraise your students? We have learned a lot about our Trust because we could not recruit nurses. Recruitment of healthcares, patient experience, number of beds, length of stay, complication rates and IV catheters and what we need to do all need to be considered. I presume you have some ward score cards. We are

also to go with live soon with electronic rostering. For the whole of the Trust to look at start time and end time and handover and what your overlap period is and how long is your night duty, but I have not seen your nursing structure yet.

Question – NCUH Partnership Forum

You have talked about centralising agenda. In practical terms how would you resist this for North Cumbria and Northumbria?

Answer

Resisting the centralising agenda is about finding the right mix of services we can deliver and probably looking at services that are badged as specialist and not seeing them as tertiary services, but seeing them as part of clinical caseloads. For example, ENT and orthopaedics and what they can do in a community setting. We have shown an ability to take a bit of a punt on some areas which we previously we have not been in. We have started to develop a small plastic surgery service which has been phenomenally successful. Working across sites and across the branches of the organisation with each other to sustain the tertiary services across the patch.

Answer

Acute stroke services are being developed and we have developed the Telemed model. We have managed to retain that service because it is virtually the best in the country. If the standards were not the best, we would have lost that service. We have managed to improve standards at the same time.

Dr Goodwin invited comments from Northumbria Healthcare to sum up the meeting.

Northumbria Chief Executive – we have had some really good questions and there are a lot of things we want to be clear about; service configuration in West Cumberland Hospital and how we would deal with the money issues. Where we are in the process, we cannot be at that point yet and it would be wrong to be at that point, because we have not talked to you yet. We need to understand if there is a difficult issue you want to deal with and we will work with you on it.

Dr Goodwin thanked Northumbria Healthcare for attending the event.

Acquisition Stakeholder Event
12th October 2011
Partnership with Newcastle in Cumbria

Newcastle upon Tyne Hospitals gave their presentation.

NG invited questions from the audience

Question – Secondary Care Clinicians & Staff

The first question is the matter of your integrated alliance in particular, which will be the taking over organisation. How will the financial integration of our organisation work? Will we be one, or be one and NIC separate? Also what is your integration plan for governance? Who will be responsible for managing your organisation?

Answer

There will be one Foundation Trust – the Cumbria Partnership. They are here in Cumbria and they are the statutory vehicle. Newcastle will be a very significant component of that including Executive and Non-Executive members. Newcastle will be significant but will bare some risk. They will focus on the needs of the population and bring around vertical integration.

Answer

In terms of finances, the finances will be owned by the Cumbria Partnership Foundation Trust and organisation of services would be under Cumbria Foundation Trust. In terms of governance, we are moving into detailed areas and the ultimate regulator will be Cumbria Foundation Trust. The way we operative will be a partnership between Newcastle, ourselves and the stakeholders in this room.

Question – Cumbria County Council

These changes represent significant change. During that process how would you make sure safeguarding issues of adults and children remain paramount?

Answer

We have examples of our teams working in integrated teams very closely and with Cumbria County Council. That is an example of how it will work in the future with integrated care. All of that mitigates against some of the problems we have with safeguarding adults and children with hand offs and transfers. You will know how hard we have been working to overcome that integrated approach.

Question – Clinical Commissioning Groups

As commissioners we have identified a number of areas which need and are being modernised. How will you set about delivering change for GP commissioners and for hospitals at all levels?

Answer

In Newcastle, we have developed a national initiative – "Better together". It was a very significant manifesto adopted by the Council of Governors in 2010, is being taken forward by the Government and supported by the Government. It is about grasping common pathways and by hospital clinicians working in the community, working and sharing opportunities and opening up the pathways. For example, Dr Skinner [community cardiologist] could explain the experience we have gained in the last two years in Newcastle and how we would like to translate that into Cumbria.

Answer

It is a very important part for the organisation to do that. It comes down to patient care which is what we are here for and that is the centre of what we do. It is very clear direction in terms of valuing different expertise and knowledge. It is about clinicians coming together and delivering care in a way the patients want their care delivered in an integrated pathway. The patients would want the care moved across the pathway right up to tertiary care services. They could look at the complete pathway so patients in Cumbria get the appropriate care and not with the fragmented elements.

Question – Patient Representatives

Is there only going to be one Foundation Trust Partnership delivering and managing services with Newcastle providing the specialist services? How do you reassure the Newcastle Trust is not just a bolt on?

Answer

There is no intention for Newcastle to be a bolt on. They will be integral to the management of the hospitals and in partnership with ourselves[Cumbria Partnership]. We already have a legally binding agreement around managing the finance and risk. This is not some kind of flimsy agreement that Newcastle can walk away from at any time.

Your question and the previous question go the heart of what will be different. This is about behaviour and the way in which we share a value. I am sure we all share the value of putting the patient at the centre of what we do. I am not sure that people understand it. I hold a contract worth tens and tens of millions of pounds which is driven by an idea that what we will do as an organisation will ensure that people are not admitted to hospital unnecessarily. The hospital lifeblood is often based on people coming through the door. The system will not change and we want to make use of it, working with Newcastle and North Cumbria to put the patient at the centre of the hospital. I have no doubt whatsoever about the values and the shared vision.

Answer

We are looking for a Cumbrian solution and I am sure all of us in this room will sign up for that. Patients first and foremost. Newcastle is not going to be a bolt on. It will be an integral part. People will be anxious about how Newcastle will set about it's business. I have had comments about me retiring and will I slip away soon? I hope not. The Cumbrian Partnership will be on an absolute par with Newcastle. Very quickly we will do that through professionalism and organisational change, working with the current staff acknowledging culture.

The Infirmary in Newcastle was in massive debt and we joined everything together. For the first time it worked in Newcastle. We have a big stake in Cumbria. We can do better in Cumbria. We can use a number of technologies and we can work better with our medical and dental skills. We can take advantage of that and bring a critical mass into Cumbria. We can learn from Scotland where the subsidy has been underpinning and we can share the risk, through the Governance vehicle. There can be only one Trust, the Cumbria Partnership Trust. The determination will be Newcastle. We have a reputation of wining and we will always win and we will make sure Cumbria follows her. Even our Governors in Ireland and members in Cumbria say get on with it. The solution for Cumbria may not be the same solutions for Essex, so we will target what needs to be achieved. We are very determined, will be very involved and are positive of local leaders. As previously indicated, it is a legally binding partnership.

Question – Operational Managers

The Newcastle Trust being integral to the management of the new organisation. What is your new operational management model like? How would you ensure engagement?

Answer

I cannot say what the operational model is. The way in which we organise ourselves needs to be a dialogue and I have not had a dialogue with the hospital itself in how this is going to work. We are in phase one of this process. If the question is will we value the quality input from leaders, both managerial and clinical? Of course we will. We need clinical leadership and clinicians leading things. In terms of clinical engagement, both ourselves and Newcastle pride ourselves in involvement with clinicians and our Board is represented by clinicians. John Howard used to work as a clinician of the Trust.

Answer

(John Howard) – It is very interesting going from a non-Foundation Trust into a Foundation Trust to see the rigour and the standards and performance. I have never joined an organisation better run financially and that is what we need behind the scenes to allow clinicians to do what they do. We do not need someone telling us how to do rural health care but we need the added value of what this partnership brings. In terms of added value and community services, this will be achieved through the approaches we will be taking in partnership with social services and bringing that and connecting it up to our adult services in Cumbria and mental health. The strategic approach is that it will all be connected up. We have got rural care. We need tertiary services connecting up. It is not just about acute care; it is about care in Cumbria and the whole healthcare

within North Cumbria. Most of us have dreamed of this and seen all the problems and the squabbles which has not helped Cumbria. From the Acute side, I would say look at all that resource, the 400 beds in the community. The ability like Kathy Hey does, managing diabetes and creates great opportunities.

Answer

One of the real delights of working in a Foundation Trust is having governors. Forty seven governors. Nine are staff governors. Being a senior person in a Foundation Trust is very different from working in an NHS Trust. 14,000 members and 47 governors. We are required to have three staff governors and we took the decision that we wanted far greater and we have nine staff governors. The staff governors will be increasingly interested in how the services are organised and delivered. We will be talking to them and our partnership forum as well. We have a very active partnership forum. The unions were there and it is about having an organisation. It is not about organisational charts.

Question – Cumbria Cluster

Any transition is fraught with difficulties and worries about patient safety, particularly when two organisations are involved here. Can you clarify who will be responsible for making sure patient safety is paramount to that?

Answer

We agree that that is a challenge and we will be bringing the Newcastle model working with the Partnership Trust. We will be focusing on the west and north groups to bring very distinct arrangements. We are mindful of what has been happening with the south of the country of late and Newcastle will be bringing standards and policy and procedures that we may need to work quite quickly on.

Answer

We are not just talking about patient safety here. We are talking about all aspects of patient safety that we deliver. We are talking about the effectiveness of health care, the patient experience, patient safety and clinical governance. We already have structures which deliver to the highest standard which is evidenced by external agencies, CQC, NHSLA and other organisations that come and inspect us on a regular basis. We also know that we will be working with a number of clinicians of high quality in both North and West Cumbria and we want to ensure that they will be given the opportunities to delivery the same quality of care as we do in Newcastle.

Question – NCUH Partnership Forum

Have you had any feedback from your staff as to do they agree? How do you liaise with staff, particularly in Carlisle that this will be a takeover rather than a merger?

Answer

In terms of takeover, every time we say organisational change we will work very hard. We want to have a dialogue. Not so long ago in the past year, we tested the size of the organisation. The Medical Director spent a lot of time on the road talking to staff who were going to join us. We listened to their concerns and were being open and honest. We understand that people have anxieties, but we are all adults and if we can have an adult conversation we can alienate those anxieties. We would have a workforce of 8,000 people in Cumbria and the opportunity of staff to flex in and out of roles, not just for convenience and experience, but for having a job that pays your mortgage. It is about managing the change that might affect staff.

Answer

At the Partnership Forum yesterday, the general feeling is cautious, excited and a little fearful, questioning but very interested. Our staff are dedicated health professionals like the staff of North Cumbria. They can see where the system works well and also they can see where they do not. They are all mums and dads, aunts and uncles. They can see some of the faults and the handoffs in the system. If we can find a way of sorting those out and smooth those out and line up. Our Partnership Forum is very interested to do that.

Question – LINKs

What is the vision on emergency care removal in West Cumbria?

Answer

We are still learning a little bit and there is information we would like to receive and understand in relation to West Cumberland Hospital. Our response is to ensure that that it is safe and sustainable. We will bring to the table a commitment to recognise the culture, history and ethnicity of the service that exists in West Cumberland. It does not call for change. It calls for major capital investment. The issue of intensive care or maternity, Dr Walls can discuss further how working in Newcastle in terms of retention and junior doctor training and how we can learn a lot of what they do in Scotland. If the commissioner wants to see change, we have got to satisfy that requirement. It is about safe and sustainable care but not kidding ourselves because we could have a general hospital.

Answer

We recognise the population of West Cumberland and the need for West Cumberland to have local services that are accessible to patients when they need them. We also have to balance that up against a number of key national drivers which are influencing the health service, not only in Cumbria. We are seeing the changes in the number of nurses and trainees, particularly at middle grade. There are other key financial issues associated with sustainable care. There will be a safe, accessible emergency service for patients in Cumbria.

Answer

A commitment for maternity services; one for a facility for women to give birth in Whitehaven at West Cumberland Hospital. And one to work with you to work to build the highest quality care for maternity that can be provided in this healthcare setting. We are in a good place with maternity. Generally speaking, maternity services in the North are regarded as being the highest quality in the country, but we are approaching a period that there will have to be significant change. Two major influences – one increasing awareness that if you want to give birth in a safe environment, do that during the day, not at night. It is only just starting to gain recognition. There is a serious chance of an adverse outcome at night. The biggest reason for this is the archaic belief that people are there during the day and go home at night. Have we tried to approach that in the North East at least. We have over the last couple of years said this is a major challenge and said how can we provide high quality care? We brought together all the clinicians, midwives and obstetricians from the provider Trusts in the North East. We said as a group we have got a problem here and we need a solution. We went through the advantages and disadvantages and did that for 24 hour services. We have had a chance to look at the evidence and leave individual aspirations behind and put the women at the centre. We asked each table to come and say what there should be, to provide consultant presence on site for every maternity unit for all women in the North East. That was an incredible achievement to bring everyone together. The general consensus is it has major implications which we are still working through. We wanted to bring Cumbria on board with that but because of organisational boundary issues, we were not able to do so and if this gave us the opportunity to do that, if we want to aspire to that level of maternity care we have. That is the way we want to approach things, an by bringing everyone together we were able to do that.

Question – Health & Well Being

Voluntary sector providers. How would the new arrangements help progress the issues around children's health services identified in the Mitchell report?

Answer

There are a number of things from the Mitchell report. We are working on a number of issues that we are seeking to address. A key element is a refresh of the Children's Board which we both sit on and it is really important to bring together different providers as well as those who commission children's services and working with the Director of Children's Services. Our organisation is working very closely in the way we deliver services and manage services together. There are a wide range of issues in the Mitchell report that need to be addressed. The quality of Children's Services is influenced by organisational arrangements. That is why I believe Children's Services will be a rapid improvement. For those who are outside the NHS, we really need to make an offer, whether you are in a third sector or even a parent trying to find your way through these services. We need to make an offer and our organisational forums do not lend themselves to those things. I have 500 staff working with Children's Services and very often we think about the health service and what happens to them in hospital. Those 500 staff will work within the hospital and outside the organisation within social care and that is why a Cumbria solution is needed.

Question – Clinical Managers

We have very small numbers of junior doctors on extremely tight rotas which leads to tension between service and training. What tactic have you looked at and what tactic would you use to ensure delivery of high quality services?

Answer

The training programme provided by the Deanery and providers would have to respond to those and the quality standards that are set by the Deanery. There is conflict between the Deanery and the North West. We have to identify if they are meeting the quality standards that are set by the Deanery. In terms of delivery of care, more and more care is being delivered directly by senior permanent staff, whether that be consultant staff or other staff employed by the organisation to effectively manage and deliver value in an efficient and cost effective way.

Question – Secondary Care Clinicians & Staff

MDT and cancer care in North Cumbria – we have a number of MDT and provide surgery locally. How would you see the acquisition influencing that and how would you engage in a model of running MDT operating across the county and locality?

Answer

I'm not a cancer specialist but we need to decide how to address specific issues of a tumour or type of tumour. We have improved the quality of care delivered to people suffering cancer. We need to work out where best to treat these patients. However, there is a conflict between the issues that we have already identified in that Cumbria would have sufficient patients with common cancer like colorectal cancer, to justify a set up but it is also about the number of patients with a more rare tumours. It is about delivering the right kind of care for all patients and working out where best to treat their condition. There is some opportunity to deliver MDT through video conferencing. People's experience of that has sometimes been received very well and sometimes it has broken down. The ideal solution would be to improve telemedcine links for Carlisle and Whitehaven, particularly where there are non-resident consultants.

Question – Cumbria County Council

There is a lot of talk about democratic accountability in healthcare. If you were successful, how would you make sure that continued in terms of district councils and county councils elected members?

Answer

We have looked to the constitutional arrangements with the governors with regard to the democratic mandate. The value of looking to the governors as a constitutional arrangement, the county council has a seat on our governors and is a regular attender, as is the PCT. It is important that we have a constitutional approach. Very often in the past, the NHS has paid lip service to engaging whilst in fact we can do what we want. The difference in Foundation Trusts is the legal difference they have. We have just changed the Chair of the Trust. It was the Governors. The Executives played no part in

changing the Chair of the Trust. Those governors are elected by a public constituency. There are a whole plethora of ways.

Question – Cumbria County Council

Re-assurance, explanation and examples regarding the role you will play in providing service pathway implementation and in particular how can you enhance service delivery in the diabetic planning model into other areas?

Answer

The changes to the Diabetes Service were initiated and driven by the Commissioners. We were able to look at the barriers and why there was deficiency in the care. Some of the barriers were about people being in different organisations and different pathways. This whole process was to bring all the diabetes services into one organisation and they are now employed by Cumbria Diabetes Partnership Trust. We are still within our first year and still have things to do but this has allowed us to liaise with colleagues and work with the GP colleagues. We have started to develop relationships which simply were not there before. As nurse directors we know what we want to do for the patient and what needs to be done, but some of the structures around finance block those changes. The process for diabetes has been an extremely positive one, getting that particular level of integration to deliver better care. This opportunity will lead us to a similar kind of process. It is about linking up the whole thing to make sure that the patient gets good quality care.

Answer

The opportunity that allowed us to have a joined up community care service and working together is that the agenda was not set by one side of the organisation. This partnership offers this working within that pathway – primary care model linking into more secondary care services. Setting the pathways and working together. Setting the pathways at different parts of the patient's journey and sometimes they need acute care. We should recognise single components of the journey. If we stand alone we will not deliver better care, but working together we will get the best for our patients

Question – Patient Panel Representatives

What experience does the Partnership Trust have in dealing with and managing acute services? Your experience is in dealing with mental health and community services.

Answer

We have collectively a vast wealth of experience. The most experience of delivering healthcare within Cumbria is contained within this hospital. Newcastle brings their experience over a vast number of years of building up the expertise to add value to what we are doing, we have a huge amount of experience. It is important that it is not about mental health services or community services. It is about the patient at the centre. Many of us do not go to a GP with only one thing wrong with us. A GP will say that they have a physical component. People with dementia, long term health issues, diabetes and respiratory, etc, unfortunately we try to silo these into different compartments. There is a vast amount of experience.

Question – Patient Panel Representatives

If the Partnership Trust is going to be the managing and operating Trust in Cumbria and it is relying on the experience of acute managing of Newcastle, does that not mean that there could be complicated channels of communication which could take time?

Answer

No. I have confidence in that the way we take responsibility in our hospital will be an agreement which will be legally binding. There is no room in our highly regulated health service. We have a great deal of experience in delivering high quality services in a highly regulated environment over a long period of time.

Answer

Our proposal is not for West Cumberland Hospital and Cumberland Infirmary to be at the end of the line. We are not extending the train set. We will be in Whitehaven and Carlisle. It will take time. There are some tremendous professionals around and they will work together. It is not about having someone working in an office; it is about working on the ground. We do it in Newcastle, so let's do it in Cumbria.

Question – Operational Managers

You have gone to great lengths to emphasise joined working in both trusts. I am seeking reassurance regarding the governance model and how this will manifest itself from ward to ward.

Answer

We have already said about how we will have patient safety that is clear. The knowledge of how we will run excellent governance systems will come from both organisations and the models we already have. We need to identify that through the period of due diligence. We will go through a process of listening to clinicians and managers and through that period design a system that will work from day one. We all have experience of doing that. We have gone through that experience and taking the best parts of what they did and coming up with a joined system. In both organisations, we have the same skills to make sure we have safe systems on day one.

Question – Cumbria Cluster

One of the key policies we have been trying to follow is repatriation. How would you make sure of that with the current financial situation?

Answer

We need to do a lot better because in Newcastle we want to use our beds more efficiently than we have of late. The Newcastle Trust is moving on to the doorstep and someone has to pay for that. We have to be very co-operative. By working together, the repatriation will be made more slick in terms of moving patients in the right setting without compromising care and quality. Length of stay in Newcastle will be as short as

possible. We will take into account domestic and social reasons because a patient has travelled a distance. We have the capacity to do that.

Answer

It is not in our interests to keep patients in Newcastle any longer than they absolutely need to. We have enough problems in terms of waiting lists and the eighteen week pathways. It is an opportunity of providing better care for patients in Cumbria and closer to home in Cumbria. It allows us to access the facilities in Cumbria which will facilitate repatriation in Cumbria. We do not want to keep people in hospital any longer than absolutely necessary.

Answer

Based on the work we have been doing with Newcastle to date, these are the questions we have been facing. Also Cumbria PCT has a sound record in the services it provides and there is a lot of flow of patients out of Cumbria which is expensive. We recognise there are huge pressures for commissioners. Stop unnecessary flows of patients out of Cumbria where it does not make sense and also make sure that they come back close to where they live as quickly as possible. We have a good record of facilitating that.

Question – NCUH Partnership Forum

How will you bring Allied Health Professionals into the leadership structure?

Answer

We are very clear in the Partnership Trust. First of all, that we have a very clear head who you look to for your leadership and we would be very keen that they have that structure. We need to make sure that all is good and work across the hospitals, working with the leadership and making sure that they work with leadership roles. There is nothing to say that Allied Health Professionals cannot be clinical leaders. It may well be that people in a large organisation continue to have leadership roles. There is a respect for all professions and all disciplines.

Answer

There is a bit more to it than leadership. It is about providing skill to diversify. For example, nursing to work in a community setting. In Newcastle there is a directorate system where nursing and GP's are very much involved in policy and policy setting, negotiating contracts and setting standards. They are very influential indeed. They are also on the board of the Council of Governors so we have staff as staff governors who have their say.

Question – Cumbria LINKs

The Partnership Trust is part of this but has only recently taken on the responsibility for care in the PCT so far without any clinical outcomes. Is it not too soon to take on clinical responsibility?

Answer

I did not choose the timing. That would not be the reason to throw away a forward opportunity. In terms of whether there is any gain, it is very early to say that there has been any significant gain. On the question of timing, the timing will never be perfect because who knows what will come along next year or the year after. One thing that is clear is that it is urgent that we tackle health care in Cumbria. We cannot move fast enough.

Answer

I did a talk about organisational change. I have a number of slides about change both in regional and country level and it is a wonder we get anything done in the NHS. The organisational side of it has to be done very safely and the focus is on safety. That is the process we took. We evaluated that with feedback from staff. We are at the point of pulling it together from the integration which will achieve great benefits in improving health outcomes. An example, in smoking cessation services, one of the highest risk areas on mental health patients, with excess mortality. They have not been connected up at all. If we are going to model this and bring them together, smoking cessation training would be mandatory for the whole Trust. That provides a smoking cessation engine. That is an example of how we get the integration. We start to think a bit more laterally.

Question – Health & Well Being

I would like to think of myself as a critical friend and it is interesting that Children's Services are working and integrating fully. However, my experience of working with mental health care pathways is that there is going to be a third care pathway. From a Newcastle perspective, do you fully integrate with third care professionals and would you like to see it in Cumbria?

Answer

We take advantage of all opportunities, even beyond a third sector. I do another job as Chairman of a charity that works with the NHS and Local Authorities and we work together with other partners in the field to try to bring about independent living to try to avoid residential homes. It is a very good experience but there is sometimes a risk in quality. We do strive and engage in all resources available to us with the family, the patient and the carer in mind. I have seen very positive steps being taken and if we are to be seen to be fit for purpose, we work well with Well Being and would be delighted to come along and engage.

Answer

I am proud of our working with the third sector and we would like to walk the talk. If you came into our learning centres, you would see our resident facilities run by Mencap. You will see lots of examples throughout the organisation. We try very hard to use our purchasing power and working in partnership with other organisations in the third sector. It is not common in our organisation.

Question – Clinical Managers

We are trying to understand the alliance a little more. How might that affect external risk rating assessments and governance in each of the Trusts?

Answer

One of the things we need to do is seek to work within the regulator arrangements right now which is why we need to choose a platform for the acquisition and the bringing together of the organisations because we believe very firmly that it would be the best platform. It would be Cumbria. I have had a meeting with the Chair of Monitor and talked through this very issue. We have experience of managing major transition and that is very important. It is a very complex exercise. We have gone through that in recent times. There is nothing from a regulatory point of view that would cause concern. The issue with risk rating would be during doing an exercise of due diligence and during that period we would look at what would be the impact on our risk rating and our governance risk rating and that would be addressed at that point.

Question – Clinical Managers

Would that risk sit with Cumbria Partnership Trust?

Answer

It would not. They have to work with us. They are very keen to work with us to find a way that would be legally binding, that the alliance with Newcastle can be factored in and they would take this into consideration with our risk rating. For example, how we would assure ourselves that we have the right skill set to acquire the hospital. One of the ways is how we acquired Newcastle community services and that would give the regulator the confidence. The regulator would be assured through the agreements which we would have to make legally binding.

Dr Goodwin invited comments from Newcastle Partnership to sum up the meeting.

From a Newcastle perspective, thank you for putting up with us today. We bring a great deal. We are very aligned with Cumbria and have been for more than sixty years. We would like to stay with Cumbria. Choices have to made whether it is Newcastle Partnership but p0atients may have to drift to Preston or Glasgow and the services we provide. We may not be the preferred provider of choice. We bring commitment and are very connected.

I do not see it as a bid or acquisition. I see it as an offer to expand the opportunity into the North Cumbria University Hospitals Trust. Not an acquisition. The regulator has been mentioned. It is sad about Morecambe Bay.

How can the Foundation Trust come to the table, meet responsibility and improve and enhance local services? In Newcastle, we have embraced community services. We have enhanced the services. We provide primary care services. We have an understanding about what the commissioners in NHS Cumbria wish. NHS Cumbria from my perspective are the best informed, most challenging commissioners I have had to deal with. They are on a par with the Department of Health and those who

commission national services because when it comes to the quality outcomes and delivery and meeting the cost, we are there to unpick it all. We would be delighted to move to the next phase. Some of the answers you might think are a standard answer, like tell me about your manager. We need to engage and once we have moved into due diligence we can start to discuss with all those involved as to what can and cannot be done, realistically.

We do not want to have promises easily made, easily broken. In the last ten years, we have transformed tertiary and secondary care to the stage where Freedom hospital is old hat. We are thirty five years on and are extremely proud of it. We will bring that ethos and settle into North Cumbria and there will be one organisational licence. Newcastle will be the organisational stakeholder.

Comment

I have been in Cumbria eight years and will be here for another eight years. I have a huge stake in Cumbria and I am very proud of what they have achieved and have absolute confidence in the team that works with me. We need to seize this opportunity now. We could have carried on being a high performing service, not getting involved in this. Why did we and why are we in partnership with Newcastle – because Newcastle picked up the phone to us and since this began, Newcastle seems to be only provider who understands what needs to be provided. That is an integrated health care solution. They are the only one who suggested working in partnership with us. We are going to be here in Cumbria and whatever happens after this will be very important to us because we have 4,000 staff and 10,000 patients. The point that Newcastle wants to work with us is extremely important to the quality of the solution.

Dr Goodwin thanked Newcastle and the Partnership Trust for attending the event.

North Cumbria University Hospitals NHS Trust
Proposed Acquisition by a Foundation Trust

External Stakeholder Event
12 October 2011

Foundation Trust
Questions and Answers

Caring for North Cumbria
Your hospitals, our priority

North Cumbria University Hospitals NHS
NHS Trust

Background

This document sets out the content of the Question and Answer sessions which followed the presentations made by the Foundation Trusts expressing an interest in acquiring North Cumbria University Hospitals NHS Trust. The sessions lasted 1hr 25mins.

This transcript should be viewed together with the briefing document for the event and the individual presentations made by each organisation.

The following information is not verbatim minutes of the sessions but the transcript is intended to will give all Stakeholders an indication of the questions asked by different Stakeholder groups attending the event and the responses provided by the Foundation Trusts.

In providing this transcript North Cumbria University Hospitals NHS Trust has endeavoured to ensure all relevant information has been captured however some detail may inevitably be lost. The information provided by the Foundation Trusts in this session has not been verified and the Trust does not accept any liability for the content.

Northumbria Healthcare
Acquisition Stakeholder Event, 12th October 2011

Northumbria Healthcare gave their presentation. The Chair of the meeting invited questions from the audience. These questions are recorded by stakeholder group. Where there is more than one answer to the question several members of the FT team contributed to the response.

Question – Secondary Care Clinicians & Staff

Recruitment – it is difficult to recruit to a number of specialities, particularly in a remote environment such as we are experiencing. What would your approach be to improving recruitment and particularly at consultant level and what experience have you got?

Answer

We have a recruitment process which is quite individual in Northumbria Healthcare which involves a somewhat longer process than the traditional consultant process, where we get to know candidates quite well and we work on getting a good match at pre-interview stage for people interested in coming to work for the organisation. It is about an understanding that the consultants are coming to work in an organisation that will deliver for them and their patients and that they are joining an organisation which is attractive. We have managed to show that a small investment has grown and have managed to build the consultant body based around co-operative and joint working across the sites, creating rotas that work for consultants and the patients themselves. Hexham was a hospital that was struggling to appoint Anaesthetist Consultants. We now have 30 which we have managed to build up over the years. It is about having a clear clinical model and being consistent in that.

Question – Cumbria County Council & District Councils

We are interested in the arrangement with Adult Social Care. How would you make sure that you build crucial links, not only operationally but within the community?

Answer

Northumbria Adult Social Care is within our organisation. We have a high level partnership for example the service was reviewed last week and we meet and manage the arrangement overall. We have a lot of other mechanisms to make sure that we have aligned plans such as high level agreements, partnership mechanisms and lots of regular contact at a strategic level. We are all in agreement in terms of priorities and if there are problems, we are honest and straight forward about how they get dealt with.

Although culturally, organisations can be very different, we have patients and service users very much in common and through our joined up working, we have a good relationship, particularly around Adult Social Care and Closer to Home, encouraging the focus to be on the hospital rather than acute services.

Question – Clinical Commissioning Groups

As commissioners, we have identified a number of areas which need to be and are being modernised. How would you set about delivering change and forcing ownership by hospital clinicians at all levels?

Answer

We can build on a track record in Northumbria and people working within their own area, and between areas to deliver a service including service design and service reviews. We have tested out models working with our consultants and we manage the job descriptions and trainee rotas so we support all levels. Over a period of years, we have a good alignment so people being cared for in any part of our organisation are being cared for at the same level.

The key is that we do not develop plans separately, so if you have any plans you want to develop from a primary care point of view, we can look at that and the key is that we design the plans and everyone is in agreement at that point.

A particular example – we have been working with Northumbria Commissioning Group on a game share model, working together to make sure everyone works together and moves forward to agree common objectives. That process has been started.

Question – Patient Representatives

Your experience and providing care closer to home, what is your experience of providing care in both acute and community settings making sure that there is a sustainable service and also preventing unnecessary admissions to acute care?

Answer

In terms of how we demonstrate more care closer to home – chemotherapy is a good example. Some years ago we were told by specialists that we could not do any chemotherapy in Hexham and we said that is not right and we challenged it. We developed a nurse-led service in Hexham. We have taken that model and introduced it in Berwick and most recently in Alnwick. Patients in Berwick used to travel 120 miles a day, and now they no longer need to do that for the chemotherapy regimes. Also the number of patients getting those treatments are growing.

In terms of how we work together to make sure that more patients are managed at home and looked after closer to their homes or in their own homes, we have spent a long time working with partner organisations. Five years ago, we developed Partners In Care. Part of that was for COPD patients and improving their quality of care. More recently, we been involved in negotiated care and that particularly focused on COPD in North Tyneside. We have been working with both Local Authorities, the GPs and Community Services for the past year in looking at how we can all work together to look after more patients and care for more patients closer to home. That has led to an integrated network and a number of strands where we are identifying high risk patients and in the community, some of them have been hospital and some have not, and we have developed systems for identifying these patients. We are about to role out at multi-disciplinary level using community teams at practice level to look at better ways to

manage patients, whether or not it is extended into Adult Social Care. We have modernised the way we work and provide short term support for these patients, doing this through a care planning approach. It is a lot of work in North Tyneside. We would be happy to share that in more detail at another time.

In terms of specific re-admissions, some of the key work is based on patient experience. We have regular contact with a whole range of patient forums and service user groups. We regularly survey patients and take their views on board. The integrated pathway includes community staff working in A&E and the Admissions Unit to prevent unnecessary admissions and to monitor re-admissions. There is a whole range of work going on.

Question – Patient Representatives

Will you have separate Governing Bodies for Northumbria and Cumbria?

Answer

Legally we have to have one Governing Body. We have 71 governors for Northumbria. If we were successful we would make that proportionate to make sure that there were the same 40-50. We would have a discussion about a natural big Governing Body and arrangement for local constituencies. We would be required to have one big Governing Body which meets a couple of times a year, but most of the work would be in the localities.

Question – Operational Managers

How do you define your operational management model and perhaps an example of that?

Answer

One thing that makes me proud to work in Northumbria is when I sit on the management committee with 7 directors and 8 clinicians, which is nearly half the team and they are all primed up and work in teams. As a clinician, I work in engaging the clinical management staff so we have that clinical engagement at all levels. That is a model we stole from Kaiser Permanente and that has been embedded in our organisation. We expect our clinicians to get involved at an early stage and managers to get involved with the clinicians.

There is a lot of engagement to go on. That would be our same shared vision. One of the points about clinician engagement is around having a shared vision. We will keep returning to a shared vision and what is better for the patient because we can see what is best for the clinicians or directors.

Out of four Deputy Directors, two have nursing backgrounds. Five general managers all have nursing backgrounds. Out of operational services, nine have a nursing background. There is 100% buy-in to management, operational management and general management and involvement with patient care for the organisation. That has gone on for a long time and will continue to go on.

Question – Cumbria Cluster

During times of transition, there are great dangers to patients. What contingencies would you put in place to ensure patient safety?

Answer

Our approach would be, if we were successful, to agree a management contract as quickly as possible so that the two organisations can be aligned as quickly as possible. It is a new and unchartered territory. The acquisition is a long and protracted process. If we agree a management contract, we can have people over here quickly and work with people over here and ensure we are managing risk from day one.

Question – Cumbria LINKs

How do you propose to maintain the critical mass of the clinical services in remote Cumbria?

Answer

We have had lots of issues about critical mass in Northumbria over the years and we have had to work out the physically possible things to do, like recruitment. We have made tailored solutions for the problems that have occurred. We do not know what these will be for North Cumbria because we do not know the patch well enough. We do not know the critical mass, whether there is a need for clinicians to work across sites or deliver more specialist care in a more rural setting. That is a complicated process that we have to work out over time. We have managed to do that in Northumbria over 2,500 square miles. It has resulted in some clinical change but delivering more closer to home than was previously possible.

Question – NCUH Partnership Forum

How would you ensure that staff feel that they are part of and can influence any changes in the organisation?

Answer

We have been through this over the years in Northumbria. We still would be very straight forward and up-front. If there was an issue, we would have a discussion about the way forward. We would have staff forums and we would have staff governors on our Governing Body. But, fundamentally, we have to be very straight with each other. Things have to change but that would be for good reason. You would have good commitment from us and we would work together for solutions. We would describe a problem and come to an agreement on a way forward. The Health Service is always changing and things have to change but we would do that together.

A good example of that is that when we joined with Hexham hospital the staff were nervous because they became part of a much bigger hospital. I was involved in surgical services because they had had difficulty in retaining orthopaedic and general surgeons and we needed to change the way general surgery services worked. There was a lot of work with the GPs and community and people who used the hospital. By focusing on

the surgical services that we could provide to the whole community, we ended up with a situation where we changed the way the emergency services work which did involve working to make it in community services. We were able to deliver and got people interested in it and got GPs believing in us, the more specialist services we were able to offer locally. We ended up providing more services at Hexham and as a result people were able to access more surgical services. There was quite a lot of tension around that. There would be different situations we could mention in North Cumbria.

Question – Health & Well Being

I live in Whitehaven. You mentioned nervousness about people living in Hexham and also engagement with the public. Public engagement does not end with Governors. You have had to balance the wishes of people in Hexham and Berwick. We have a lot of nervousness about the decisions made in Carlisle by people coming from Whitehaven. What discussion have you had that seem to have worked?

Answer

In 2009, we engaged in changing our emergency care system across Northumbria trying to determine what the best options were. When we decided to go forward to talk to people more formally, we ran a Trust engagement process that lasted three or four months from January to April where we did dozens and dozens of public discussion events and presented a fair challenge. We had verbal feedback, questionnaire feedback and more groups as a spin off from that. The engagement was different at the end and there was agreement with formal consultation throughout the summer. There were times where we had three teams out per night in different parts of Northumbria and North Tyneside. We had presentations about the risks and alternative options. Our local needs were matched against the greater good. There were further refinements to the proposals and at the end of the year we had stronger proposals. There were surveys to see what customer satisfaction was. We had 50% support for the concept at the beginning. At the end of the process after all the presentations, 74% satisfaction with the proposals. That was down to us listening to what the concerns were and reshaping it. In the end, it was a better proposal.

Question – Operational Managers

How would you deal with parallel on-call emergency services? For example, obs & gynae on multiple sites, considering cost implications.

Answer

I don't know. We have looked very closely at what services are available. One extent being a Foundation Trust is an easy thing to be because if there is a mandatory model to follow, and you follow it. The difficulty is tailoring it to fit your needs.

We are about to start a due diligence process before we could say what sort of model we could propose. At the moment I cannot answer that question as I do not know enough about North Cumbria Trust. National Safety Standards and guidelines would be a core and how we deliver our solution for that.

Question – Secondary Care Clinicians & Staff

Problems of reconciling Closer to Home policies in providing community initiatives and running community hospitals and critical mass. How do you reconcile the two arms of providing Closer to Home whilst sustaining critical mass?

Answer

Our view would be patients generally would like to have treatment more closer to home than being in hospital for long periods. We need to make sure that the services are provided to a high standard. We have seen in other parts of the country where it [*closer to home*] has cost more and not been delivered. We would work with community colleagues and primary care colleagues to deliver patient satisfaction and good outcomes, and to not totally destabilise the system. It is a tough act to balance. We need to understand what the overall impact is before decisions are made.

Example? Dr Neil Goodwin

Answer

A COPD pilot in Blythe about shifting care into the community. The decision we came to with the community care colleagues was that from the patient experience point of view and good outcomes and that had to deliver a good outcomes this would entail a steep challenge within the hospital and we did that together. In the end the programme was cancelled because of cost implications. It identified however a sustainable model of care in the community setting.

Question – Cumbria County Council & District Councils

Given the engagement that you described with Adult Services, what extent do you work to children's services? We are particularly interested in the safeguarding and how you learn from our serious case reviews also the LSCB?

Answer

My remit as a Director is to look after Children's Services and my deputy too is on the Safeguarding Board in Northumberland. I am on the Serious Case Review panel. Any serious case reviews would be part of our presentation to our Clinical Policy Group which meets once a month. Our named nurse for Child Protection presents the case. Recently, with the transition of Community Services, we have a paediatrician who works in the community. We have an advert out for a Director of Children's Services. We will have one service all the way through; they are all one in Northumbria. We have presence on the two main sites. We have a superb plan and an agreed model in Cramlington.

Question – Cumbria County Council & District Councils

Cumbria is a two tier authority. Can you see how the working relationships will develop in relation to Closer to Home within the district?

Answer

Most of the focus will be where the social care arrangements are. We have demonstrated that we are a unit now. There were a lot of small councils and we worked with them all to pick up on the local issues. We have lots of mechanisms to try and do that.

One of the benefits from our experience is in the community business unit. We operate housing services, a district function, a range of health and well-being services which are cross-district boundaries, so we have a good understanding of two tier government as well as interfaces. We can bring that experience in terms of partnership working.

Question – Clinical Commissioning Groups

Examples of the role you will play in providing county-wide pathway services. In particular, how can you enhance service delivery through the year of care initially?

Answer

What you have heard from many of the answers is that our philosophy and belief is that we work together, as from years of experience by trying to work in silos, we will never achieve the outcome. One of the first things we will do is a lot of external things, talking to the commissioning groups, local GPs and local GP clusters, then take that forward and listen to their views. We are not at that point yet because that is work to be done and we will need to work out how to work together.

In specifics to the year of care, I presume you mean diabetes type year of care for many things, not just diabetes. The year of care initiated in North Tyneside and was developed to the point where it has got to today. In North Tyneside, we led that so we are formally behind and supporting the year of care services. Also, diabetes should be managed in primary and community care and the service issue should be aligned to make sure that happens. The same model, the same planning approach can be used for other chronic conditions. Year of care has been used to develop the COPD model using the same methodology and principles around development of a care plan. We used the same approach for a vulnerable group of COPD and undertook some matrix work to reduce A&E attendances by two thirds for a respiratory condition. As part of the COPD work, we undertook very detailed patient questionnaires, 50 questions around the quality of care and more importantly if they felt that they could better manage their conditions and could they do it early enough. That feedback was fantastic. We can share that with you as commissioners. This is being rolled out across the patch. We have a newly formed Steering Group and it will be rolled out across the whole of Northumberland for COPD.

Answer

My view would be that there will be some operational things that we need to sort out internally, some purely commissioning things. Legally, we have the same interests so no surprises. We are not going to destabilise anything that is already in place.

Answer

From a Primary Care perspective, the way that Northumbria Trust goes about these sort of projects is to actively engage with Primary Care. We have done this for over a decade through PCG days and Primary Care Commissioning days. There has been active engagement from the highest level. For example, a Chief Executive coming out to engage with GPs and get them on to the planning groups at the earliest stage.

Question – Patient Panel Representatives

The Patient Panel in North Cumbria is very strong and plays an important role in patient experience. You mentioned open and transparent patient experience. How would you ensure that the views of the panel are taken into account to ensure the quality of services for patients in North Cumbria?

Answer

We would seek to build a very similar patient experience process so we would have a system that concentrates on the patients every day to tell us about their experience. We would build some of the engagement mechanisms that we have seen with local governors and talk about what is going on in the local community and try to draw on that. Sometimes, things need to change and it is unpopular but it has to change for a sustainability point of view. It is about being honest. It is a difficult issue and we have to talk about it and listen to you.

Answer

Where we have undertaken service reviews and are undertaking secondary care service changes, we have always found patient involvement has made development of the vision much better especially where they can feed directly in to the process.

Answer

We involve patients in the assessment processes. For example, with patients in residential homes. Also there are numerous mystery shoppers and numerous community based projects that are driven through Links. We have a strong Link group and patient representation.

Answer

One of the examples of engaging patients on an every day journey comes from our Children & Young People's Service. We have a group of children and young people who meet once a fortnight to talk about what they want to have for their services. They are involved in mystery shopping, outpatients and sitting in on consultant interviews and on the Governance Committee. It has taken a long time to get them to understand but it fitted in nicely with their citizenship agenda and that has been welcomed by the schools. They have produced DVDs to work with local schools and working with community doctors. It is a shining example of engaging with difficult patients to work with. We have a very good sustainable model working with local schools and children who have been through our services and they contributed a lot to our services. They have taught us how to listen to them.

Answer

Another example when we were talking to patient groups, 40 separate groups over three or four months. We captured their most significant priorities for the patient journey. That was confirmed with the Governors and our Board. We looked into our quality account and there are several hundred views from patients about their journey and their experience. That gives a very solid commitment to listening and acting on what people are asking us to do.

Question – Operational Managers

The robust governance model, can you expand on that and how it goes on and back to Board?

Answer

We have a commitment at our Board. Quality is number one on our Board agenda, particularly in terms of our long term strategy. We have a very robust clinical quality group and good working arrangements at ward level. At ward level, looking at a weekly meeting of incidents and the multi-disciplinary team learn from what has happened in the week. That gets taken up to the Business Unit. A three month trend analysis looks at integrated governance from a team perspective and what we can learn from that. We are very committed to learning from that. For example, for serious cases which cover the patients' journey, a clinical lead would take that on and we would ask the consultants to challenge that presenter about what can be improved. With CPG backing and approval, we would implement that. It is clearly multi-disciplinary. Six months later, we do an audit to say it has been implemented and it is a really open and honest culture.

Question – Cumbria Cluster

A lot of patients leave this county for treatments that probably should be delivered here. You have started to repeat some services, PCI. What do you see as repetition of services?

Answer

We have done a high level of analysis of patient flow, some going to Newcastle, Teeside and some North West. In different specialties, there are different drivers for that, some specialist services that are not available here. We would review specialty by specialty and try to build a plan that contained as much work as possible in Cumbria. For example, a lot of orthopaedics might go over there. That could be about competency or some services might not have the volume to deliver that specialist service. We could look at if there is an opportunity to develop a new model of care for example plastic surgery. It is not good for patients to have to travel and it is not good for the Trust for patients to have to travel out of the county.

Question – LINKs

Have you done your homework or not. What weaknesses have you identified in the delivery of healthcare in North Cumbria? How do you plan to address them?

Answer

Over the last few years there has been far too much effort having to be spent on managing the financial situation and some performance issues on the patch. The priority is to get out of the situation with the money. We have a track record to do that and I would seek to do that very quickly, having a plan within six months. That lets us then improve on the outcomes. That is down to due diligence and what we find. A lot of the service is very good, but you would not believe that by looking at the press. In terms of Clinical risk and clinical outcomes - what evidence is there, how does it compare to our services and how can we develop an improvement plan before the acquisition process is complete. There is not enough information for us so far to be crystal clear and hopefully the due diligence would help. Let's get out of trouble and focus on where we are in terms of patient care. Can it be better and how it can be better? Let's agree a delivery plan and deliver it.

Question – NCUH Partnership Forum

How does the Trust involve Allied Health Professionals in the leadership structure?

Answer

As a Director of Nursing, I have responsibility for AHPs. We have an expanding group of AHPs. We have a leadership structure for all staff with Heads of Department engaged with all staff. The Heads of Department have attended a clinical leadership and development course. They are very involved in the new emergency base unit. They lead their own service. They have their own budget and access to their own finance accountant. They have their own governance group and are involved in other governance groups, for example Orthopaedics. For stroke, they are part of the medical operation group and for surgery they are part of the surgical team. They have a very strong voice in Northumbria. They are now doing seven day working. They are very strong and we need them. We cannot work without them. We have a quarterly catch up and they are present on the Education Board and Non-medical Education Board. Their voice is definitely heard.

Answer

There is a Clinical Director in each base unit or more than one. For example, Community Director for Clinical Services or Clinical Lead or Allied Health Professional Clinical Lead. An Example of how they work is with a full review of speech and therapy services this is being led by a clinical physician.

Question – Health & Well Being

What approach will you take in setting an equality objective in design, development, procurement and delivery of your services if you take on the services of North Cumbria Trust? What are you currently doing in setting your objectives in North Cumbria?

Answer

As the equality Lead for the Council, I link in to a Lead Director for Equality in the Trust. They work on very sound foundations. We have statistical awareness and very good understanding of our communities and the need to develop. It is very easy to pay lip service. We take that one step further through our Patient User Forums to ensure we have got representation of all aspects of our communities. We ensure we seek views whether that is in Ashington or Hexham or Haltwhistle. We have very sound joined up arrangements. Having had a look at some of Cumbria arrangements there are sound foundations to build on that.

Question – Clinical Managers

As relatively small hospitals, we have a small number of junior doctors on small rotas which is tight on service provision. How have you ensured education and training for your junior doctors in similar circumstances?

Answer

We had three units with very tight numbers and it was therefore difficult to differentiate from training and service delivery. It has been a long journey and we have different ways of extended working, such as practitioners, to allow trainees to be released for training. I have been linked with the Deanery and I quote from Mrs Page "David, make sure you look after education. It is important". I take that to heart and it allows our trainees to reap the benefits of the services we are delivering.

We have expanded the places we provide. We are 100% full for the first year training programme and that is because people like to come to us. That means we have more consultant delivered training. The care and support our trainees get from that means that our Obs & Gynae training came top in the survey, not because of what we do, but because we are there and we support the trainees. It is about drawing out other services and running extended practitioner clinics. They are doing the leg work.

We are also working towards splitting off lists to allow a trainee to benefit from that. It has been a long process and has taken a lot of work. We are now reaping the benefit from that work.

Question - Secondary Care Clinicians & Staff

Multi-disciplinary teams, particularly in cancer care. We provide MDT for common cancers and provide surgery locally. How do you see that changing or not changing and what would be the model for running MDT to allow the units to be equal partners in the process?

Answer

We would be very keen to keep those MDT's working as well as they can do. One of the things I am currently investigating is some IT solutions for people having case conferences around clinical problems when they do not have to be around in the same place at the same time. We currently have live MDT processes around the region and we would try to focus on keeping those MDTs running as far as possible.

Answer

We would also be guided by the Cancer Peer Review and TeleMedicine and teleconference to make sure everyone needs to be there. You would have had a report which recently told you about MDT. (Charles Brett confirmed he has).

Question – Cumbria County Council & District Councils

How do you intend on engaging with elected members to ensure that their experience influences your delivery?

Answer

We have some unique experience in Northumbria in terms of our formal partnership with the County Council. Regular meetings are held with the directors of the council to plan and jointly look at and plan how to take services forward. There is a Scrutiny Committee setting out services or change mechanisms. We ensure that local ward members are kept involved in any changes, whether that is county wide or specific wards. It is a mechanism to ensure it is a vital platform for ensuring our local communities have the appropriate care.

Question – Clinical Commissioning Groups

The building of the new West Cumberland Hospital presents major opportunities. Do you feel that the plans have gone far enough or can you see wider operations?

Answer

There are a few things we feel we can explore a bit further. There are one or two further operations. We would sit down and say that this is the plan and ask if there is anything else we can do before we go too far into the process. If we make that process too long, that is a problem but there is an opportunity here. We have done it with Hexham.

Question – Dr Neil Goodwin

Can you give an example of what you have done in a similar situation to West Cumberland Hospital in Hexham?

Answer

Hexham had to be totally changed when it was re-built so to get the business case through, the whole model had to be changed, including the number of beds. That had to be agreed jointly. When we got to stage 2 with Hexham it was just before we went to Foundation Trust with Monitor and we went through another route with Primary Care to see if there were things that needed to be changed here. We changed some of the service models and some of the layouts, people on site and some of the hospital services. We had six weeks to get that approval.

Answer

In the Hexham work, there were a number of service streams that needed to be developed. Some GPs were involved in delivery of those service workstreams. We had a GP involved with the lead consultant for each workstream. The leads were responsible for making sure that the services are delivered in the appropriate way.

Question – Operational Managers

We have heard a number of strengths and opportunities. Can you share a weakness or threat?

Answer

The big problem is the money, so we need a clear plan to sort the money out as quickly as possible. There are some service configuration issues and from afar we cannot see how they can be delivered yet. The first priority is to sort the money out. There are performance issues in some areas, but the focus is then on improving the clinical model.

There are some regulatory problems that every trust would have to report to the NHSLA, and the issue is that on day one that would drop a NHSLA level virtually over night. That is a big problem for us in relation to the way Monitor assesses risk. We have a comfortable risk rating of 4 routinely and are amber/green. On the point of acquisition those ratings would drop straight away. Everyone is in the same boat. We would have to find a way of dealing with that. From the Northumbria unit, everyone is concerned about being a distraction so we need to make sure that there is resilience.

Question – Dr Neil Goodwin

What is the biggest opportunity for you in this acquisition?

Answer

The biggest opportunity is our combined strength. The biggest threat is being centralised and we have fought hard over the years to make sure that does not happen and there is an enormous opportunity there for us. The opportunity is for NHS run chains of hospitals, Guys & St Thomas' for example.

Question

Do you think there is an operating model which will operate under the tariff?

Answer

We have not yet done the financial due diligence. We have an environment in Northumbria and we run services which in stand alone services are not sustainable. They will have to change. We currently do not receive any supplements over and above the tariff. My view is I cannot see why we cannot get over a sustainable financial situation after six months. I would want to be in a position where we all wash our faces

financially and deliver a good patient experience. We made sure we do not have any supplements to the tariff and we currently do not have to rely upon that.

Question – LINKs

HealthWatch when it comes in to existence next year will have a responsibility to flag up when there is a risk of serious incidents training. How do you plan to have an open system to share data to be able to monitor and prevent such situations arising?

Answer

Lots of clinical outcome information is made public. Very thorough processes for the SUI and significant planning events.

For our Governors, they are encouraged to share what patients views are in a small community. We have regular breakfast meetings with them. Lots of public engagement exercises to pick up on all those concerns. Our patient perspective surveys have the opportunity for lots of free text from patients and their families. That is where we get what they think. We analyse those comments and pick up the hot spots and where there is a story to be told.

Question – Health & Well Being

It was mentioned earlier in the presentation in Northumbria silo working is a thing of the past. Do you realise the major cultural change in North Cumbria because that is what is required for true delivery of service?

Answer

We are not expecting it to be easy. Amongst the people we met from North Cumbria, nearly everyone is understanding of the issues and willing to take them on and to make change. We have not sensed any massive resistance to making changes. It is always different when you get in the guts of it. It is the time to act. There is momentum now and as a fall-back we have had people talking to each other. There are established mechanisms to be able to do that. You cannot beat a bit of momentum and people saying that we can get a result. We can get a lot of momentum very quickly.

Question – Clinical Managers

At present, we are undertaking a nursing review. What are you plans to review the nursing structures and establishments within the Trust?

Answer

I have not seen your nursing structure for North Cumbria. In the past we have looked at a nursing structure and it is about looking at the structure you have got now, what is the skill mix and looking at incidents and what training has been given. Have they had NVQ 1-3 and do you appraise your students? We have learned a lot about our Trust because we could not recruit nurses. Recruitment of healthcares, patient experience, number of beds, length of stay, complication rates and IV catheters and what we need to do all need to be considered. I presume you have some ward score cards. We are

also to go with live soon with electronic rostering. For the whole of the Trust to look at start time and end time and handover and what your overlap period is and how long is your night duty, but I have not seen your nursing structure yet.

Question – NCUH Partnership Forum

You have talked about centralising agenda. In practical terms how would you resist this for North Cumbria and Northumbria?

Answer

Resisting the centralising agenda is about finding the right mix of services we can deliver and probably looking at services that are badged as specialist and not seeing them as tertiary services, but seeing them as part of clinical caseloads. For example, ENT and orthopaedics and what they can do in a community setting. We have shown an ability to take a bit of a punt on some areas which we previously we have not been in. We have started to develop a small plastic surgery service which has been phenomenally successful. Working across sites and across the branches of the organisation with each other to sustain the tertiary services across the patch.

Answer

Acute stroke services are being developed and we have developed the Telemed model. We have managed to retain that service because it is virtually the best in the country. If the standards were not the best, we would have lost that service. We have managed to improve standards at the same time.

Dr Goodwin invited comments from Northumbria Healthcare to sum up the meeting.

Northumbria Chief Executive – we have had some really good questions and there are a lot of things we want to be clear about; service configuration in West Cumberland Hospital and how we would deal with the money issues. Where we are in the process, we cannot be at that point yet and it would be wrong to be at that point, because we have not talked to you yet. We need to understand if there is a difficult issue you want to deal with and we will work with you on it.

Dr Goodwin thanked Northumbria Healthcare for attending the event.

Acquisition Stakeholder Event
12th October 2011
Partnership with Newcastle in Cumbria

Newcastle upon Tyne Hospitals gave their presentation.

NG invited questions from the audience

Question – Secondary Care Clinicians & Staff

The first question is the matter of your integrated alliance in particular, which will be the taking over organisation. How will the financial integration of our organisation work? Will we be one, or be one and NIC separate? Also what is your integration plan for governance? Who will be responsible for managing your organisation?

Answer

There will be one Foundation Trust – the Cumbria Partnership. They are here in Cumbria and they are the statutory vehicle. Newcastle will be a very significant component of that including Executive and Non-Executive members. Newcastle will be significant but will bare some risk. They will focus on the needs of the population and bring around vertical integration.

Answer

In terms of finances, the finances will be owned by the Cumbria Partnership Foundation Trust and organisation of services would be under Cumbria Foundation Trust. In terms of governance, we are moving into detailed areas and the ultimate regulator will be Cumbria Foundation Trust. The way we operative will be a partnership between Newcastle, ourselves and the stakeholders in this room.

Question – Cumbria County Council

These changes represent significant change. During that process how would you make sure safeguarding issues of adults and children remain paramount?

Answer

We have examples of our teams working in integrated teams very closely and with Cumbria County Council. That is an example of how it will work in the future with integrated care. All of that mitigates against some of the problems we have with safeguarding adults and children with hand offs and transfers. You will know how hard we have been working to overcome that integrated approach.

Question – Clinical Commissioning Groups

As commissioners we have identified a number of areas which need and are being modernised. How will you set about delivering change for GP commissioners and for hospitals at all levels?

Answer

In Newcastle, we have developed a national initiative – "Better together". It was a very significant manifesto adopted by the Council of Governors in 2010, is being taken forward by the Government and supported by the Government. It is about grasping common pathways and by hospital clinicians working in the community, working and sharing opportunities and opening up the pathways. For example, Dr Skinner [community cardiologist] could explain the experience we have gained in the last two years in Newcastle and how we would like to translate that into Cumbria.

Answer

It is a very important part for the organisation to do that. It comes down to patient care which is what we are here for and that is the centre of what we do. It is very clear direction in terms of valuing different expertise and knowledge. It is about clinicians coming together and delivering care in a way the patients want their care delivered in an integrated pathway. The patients would want the care moved across the pathway right up to tertiary care services. They could look at the complete pathway so patients in Cumbria get the appropriate care and not with the fragmented elements.

Question – Patient Representatives

Is there only going to be one Foundation Trust Partnership delivering and managing services with Newcastle providing the specialist services? How do you reassure the Newcastle Trust is not just a bolt on?

Answer

There is no intention for Newcastle to be a bolt on. They will be integral to the management of the hospitals and in partnership with ourselves[Cumbria Partnership]. We already have a legally binding agreement around managing the finance and risk. This is not some kind of flimsy agreement that Newcastle can walk away from at any time.

Your question and the previous question go the heart of what will be different. This is about behaviour and the way in which we share a value. I am sure we all share the value of putting the patient at the centre of what we do. I am not sure that people understand it. I hold a contract worth tens and tens of millions of pounds which is driven by an idea that what we will do as an organisation will ensure that people are not admitted to hospital unnecessarily. The hospital lifeblood is often based on people coming through the door. The system will not change and we want to make use of it, working with Newcastle and North Cumbria to put the patient at the centre of the hospital. I have no doubt whatsoever about the values and the shared vision.

Answer

We are looking for a Cumbrian solution and I am sure all of us in this room will sign up for that. Patients first and foremost. Newcastle is not going to be a bolt on. It will be an integral part. People will be anxious about how Newcastle will set about it's business. I have had comments about me retiring and will I slip away soon? I hope not. The Cumbrian Partnership will be on an absolute par with Newcastle. Very quickly we will do that through professionalism and organisational change, working with the current staff acknowledging culture.

The Infirmary in Newcastle was in massive debt and we joined everything together. For the first time it worked in Newcastle. We have a big stake in Cumbria. We can do better in Cumbria. We can use a number of technologies and we can work better with our medical and dental skills. We can take advantage of that and bring a critical mass into Cumbria. We can learn from Scotland where the subsidy has been underpinning and we can share the risk, through the Governance vehicle. There can be only one Trust, the Cumbria Partnership Trust. The determination will be Newcastle. We have a reputation of wining and we will always win and we will make sure Cumbria follows her. Even our Governors in Ireland and members in Cumbria say get on with it. The solution for Cumbria may not be the same solutions for Essex, so we will target what needs to be achieved. We are very determined, will be very involved and are positive of local leaders. As previously indicated, it is a legally binding partnership.

Question – Operational Managers

The Newcastle Trust being integral to the management of the new organisation. What is your new operational management model like? How would you ensure engagement?

Answer

I cannot say what the operational model is. The way in which we organise ourselves needs to be a dialogue and I have not had a dialogue with the hospital itself in how this is going to work. We are in phase one of this process. If the question is will we value the quality input from leaders, both managerial and clinical? Of course we will. We need clinical leadership and clinicians leading things. In terms of clinical engagement, both ourselves and Newcastle pride ourselves in involvement with clinicians and our Board is represented by clinicians. John Howard used to work as a clinician of the Trust.

Answer

(John Howard) – It is very interesting going from a non-Foundation Trust into a Foundation Trust to see the rigour and the standards and performance. I have never joined an organisation better run financially and that is what we need behind the scenes to allow clinicians to do what they do. We do not need someone telling us how to do rural health care but we need the added value of what this partnership brings. In terms of added value and community services, this will be achieved through the approaches we will be taking in partnership with social services and bringing that and connecting it up to our adult services in Cumbria and mental health. The strategic approach is that it will all be connected up. We have got rural care. We need tertiary services connecting up. It is not just about acute care; it is about care in Cumbria and the whole healthcare

within North Cumbria. Most of us have dreamed of this and seen all the problems and the squabbles which has not helped Cumbria. From the Acute side, I would say look at all that resource, the 400 beds in the community. The ability like Kathy Hey does, managing diabetes and creates great opportunities.

Answer

One of the real delights of working in a Foundation Trust is having governors. Forty seven governors. Nine are staff governors. Being a senior person in a Foundation Trust is very different from working in an NHS Trust. 14,000 members and 47 governors. We are required to have three staff governors and we took the decision that we wanted far greater and we have nine staff governors. The staff governors will be increasingly interested in how the services are organised and delivered. We will be talking to them and our partnership forum as well. We have a very active partnership forum. The unions were there and it is about having an organisation. It is not about organisational charts.

Question – Cumbria Cluster

Any transition is fraught with difficulties and worries about patient safety, particularly when two organisations are involved here. Can you clarify who will be responsible for making sure patient safety is paramount to that?

Answer

We agree that that is a challenge and we will be bringing the Newcastle model working with the Partnership Trust. We will be focusing on the west and north groups to bring very distinct arrangements. We are mindful of what has been happening with the south of the country of late and Newcastle will be bringing standards and policy and procedures that we may need to work quite quickly on.

Answer

We are not just talking about patient safety here. We are talking about all aspects of patient safety that we deliver. We are talking about the effectiveness of health care, the patient experience, patient safety and clinical governance. We already have structures which deliver to the highest standard which is evidenced by external agencies, CQC, NHSLA and other organisations that come and inspect us on a regular basis. We also know that we will be working with a number of clinicians of high quality in both North and West Cumbria and we want to ensure that they will be given the opportunities to delivery the same quality of care as we do in Newcastle.

Question – NCUH Partnership Forum

Have you had any feedback from your staff as to do they agree? How do you liaise with staff, particularly in Carlisle that this will be a takeover rather than a merger?

Answer

In terms of takeover, every time we say organisational change we will work very hard. We want to have a dialogue. Not so long ago in the past year, we tested the size of the organisation. The Medical Director spent a lot of time on the road talking to staff who were going to join us. We listened to their concerns and were being open and honest. We understand that people have anxieties, but we are all adults and if we can have an adult conversation we can alienate those anxieties. We would have a workforce of 8,000 people in Cumbria and the opportunity of staff to flex in and out of roles, not just for convenience and experience, but for having a job that pays your mortgage. It is about managing the change that might affect staff.

Answer

At the Partnership Forum yesterday, the general feeling is cautious, excited and a little fearful, questioning but very interested. Our staff are dedicated health professionals like the staff of North Cumbria. They can see where the system works well and also they can see where they do not. They are all mums and dads, aunts and uncles. They can see some of the faults and the handoffs in the system. If we can find a way of sorting those out and smooth those out and line up. Our Partnership Forum is very interested to do that.

Question – LINKs

What is the vision on emergency care removal in West Cumbria?

Answer

We are still learning a little bit and there is information we would like to receive and understand in relation to West Cumberland Hospital. Our response is to ensure that that it is safe and sustainable. We will bring to the table a commitment to recognise the culture, history and ethnicity of the service that exists in West Cumberland. It does not call for change. It calls for major capital investment. The issue of intensive care or maternity, Dr Walls can discuss further how working in Newcastle in terms of retention and junior doctor training and how we can learn a lot of what they do in Scotland. If the commissioner wants to see change, we have got to satisfy that requirement. It is about safe and sustainable care but not kidding ourselves because we could have a general hospital.

Answer

We recognise the population of West Cumberland and the need for West Cumberland to have local services that are accessible to patients when they need them. We also have to balance that up against a number of key national drivers which are influencing the health service, not only in Cumbria. We are seeing the changes in the number of nurses and trainees, particularly at middle grade. There are other key financial issues associated with sustainable care. There will be a safe, accessible emergency service for patients in Cumbria.

Answer

A commitment for maternity services; one for a facility for women to give birth in Whitehaven at West Cumberland Hospital. And one to work with you to work to build the highest quality care for maternity that can be provided in this healthcare setting. We are in a good place with maternity. Generally speaking, maternity services in the North are regarded as being the highest quality in the country, but we are approaching a period that there will have to be significant change. Two major influences – one increasing awareness that if you want to give birth in a safe environment, do that during the day, not at night. It is only just starting to gain recognition. There is a serious chance of an adverse outcome at night. The biggest reason for this is the archaic belief that people are there during the day and go home at night. Have we tried to approach that in the North East at least. We have over the last couple of years said this is a major challenge and said how can we provide high quality care? We brought together all the clinicians, midwives and obstetricians from the provider Trusts in the North East. We said as a group we have got a problem here and we need a solution. We went through the advantages and disadvantages and did that for 24 hour services. We have had a chance to look at the evidence and leave individual aspirations behind and put the women at the centre. We asked each table to come and say what there should be, to provide consultant presence on site for every maternity unit for all women in the North East. That was an incredible achievement to bring everyone together. The general consensus is it has major implications which we are still working through. We wanted to bring Cumbria on board with that but because of organisational boundary issues, we were not able to do so and if this gave us the opportunity to do that, if we want to aspire to that level of maternity care we have. That is the way we want to approach things, an by bringing everyone together we were able to do that.

Question – Health & Well Being

Voluntary sector providers. How would the new arrangements help progress the issues around children's health services identified in the Mitchell report?

Answer

There are a number of things from the Mitchell report. We are working on a number of issues that we are seeking to address. A key element is a refresh of the Children's Board which we both sit on and it is really important to bring together different providers as well as those who commission children's services and working with the Director of Children's Services. Our organisation is working very closely in the way we deliver services and manage services together. There are a wide range of issues in the Mitchell report that need to be addressed. The quality of Children's Services is influenced by organisational arrangements. That is why I believe Children's Services will be a rapid improvement. For those who are outside the NHS, we really need to make an offer, whether you are in a third sector or even a parent trying to find your way through these services. We need to make an offer and our organisational forums do not lend themselves to those things. I have 500 staff working with Children's Services and very often we think about the health service and what happens to them in hospital. Those 500 staff will work within the hospital and outside the organisation within social care and that is why a Cumbria solution is needed.

Question – Clinical Managers

We have very small numbers of junior doctors on extremely tight rotas which leads to tension between service and training. What tactic have you looked at and what tactic would you use to ensure delivery of high quality services?

Answer

The training programme provided by the Deanery and providers would have to respond to those and the quality standards that are set by the Deanery. There is conflict between the Deanery and the North West. We have to identify if they are meeting the quality standards that are set by the Deanery. In terms of delivery of care, more and more care is being delivered directly by senior permanent staff, whether that be consultant staff or other staff employed by the organisation to effectively manage and deliver value in an efficient and cost effective way.

Question – Secondary Care Clinicians & Staff

MDT and cancer care in North Cumbria – we have a number of MDT and provide surgery locally. How would you see the acquisition influencing that and how would you engage in a model of running MDT operating across the county and locality?

Answer

I'm not a cancer specialist but we need to decide how to address specific issues of a tumour or type of tumour. We have improved the quality of care delivered to people suffering cancer. We need to work out where best to treat these patients. However, there is a conflict between the issues that we have already identified in that Cumbria would have sufficient patients with common cancer like colorectal cancer, to justify a set up but it is also about the number of patients with a more rare tumours. It is about delivering the right kind of care for all patients and working out where best to treat their condition. There is some opportunity to deliver MDT through video conferencing. People's experience of that has sometimes been received very well and sometimes it has broken down. The ideal solution would be to improve telemedcine links for Carlisle and Whitehaven, particularly where there are non-resident consultants.

Question – Cumbria County Council

There is a lot of talk about democratic accountability in healthcare. If you were successful, how would you make sure that continued in terms of district councils and county councils elected members?

Answer

We have looked to the constitutional arrangements with the governors with regard to the democratic mandate. The value of looking to the governors as a constitutional arrangement, the county council has a seat on our governors and is a regular attender, as is the PCT. It is important that we have a constitutional approach. Very often in the past, the NHS has paid lip service to engaging whilst in fact we can do what we want. The difference in Foundation Trusts is the legal difference they have. We have just changed the Chair of the Trust. It was the Governors. The Executives played no part in

changing the Chair of the Trust. Those governors are elected by a public constituency. There are a whole plethora of ways.

Question – Cumbria County Council

Re-assurance, explanation and examples regarding the role you will play in providing service pathway implementation and in particular how can you enhance service delivery in the diabetic planning model into other areas?

Answer

The changes to the Diabetes Service were initiated and driven by the Commissioners. We were able to look at the barriers and why there was deficiency in the care. Some of the barriers were about people being in different organisations and different pathways. This whole process was to bring all the diabetes services into one organisation and they are now employed by Cumbria Diabetes Partnership Trust. We are still within our first year and still have things to do but this has allowed us to liaise with colleagues and work with the GP colleagues. We have started to develop relationships which simply were not there before. As nurse directors we know what we want to do for the patient and what needs to be done, but some of the structures around finance block those changes. The process for diabetes has been an extremely positive one, getting that particular level of integration to deliver better care. This opportunity will lead us to a similar kind of process. It is about linking up the whole thing to make sure that the patient gets good quality care.

Answer

The opportunity that allowed us to have a joined up community care service and working together is that the agenda was not set by one side of the organisation. This partnership offers this working within that pathway – primary care model linking into more secondary care services. Setting the pathways and working together. Setting the pathways at different parts of the patient's journey and sometimes they need acute care. We should recognise single components of the journey. If we stand alone we will not deliver better care, but working together we will get the best for our patients

Question – Patient Panel Representatives

What experience does the Partnership Trust have in dealing with and managing acute services? Your experience is in dealing with mental health and community services.

Answer

We have collectively a vast wealth of experience. The most experience of delivering healthcare within Cumbria is contained within this hospital. Newcastle brings their experience over a vast number of years of building up the expertise to add value to what we are doing, we have a huge amount of experience. It is important that it is not about mental health services or community services. It is about the patient at the centre. Many of us do not go to a GP with only one thing wrong with us. A GP will say that they have a physical component. People with dementia, long term health issues, diabetes and respiratory, etc, unfortunately we try to silo these into different compartments. There is a vast amount of experience.

Question – Patient Panel Representatives

If the Partnership Trust is going to be the managing and operating Trust in Cumbria and it is relying on the experience of acute managing of Newcastle, does that not mean that there could be complicated channels of communication which could take time?

Answer

No. I have confidence in that the way we take responsibility in our hospital will be an agreement which will be legally binding. There is no room in our highly regulated health service. We have a great deal of experience in delivering high quality services in a highly regulated environment over a long period of time.

Answer

Our proposal is not for West Cumberland Hospital and Cumberland Infirmary to be at the end of the line. We are not extending the train set. We will be in Whitehaven and Carlisle. It will take time. There are some tremendous professionals around and they will work together. It is not about having someone working in an office; it is about working on the ground. We do it in Newcastle, so let's do it in Cumbria.

Question – Operational Managers

You have gone to great lengths to emphasise joined working in both trusts. I am seeking reassurance regarding the governance model and how this will manifest itself from ward to ward.

Answer

We have already said about how we will have patient safety that is clear. The knowledge of how we will run excellent governance systems will come from both organisations and the models we already have. We need to identify that through the period of due diligence. We will go through a process of listening to clinicians and managers and through that period design a system that will work from day one. We all have experience of doing that. We have gone through that experience and taking the best parts of what they did and coming up with a joined system. In both organisations, we have the same skills to make sure we have safe systems on day one.

Question – Cumbria Cluster

One of the key policies we have been trying to follow is repatriation. How would you make sure of that with the current financial situation?

Answer

We need to do a lot better because in Newcastle we want to use our beds more efficiently than we have of late. The Newcastle Trust is moving on to the doorstep and someone has to pay for that. We have to be very co-operative. By working together, the repatriation will be made more slick in terms of moving patients in the right setting without compromising care and quality. Length of stay in Newcastle will be as short as

possible. We will take into account domestic and social reasons because a patient has travelled a distance. We have the capacity to do that.

Answer

It is not in our interests to keep patients in Newcastle any longer than they absolutely need to. We have enough problems in terms of waiting lists and the eighteen week pathways. It is an opportunity of providing better care for patients in Cumbria and closer to home in Cumbria. It allows us to access the facilities in Cumbria which will facilitate repatriation in Cumbria. We do not want to keep people in hospital any longer than absolutely necessary.

Answer

Based on the work we have been doing with Newcastle to date, these are the questions we have been facing. Also Cumbria PCT has a sound record in the services it provides and there is a lot of flow of patients out of Cumbria which is expensive. We recognise there are huge pressures for commissioners. Stop unnecessary flows of patients out of Cumbria where it does not make sense and also make sure that they come back close to where they live as quickly as possible. We have a good record of facilitating that.

Question – NCUH Partnership Forum

How will you bring Allied Health Professionals into the leadership structure?

Answer

We are very clear in the Partnership Trust. First of all, that we have a very clear head who you look to for your leadership and we would be very keen that they have that structure. We need to make sure that all is good and work across the hospitals, working with the leadership and making sure that they work with leadership roles. There is nothing to say that Allied Health Professionals cannot be clinical leaders. It may well be that people in a large organisation continue to have leadership roles. There is a respect for all professions and all disciplines.

Answer

There is a bit more to it than leadership. It is about providing skill to diversify. For example, nursing to work in a community setting. In Newcastle there is a directorate system where nursing and GP's are very much involved in policy and policy setting, negotiating contracts and setting standards. They are very influential indeed. They are also on the board of the Council of Governors so we have staff as staff governors who have their say.

Question – Cumbria LINKs

The Partnership Trust is part of this but has only recently taken on the responsibility for care in the PCT so far without any clinical outcomes. Is it not too soon to take on clinical responsibility?

Answer

I did not choose the timing. That would not be the reason to throw away a forward opportunity. In terms of whether there is any gain, it is very early to say that there has been any significant gain. On the question of timing, the timing will never be perfect because who knows what will come along next year or the year after. One thing that is clear is that it is urgent that we tackle health care in Cumbria. We cannot move fast enough.

Answer

I did a talk about organisational change. I have a number of slides about change both in regional and country level and it is a wonder we get anything done in the NHS. The organisational side of it has to be done very safely and the focus is on safety. That is the process we took. We evaluated that with feedback from staff. We are at the point of pulling it together from the integration which will achieve great benefits in improving health outcomes. An example, in smoking cessation services, one of the highest risk areas on mental health patients, with excess mortality. They have not been connected up at all. If we are going to model this and bring them together, smoking cessation training would be mandatory for the whole Trust. That provides a smoking cessation engine. That is an example of how we get the integration. We start to think a bit more laterally.

Question – Health & Well Being

I would like to think of myself as a critical friend and it is interesting that Children's Services are working and integrating fully. However, my experience of working with mental health care pathways is that there is going to be a third care pathway. From a Newcastle perspective, do you fully integrate with third care professionals and would you like to see it in Cumbria?

Answer

We take advantage of all opportunities, even beyond a third sector. I do another job as Chairman of a charity that works with the NHS and Local Authorities and we work together with other partners in the field to try to bring about independent living to try to avoid residential homes. It is a very good experience but there is sometimes a risk in quality. We do strive and engage in all resources available to us with the family, the patient and the carer in mind. I have seen very positive steps being taken and if we are to be seen to be fit for purpose, we work well with Well Being and would be delighted to come along and engage.

Answer

I am proud of our working with the third sector and we would like to walk the talk. If you came into our learning centres, you would see our resident facilities run by Mencap. You will see lots of examples throughout the organisation. We try very hard to use our purchasing power and working in partnership with other organisations in the third sector. It is not common in our organisation.

Question – Clinical Managers

We are trying to understand the alliance a little more. How might that affect external risk rating assessments and governance in each of the Trusts?

Answer

One of the things we need to do is seek to work within the regulator arrangements right now which is why we need to choose a platform for the acquisition and the bringing together of the organisations because we believe very firmly that it would be the best platform. It would be Cumbria. I have had a meeting with the Chair of Monitor and talked through this very issue. We have experience of managing major transition and that is very important. It is a very complex exercise. We have gone through that in recent times. There is nothing from a regulatory point of view that would cause concern. The issue with risk rating would be during doing an exercise of due diligence and during that period we would look at what would be the impact on our risk rating and our governance risk rating and that would be addressed at that point.

Question – Clinical Managers

Would that risk sit with Cumbria Partnership Trust?

Answer

It would not. They have to work with us. They are very keen to work with us to find a way that would be legally binding, that the alliance with Newcastle can be factored in and they would take this into consideration with our risk rating. For example, how we would assure ourselves that we have the right skill set to acquire the hospital. One of the ways is how we acquired Newcastle community services and that would give the regulator the confidence. The regulator would be assured through the agreements which we would have to make legally binding.

Dr Goodwin invited comments from Newcastle Partnership to sum up the meeting.

From a Newcastle perspective, thank you for putting up with us today. We bring a great deal. We are very aligned with Cumbria and have been for more than sixty years. We would like to stay with Cumbria. Choices have to made whether it is Newcastle Partnership but p0atients may have to drift to Preston or Glasgow and the services we provide. We may not be the preferred provider of choice. We bring commitment and are very connected.

I do not see it as a bid or acquisition. I see it as an offer to expand the opportunity into the North Cumbria University Hospitals Trust. Not an acquisition. The regulator has been mentioned. It is sad about Morecambe Bay.

How can the Foundation Trust come to the table, meet responsibility and improve and enhance local services? In Newcastle, we have embraced community services. We have enhanced the services. We provide primary care services. We have an understanding about what the commissioners in NHS Cumbria wish. NHS Cumbria from my perspective are the best informed, most challenging commissioners I have had to deal with. They are on a par with the Department of Health and those who

commission national services because when it comes to the quality outcomes and delivery and meeting the cost, we are there to unpick it all. We would be delighted to move to the next phase. Some of the answers you might think are a standard answer, like tell me about your manager. We need to engage and once we have moved into due diligence we can start to discuss with all those involved as to what can and cannot be done, realistically.

We do not want to have promises easily made, easily broken. In the last ten years, we have transformed tertiary and secondary care to the stage where Freedom hospital is old hat. We are thirty five years on and are extremely proud of it. We will bring that ethos and settle into North Cumbria and there will be one organisational licence. Newcastle will be the organisational stakeholder.

Comment

I have been in Cumbria eight years and will be here for another eight years. I have a huge stake in Cumbria and I am very proud of what they have achieved and have absolute confidence in the team that works with me. We need to seize this opportunity now. We could have carried on being a high performing service, not getting involved in this. Why did we and why are we in partnership with Newcastle – because Newcastle picked up the phone to us and since this began, Newcastle seems to be only provider who understands what needs to be provided. That is an integrated health care solution. They are the only one who suggested working in partnership with us. We are going to be here in Cumbria and whatever happens after this will be very important to us because we have 4,000 staff and 10,000 patients. The point that Newcastle wants to work with us is extremely important to the quality of the solution.

Dr Goodwin thanked Newcastle and the Partnership Trust for attending the event.

North Cumbria University Hospitals NHS Trust
Proposed Acquisition by a Foundation Trust

External Stakeholder Event
12 October 2011

Foundation Trust
Questions and Answers

Caring for North Cumbria
Your hospitals, our priority

North Cumbria University Hospitals NHS
NHS Trust

Background

This document sets out the content of the Question and Answer sessions which followed the presentations made by the Foundation Trusts expressing an interest in acquiring North Cumbria University Hospitals NHS Trust. The sessions lasted 1hr 25mins.

This transcript should be viewed together with the briefing document for the event and the individual presentations made by each organisation.

The following information is not verbatim minutes of the sessions but the transcript is intended to will give all Stakeholders an indication of the questions asked by different Stakeholder groups attending the event and the responses provided by the Foundation Trusts.

In providing this transcript North Cumbria University Hospitals NHS Trust has endeavoured to ensure all relevant information has been captured however some detail may inevitably be lost. The information provided by the Foundation Trusts in this session has not been verified and the Trust does not accept any liability for the content.

Northumbria Healthcare
Acquisition Stakeholder Event, 12th October 2011

Northumbria Healthcare gave their presentation. The Chair of the meeting invited questions from the audience. These questions are recorded by stakeholder group. Where there is more than one answer to the question several members of the FT team contributed to the response.

Question – Secondary Care Clinicians & Staff

Recruitment – it is difficult to recruit to a number of specialities, particularly in a remote environment such as we are experiencing. What would your approach be to improving recruitment and particularly at consultant level and what experience have you got?

Answer

We have a recruitment process which is quite individual in Northumbria Healthcare which involves a somewhat longer process than the traditional consultant process, where we get to know candidates quite well and we work on getting a good match at pre-interview stage for people interested in coming to work for the organisation. It is about an understanding that the consultants are coming to work in an organisation that will deliver for them and their patients and that they are joining an organisation which is attractive. We have managed to show that a small investment has grown and have managed to build the consultant body based around co-operative and joint working across the sites, creating rotas that work for consultants and the patients themselves. Hexham was a hospital that was struggling to appoint Anaesthetist Consultants. We now have 30 which we have managed to build up over the years. It is about having a clear clinical model and being consistent in that.

Question – Cumbria County Council & District Councils

We are interested in the arrangement with Adult Social Care. How would you make sure that you build crucial links, not only operationally but within the community?

Answer

Northumbria Adult Social Care is within our organisation. We have a high level partnership for example the service was reviewed last week and we meet and manage the arrangement overall. We have a lot of other mechanisms to make sure that we have aligned plans such as high level agreements, partnership mechanisms and lots of regular contact at a strategic level. We are all in agreement in terms of priorities and if there are problems, we are honest and straight forward about how they get dealt with.

Although culturally, organisations can be very different, we have patients and service users very much in common and through our joined up working, we have a good relationship, particularly around Adult Social Care and Closer to Home, encouraging the focus to be on the hospital rather than acute services.

Question – Clinical Commissioning Groups

As commissioners, we have identified a number of areas which need to be and are being modernised. How would you set about delivering change and forcing ownership by hospital clinicians at all levels?

Answer

We can build on a track record in Northumbria and people working within their own area, and between areas to deliver a service including service design and service reviews. We have tested out models working with our consultants and we manage the job descriptions and trainee rotas so we support all levels. Over a period of years, we have a good alignment so people being cared for in any part of our organisation are being cared for at the same level.

The key is that we do not develop plans separately, so if you have any plans you want to develop from a primary care point of view, we can look at that and the key is that we design the plans and everyone is in agreement at that point.

A particular example – we have been working with Northumbria Commissioning Group on a game share model, working together to make sure everyone works together and moves forward to agree common objectives. That process has been started.

Question – Patient Representatives

Your experience and providing care closer to home, what is your experience of providing care in both acute and community settings making sure that there is a sustainable service and also preventing unnecessary admissions to acute care?

Answer

In terms of how we demonstrate more care closer to home – chemotherapy is a good example. Some years ago we were told by specialists that we could not do any chemotherapy in Hexham and we said that is not right and we challenged it. We developed a nurse-led service in Hexham. We have taken that model and introduced it in Berwick and most recently in Alnwick. Patients in Berwick used to travel 120 miles a day, and now they no longer need to do that for the chemotherapy regimes. Also the number of patients getting those treatments are growing.

In terms of how we work together to make sure that more patients are managed at home and looked after closer to their homes or in their own homes, we have spent a long time working with partner organisations. Five years ago, we developed Partners In Care. Part of that was for COPD patients and improving their quality of care. More recently, we been involved in negotiated care and that particularly focused on COPD in North Tyneside. We have been working with both Local Authorities, the GPs and Community Services for the past year in looking at how we can all work together to look after more patients and care for more patients closer to home. That has led to an integrated network and a number of strands where we are identifying high risk patients and in the community, some of them have been hospital and some have not, and we have developed systems for identifying these patients. We are about to role out at multi-disciplinary level using community teams at practice level to look at better ways to

manage patients, whether or not it is extended into Adult Social Care. We have modernised the way we work and provide short term support for these patients, doing this through a care planning approach. It is a lot of work in North Tyneside. We would be happy to share that in more detail at another time.

In terms of specific re-admissions, some of the key work is based on patient experience. We have regular contact with a whole range of patient forums and service user groups. We regularly survey patients and take their views on board. The integrated pathway includes community staff working in A&E and the Admissions Unit to prevent unnecessary admissions and to monitor re-admissions. There is a whole range of work going on.

Question – Patient Representatives

Will you have separate Governing Bodies for Northumbria and Cumbria?

Answer

Legally we have to have one Governing Body. We have 71 governors for Northumbria. If we were successful we would make that proportionate to make sure that there were the same 40-50. We would have a discussion about a natural big Governing Body and arrangement for local constituencies. We would be required to have one big Governing Body which meets a couple of times a year, but most of the work would be in the localities.

Question – Operational Managers

How do you define your operational management model and perhaps an example of that?

Answer

One thing that makes me proud to work in Northumbria is when I sit on the management committee with 7 directors and 8 clinicians, which is nearly half the team and they are all primed up and work in teams. As a clinician, I work in engaging the clinical management staff so we have that clinical engagement at all levels. That is a model we stole from Kaiser Permanente and that has been embedded in our organisation. We expect our clinicians to get involved at an early stage and managers to get involved with the clinicians.

There is a lot of engagement to go on. That would be our same shared vision. One of the points about clinician engagement is around having a shared vision. We will keep returning to a shared vision and what is better for the patient because we can see what is best for the clinicians or directors.

Out of four Deputy Directors, two have nursing backgrounds. Five general managers all have nursing backgrounds. Out of operational services, nine have a nursing background. There is 100% buy-in to management, operational management and general management and involvement with patient care for the organisation. That has gone on for a long time and will continue to go on.

Question – Cumbria Cluster

During times of transition, there are great dangers to patients. What contingencies would you put in place to ensure patient safety?

Answer

Our approach would be, if we were successful, to agree a management contract as quickly as possible so that the two organisations can be aligned as quickly as possible. It is a new and unchartered territory. The acquisition is a long and protracted process. If we agree a management contract, we can have people over here quickly and work with people over here and ensure we are managing risk from day one.

Question – Cumbria LINKs

How do you propose to maintain the critical mass of the clinical services in remote Cumbria?

Answer

We have had lots of issues about critical mass in Northumbria over the years and we have had to work out the physically possible things to do, like recruitment. We have made tailored solutions for the problems that have occurred. We do not know what these will be for North Cumbria because we do not know the patch well enough. We do not know the critical mass, whether there is a need for clinicians to work across sites or deliver more specialist care in a more rural setting. That is a complicated process that we have to work out over time. We have managed to do that in Northumbria over 2,500 square miles. It has resulted in some clinical change but delivering more closer to home than was previously possible.

Question – NCUH Partnership Forum

How would you ensure that staff feel that they are part of and can influence any changes in the organisation?

Answer

We have been through this over the years in Northumbria. We still would be very straight forward and up-front. If there was an issue, we would have a discussion about the way forward. We would have staff forums and we would have staff governors on our Governing Body. But, fundamentally, we have to be very straight with each other. Things have to change but that would be for good reason. You would have good commitment from us and we would work together for solutions. We would describe a problem and come to an agreement on a way forward. The Health Service is always changing and things have to change but we would do that together.

A good example of that is that when we joined with Hexham hospital the staff were nervous because they became part of a much bigger hospital. I was involved in surgical services because they had had difficulty in retaining orthopaedic and general surgeons and we needed to change the way general surgery services worked. There was a lot of work with the GPs and community and people who used the hospital. By focusing on

the surgical services that we could provide to the whole community, we ended up with a situation where we changed the way the emergency services work which did involve working to make it in community services. We were able to deliver and got people interested in it and got GPs believing in us, the more specialist services we were able to offer locally. We ended up providing more services at Hexham and as a result people were able to access more surgical services. There was quite a lot of tension around that. There would be different situations we could mention in North Cumbria.

Question – Health & Well Being

I live in Whitehaven. You mentioned nervousness about people living in Hexham and also engagement with the public. Public engagement does not end with Governors. You have had to balance the wishes of people in Hexham and Berwick. We have a lot of nervousness about the decisions made in Carlisle by people coming from Whitehaven. What discussion have you had that seem to have worked?

Answer

In 2009, we engaged in changing our emergency care system across Northumbria trying to determine what the best options were. When we decided to go forward to talk to people more formally, we ran a Trust engagement process that lasted three or four months from January to April where we did dozens and dozens of public discussion events and presented a fair challenge. We had verbal feedback, questionnaire feedback and more groups as a spin off from that. The engagement was different at the end and there was agreement with formal consultation throughout the summer. There were times where we had three teams out per night in different parts of Northumbria and North Tyneside. We had presentations about the risks and alternative options. Our local needs were matched against the greater good. There were further refinements to the proposals and at the end of the year we had stronger proposals. There were surveys to see what customer satisfaction was. We had 50% support for the concept at the beginning. At the end of the process after all the presentations, 74% satisfaction with the proposals. That was down to us listening to what the concerns were and reshaping it. In the end, it was a better proposal.

Question – Operational Managers

How would you deal with parallel on-call emergency services? For example, obs & gynae on multiple sites, considering cost implications.

Answer

I don't know. We have looked very closely at what services are available. One extent being a Foundation Trust is an easy thing to be because if there is a mandatory model to follow, and you follow it. The difficulty is tailoring it to fit your needs.

We are about to start a due diligence process before we could say what sort of model we could propose. At the moment I cannot answer that question as I do not know enough about North Cumbria Trust. National Safety Standards and guidelines would be a core and how we deliver our solution for that.

Question – Secondary Care Clinicians & Staff

Problems of reconciling Closer to Home policies in providing community initiatives and running community hospitals and critical mass. How do you reconcile the two arms of providing Closer to Home whilst sustaining critical mass?

Answer

Our view would be patients generally would like to have treatment more closer to home than being in hospital for long periods. We need to make sure that the services are provided to a high standard. We have seen in other parts of the country where it [*closer to home*] has cost more and not been delivered. We would work with community colleagues and primary care colleagues to deliver patient satisfaction and good outcomes, and to not totally destabilise the system. It is a tough act to balance. We need to understand what the overall impact is before decisions are made.

Example? Dr Neil Goodwin

Answer

A COPD pilot in Blythe about shifting care into the community. The decision we came to with the community care colleagues was that from the patient experience point of view and good outcomes and that had to deliver a good outcomes this would entail a steep challenge within the hospital and we did that together. In the end the programme was cancelled because of cost implications. It identified however a sustainable model of care in the community setting.

Question – Cumbria County Council & District Councils

Given the engagement that you described with Adult Services, what extent do you work to children's services? We are particularly interested in the safeguarding and how you learn from our serious case reviews also the LSCB?

Answer

My remit as a Director is to look after Children's Services and my deputy too is on the Safeguarding Board in Northumberland. I am on the Serious Case Review panel. Any serious case reviews would be part of our presentation to our Clinical Policy Group which meets once a month. Our named nurse for Child Protection presents the case. Recently, with the transition of Community Services, we have a paediatrician who works in the community. We have an advert out for a Director of Children's Services. We will have one service all the way through; they are all one in Northumbria. We have presence on the two main sites. We have a superb plan and an agreed model in Cramlington.

Question – Cumbria County Council & District Councils

Cumbria is a two tier authority. Can you see how the working relationships will develop in relation to Closer to Home within the district?

Answer

Most of the focus will be where the social care arrangements are. We have demonstrated that we are a unit now. There were a lot of small councils and we worked with them all to pick up on the local issues. We have lots of mechanisms to try and do that.

One of the benefits from our experience is in the community business unit. We operate housing services, a district function, a range of health and well-being services which are cross-district boundaries, so we have a good understanding of two tier government as well as interfaces. We can bring that experience in terms of partnership working.

Question – Clinical Commissioning Groups

Examples of the role you will play in providing county-wide pathway services. In particular, how can you enhance service delivery through the year of care initially?

Answer

What you have heard from many of the answers is that our philosophy and belief is that we work together, as from years of experience by trying to work in silos, we will never achieve the outcome. One of the first things we will do is a lot of external things, talking to the commissioning groups, local GPs and local GP clusters, then take that forward and listen to their views. We are not at that point yet because that is work to be done and we will need to work out how to work together.

In specifics to the year of care, I presume you mean diabetes type year of care for many things, not just diabetes. The year of care initiated in North Tyneside and was developed to the point where it has got to today. In North Tyneside, we led that so we are formally behind and supporting the year of care services. Also, diabetes should be managed in primary and community care and the service issue should be aligned to make sure that happens. The same model, the same planning approach can be used for other chronic conditions. Year of care has been used to develop the COPD model using the same methodology and principles around development of a care plan. We used the same approach for a vulnerable group of COPD and undertook some matrix work to reduce A&E attendances by two thirds for a respiratory condition. As part of the COPD work, we undertook very detailed patient questionnaires, 50 questions around the quality of care and more importantly if they felt that they could better manage their conditions and could they do it early enough. That feedback was fantastic. We can share that with you as commissioners. This is being rolled out across the patch. We have a newly formed Steering Group and it will be rolled out across the whole of Northumberland for COPD.

Answer

My view would be that there will be some operational things that we need to sort out internally, some purely commissioning things. Legally, we have the same interests so no surprises. We are not going to destabilise anything that is already in place.

Answer

From a Primary Care perspective, the way that Northumbria Trust goes about these sort of projects is to actively engage with Primary Care. We have done this for over a decade through PCG days and Primary Care Commissioning days. There has been active engagement from the highest level. For example, a Chief Executive coming out to engage with GPs and get them on to the planning groups at the earliest stage.

Question – Patient Panel Representatives

The Patient Panel in North Cumbria is very strong and plays an important role in patient experience. You mentioned open and transparent patient experience. How would you ensure that the views of the panel are taken into account to ensure the quality of services for patients in North Cumbria?

Answer

We would seek to build a very similar patient experience process so we would have a system that concentrates on the patients every day to tell us about their experience. We would build some of the engagement mechanisms that we have seen with local governors and talk about what is going on in the local community and try to draw on that. Sometimes, things need to change and it is unpopular but it has to change for a sustainability point of view. It is about being honest. It is a difficult issue and we have to talk about it and listen to you.

Answer

Where we have undertaken service reviews and are undertaking secondary care service changes, we have always found patient involvement has made development of the vision much better especially where they can feed directly in to the process.

Answer

We involve patients in the assessment processes. For example, with patients in residential homes. Also there are numerous mystery shoppers and numerous community based projects that are driven through Links. We have a strong Link group and patient representation.

Answer

One of the examples of engaging patients on an every day journey comes from our Children & Young People's Service. We have a group of children and young people who meet once a fortnight to talk about what they want to have for their services. They are involved in mystery shopping, outpatients and sitting in on consultant interviews and on the Governance Committee. It has taken a long time to get them to understand but it fitted in nicely with their citizenship agenda and that has been welcomed by the schools. They have produced DVDs to work with local schools and working with community doctors. It is a shining example of engaging with difficult patients to work with. We have a very good sustainable model working with local schools and children who have been through our services and they contributed a lot to our services. They have taught us how to listen to them.

Answer

Another example when we were talking to patient groups, 40 separate groups over three or four months. We captured their most significant priorities for the patient journey. That was confirmed with the Governors and our Board. We looked into our quality account and there are several hundred views from patients about their journey and their experience. That gives a very solid commitment to listening and acting on what people are asking us to do.

Question – Operational Managers

The robust governance model, can you expand on that and how it goes on and back to Board?

Answer

We have a commitment at our Board. Quality is number one on our Board agenda, particularly in terms of our long term strategy. We have a very robust clinical quality group and good working arrangements at ward level. At ward level, looking at a weekly meeting of incidents and the multi-disciplinary team learn from what has happened in the week. That gets taken up to the Business Unit. A three month trend analysis looks at integrated governance from a team perspective and what we can learn from that. We are very committed to learning from that. For example, for serious cases which cover the patients' journey, a clinical lead would take that on and we would ask the consultants to challenge that presenter about what can be improved. With CPG backing and approval, we would implement that. It is clearly multi-disciplinary. Six months later, we do an audit to say it has been implemented and it is a really open and honest culture.

Question – Cumbria Cluster

A lot of patients leave this county for treatments that probably should be delivered here. You have started to repeat some services, PCI. What do you see as repetition of services?

Answer

We have done a high level of analysis of patient flow, some going to Newcastle, Teeside and some North West. In different specialties, there are different drivers for that, some specialist services that are not available here. We would review specialty by specialty and try to build a plan that contained as much work as possible in Cumbria. For example, a lot of orthopaedics might go over there. That could be about competency or some services might not have the volume to deliver that specialist service. We could look at if there is an opportunity to develop a new model of care for example plastic surgery. It is not good for patients to have to travel and it is not good for the Trust for patients to have to travel out of the county.

Question – LINKs

Have you done your homework or not. What weaknesses have you identified in the delivery of healthcare in North Cumbria? How do you plan to address them?

Answer

Over the last few years there has been far too much effort having to be spent on managing the financial situation and some performance issues on the patch. The priority is to get out of the situation with the money. We have a track record to do that and I would seek to do that very quickly, having a plan within six months. That lets us then improve on the outcomes. That is down to due diligence and what we find. A lot of the service is very good, but you would not believe that by looking at the press. In terms of Clinical risk and clinical outcomes - what evidence is there, how does it compare to our services and how can we develop an improvement plan before the acquisition process is complete. There is not enough information for us so far to be crystal clear and hopefully the due diligence would help. Let's get out of trouble and focus on where we are in terms of patient care. Can it be better and how it can be better? Let's agree a delivery plan and deliver it.

Question – NCUH Partnership Forum

How does the Trust involve Allied Health Professionals in the leadership structure?

Answer

As a Director of Nursing, I have responsibility for AHPs. We have an expanding group of AHPs. We have a leadership structure for all staff with Heads of Department engaged with all staff. The Heads of Department have attended a clinical leadership and development course. They are very involved in the new emergency base unit. They lead their own service. They have their own budget and access to their own finance accountant. They have their own governance group and are involved in other governance groups, for example Orthopaedics. For stroke, they are part of the medical operation group and for surgery they are part of the surgical team. They have a very strong voice in Northumbria. They are now doing seven day working. They are very strong and we need them. We cannot work without them. We have a quarterly catch up and they are present on the Education Board and Non-medical Education Board. Their voice is definitely heard.

Answer

There is a Clinical Director in each base unit or more than one. For example, Community Director for Clinical Services or Clinical Lead or Allied Health Professional Clinical Lead. An Example of how they work is with a full review of speech and therapy services this is being led by a clinical physician.

Question – Health & Well Being

What approach will you take in setting an equality objective in design, development, procurement and delivery of your services if you take on the services of North Cumbria Trust? What are you currently doing in setting your objectives in North Cumbria?

Answer

As the equality Lead for the Council, I link in to a Lead Director for Equality in the Trust. They work on very sound foundations. We have statistical awareness and very good understanding of our communities and the need to develop. It is very easy to pay lip service. We take that one step further through our Patient User Forums to ensure we have got representation of all aspects of our communities. We ensure we seek views whether that is in Ashington or Hexham or Haltwhistle. We have very sound joined up arrangements. Having had a look at some of Cumbria arrangements there are sound foundations to build on that.

Question – Clinical Managers

As relatively small hospitals, we have a small number of junior doctors on small rotas which is tight on service provision. How have you ensured education and training for your junior doctors in similar circumstances?

Answer

We had three units with very tight numbers and it was therefore difficult to differentiate from training and service delivery. It has been a long journey and we have different ways of extended working, such as practitioners, to allow trainees to be released for training. I have been linked with the Deanery and I quote from Mrs Page "David, make sure you look after education. It is important". I take that to heart and it allows our trainees to reap the benefits of the services we are delivering.

We have expanded the places we provide. We are 100% full for the first year training programme and that is because people like to come to us. That means we have more consultant delivered training. The care and support our trainees get from that means that our Obs & Gynae training came top in the survey, not because of what we do, but because we are there and we support the trainees. It is about drawing out other services and running extended practitioner clinics. They are doing the leg work.

We are also working towards splitting off lists to allow a trainee to benefit from that. It has been a long process and has taken a lot of work. We are now reaping the benefit from that work.

Question - Secondary Care Clinicians & Staff

Multi-disciplinary teams, particularly in cancer care. We provide MDT for common cancers and provide surgery locally. How do you see that changing or not changing and what would be the model for running MDT to allow the units to be equal partners in the process?

Answer

We would be very keen to keep those MDT's working as well as they can do. One of the things I am currently investigating is some IT solutions for people having case conferences around clinical problems when they do not have to be around in the same place at the same time. We currently have live MDT processes around the region and we would try to focus on keeping those MDTs running as far as possible.

Answer

We would also be guided by the Cancer Peer Review and TeleMedicine and teleconference to make sure everyone needs to be there. You would have had a report which recently told you about MDT. (Charles Brett confirmed he has).

Question – Cumbria County Council & District Councils

How do you intend on engaging with elected members to ensure that their experience influences your delivery?

Answer

We have some unique experience in Northumbria in terms of our formal partnership with the County Council. Regular meetings are held with the directors of the council to plan and jointly look at and plan how to take services forward. There is a Scrutiny Committee setting out services or change mechanisms. We ensure that local ward members are kept involved in any changes, whether that is county wide or specific wards. It is a mechanism to ensure it is a vital platform for ensuring our local communities have the appropriate care.

Question – Clinical Commissioning Groups

The building of the new West Cumberland Hospital presents major opportunities. Do you feel that the plans have gone far enough or can you see wider operations?

Answer

There are a few things we feel we can explore a bit further. There are one or two further operations. We would sit down and say that this is the plan and ask if there is anything else we can do before we go too far into the process. If we make that process too long, that is a problem but there is an opportunity here. We have done it with Hexham.

Question – Dr Neil Goodwin

Can you give an example of what you have done in a similar situation to West Cumberland Hospital in Hexham?

Answer

Hexham had to be totally changed when it was re-built so to get the business case through, the whole model had to be changed, including the number of beds. That had to be agreed jointly. When we got to stage 2 with Hexham it was just before we went to Foundation Trust with Monitor and we went through another route with Primary Care to see if there were things that needed to be changed here. We changed some of the service models and some of the layouts, people on site and some of the hospital services. We had six weeks to get that approval.

Answer

In the Hexham work, there were a number of service streams that needed to be developed. Some GPs were involved in delivery of those service workstreams. We had a GP involved with the lead consultant for each workstream. The leads were responsible for making sure that the services are delivered in the appropriate way.

Question – Operational Managers

We have heard a number of strengths and opportunities. Can you share a weakness or threat?

Answer

The big problem is the money, so we need a clear plan to sort the money out as quickly as possible. There are some service configuration issues and from afar we cannot see how they can be delivered yet. The first priority is to sort the money out. There are performance issues in some areas, but the focus is then on improving the clinical model.

There are some regulatory problems that every trust would have to report to the NHSLA, and the issue is that on day one that would drop a NHSLA level virtually over night. That is a big problem for us in relation to the way Monitor assesses risk. We have a comfortable risk rating of 4 routinely and are amber/green. On the point of acquisition those ratings would drop straight away. Everyone is in the same boat. We would have to find a way of dealing with that. From the Northumbria unit, everyone is concerned about being a distraction so we need to make sure that there is resilience.

Question – Dr Neil Goodwin

What is the biggest opportunity for you in this acquisition?

Answer

The biggest opportunity is our combined strength. The biggest threat is being centralised and we have fought hard over the years to make sure that does not happen and there is an enormous opportunity there for us. The opportunity is for NHS run chains of hospitals, Guys & St Thomas' for example.

Question

Do you think there is an operating model which will operate under the tariff?

Answer

We have not yet done the financial due diligence. We have an environment in Northumbria and we run services which in stand alone services are not sustainable. They will have to change. We currently do not receive any supplements over and above the tariff. My view is I cannot see why we cannot get over a sustainable financial situation after six months. I would want to be in a position where we all wash our faces

financially and deliver a good patient experience. We made sure we do not have any supplements to the tariff and we currently do not have to rely upon that.

Question – LINKs

HealthWatch when it comes in to existence next year will have a responsibility to flag up when there is a risk of serious incidents training. How do you plan to have an open system to share data to be able to monitor and prevent such situations arising?

Answer

Lots of clinical outcome information is made public. Very thorough processes for the SUI and significant planning events.

For our Governors, they are encouraged to share what patients views are in a small community. We have regular breakfast meetings with them. Lots of public engagement exercises to pick up on all those concerns. Our patient perspective surveys have the opportunity for lots of free text from patients and their families. That is where we get what they think. We analyse those comments and pick up the hot spots and where there is a story to be told.

Question – Health & Well Being

It was mentioned earlier in the presentation in Northumbria silo working is a thing of the past. Do you realise the major cultural change in North Cumbria because that is what is required for true delivery of service?

Answer

We are not expecting it to be easy. Amongst the people we met from North Cumbria, nearly everyone is understanding of the issues and willing to take them on and to make change. We have not sensed any massive resistance to making changes. It is always different when you get in the guts of it. It is the time to act. There is momentum now and as a fall-back we have had people talking to each other. There are established mechanisms to be able to do that. You cannot beat a bit of momentum and people saying that we can get a result. We can get a lot of momentum very quickly.

Question – Clinical Managers

At present, we are undertaking a nursing review. What are you plans to review the nursing structures and establishments within the Trust?

Answer

I have not seen your nursing structure for North Cumbria. In the past we have looked at a nursing structure and it is about looking at the structure you have got now, what is the skill mix and looking at incidents and what training has been given. Have they had NVQ 1-3 and do you appraise your students? We have learned a lot about our Trust because we could not recruit nurses. Recruitment of healthcares, patient experience, number of beds, length of stay, complication rates and IV catheters and what we need to do all need to be considered. I presume you have some ward score cards. We are

also to go with live soon with electronic rostering. For the whole of the Trust to look at start time and end time and handover and what your overlap period is and how long is your night duty, but I have not seen your nursing structure yet.

Question – NCUH Partnership Forum

You have talked about centralising agenda. In practical terms how would you resist this for North Cumbria and Northumbria?

Answer

Resisting the centralising agenda is about finding the right mix of services we can deliver and probably looking at services that are badged as specialist and not seeing them as tertiary services, but seeing them as part of clinical caseloads. For example, ENT and orthopaedics and what they can do in a community setting. We have shown an ability to take a bit of a punt on some areas which we previously we have not been in. We have started to develop a small plastic surgery service which has been phenomenally successful. Working across sites and across the branches of the organisation with each other to sustain the tertiary services across the patch.

Answer

Acute stroke services are being developed and we have developed the Telemed model. We have managed to retain that service because it is virtually the best in the country. If the standards were not the best, we would have lost that service. We have managed to improve standards at the same time.

Dr Goodwin invited comments from Northumbria Healthcare to sum up the meeting.

Northumbria Chief Executive – we have had some really good questions and there are a lot of things we want to be clear about; service configuration in West Cumberland Hospital and how we would deal with the money issues. Where we are in the process, we cannot be at that point yet and it would be wrong to be at that point, because we have not talked to you yet. We need to understand if there is a difficult issue you want to deal with and we will work with you on it.

Dr Goodwin thanked Northumbria Healthcare for attending the event.

Acquisition Stakeholder Event
12th October 2011
Partnership with Newcastle in Cumbria

Newcastle upon Tyne Hospitals gave their presentation.

NG invited questions from the audience

Question – Secondary Care Clinicians & Staff

The first question is the matter of your integrated alliance in particular, which will be the taking over organisation. How will the financial integration of our organisation work? Will we be one, or be one and NIC separate? Also what is your integration plan for governance? Who will be responsible for managing your organisation?

Answer

There will be one Foundation Trust – the Cumbria Partnership. They are here in Cumbria and they are the statutory vehicle. Newcastle will be a very significant component of that including Executive and Non-Executive members. Newcastle will be significant but will bare some risk. They will focus on the needs of the population and bring around vertical integration.

Answer

In terms of finances, the finances will be owned by the Cumbria Partnership Foundation Trust and organisation of services would be under Cumbria Foundation Trust. In terms of governance, we are moving into detailed areas and the ultimate regulator will be Cumbria Foundation Trust. The way we operative will be a partnership between Newcastle, ourselves and the stakeholders in this room.

Question – Cumbria County Council

These changes represent significant change. During that process how would you make sure safeguarding issues of adults and children remain paramount?

Answer

We have examples of our teams working in integrated teams very closely and with Cumbria County Council. That is an example of how it will work in the future with integrated care. All of that mitigates against some of the problems we have with safeguarding adults and children with hand offs and transfers. You will know how hard we have been working to overcome that integrated approach.

Question – Clinical Commissioning Groups

As commissioners we have identified a number of areas which need and are being modernised. How will you set about delivering change for GP commissioners and for hospitals at all levels?

Answer

In Newcastle, we have developed a national initiative – "Better together". It was a very significant manifesto adopted by the Council of Governors in 2010, is being taken forward by the Government and supported by the Government. It is about grasping common pathways and by hospital clinicians working in the community, working and sharing opportunities and opening up the pathways. For example, Dr Skinner [community cardiologist] could explain the experience we have gained in the last two years in Newcastle and how we would like to translate that into Cumbria.

Answer

It is a very important part for the organisation to do that. It comes down to patient care which is what we are here for and that is the centre of what we do. It is very clear direction in terms of valuing different expertise and knowledge. It is about clinicians coming together and delivering care in a way the patients want their care delivered in an integrated pathway. The patients would want the care moved across the pathway right up to tertiary care services. They could look at the complete pathway so patients in Cumbria get the appropriate care and not with the fragmented elements.

Question – Patient Representatives

Is there only going to be one Foundation Trust Partnership delivering and managing services with Newcastle providing the specialist services? How do you reassure the Newcastle Trust is not just a bolt on?

Answer

There is no intention for Newcastle to be a bolt on. They will be integral to the management of the hospitals and in partnership with ourselves[Cumbria Partnership]. We already have a legally binding agreement around managing the finance and risk. This is not some kind of flimsy agreement that Newcastle can walk away from at any time.

Your question and the previous question go the heart of what will be different. This is about behaviour and the way in which we share a value. I am sure we all share the value of putting the patient at the centre of what we do. I am not sure that people understand it. I hold a contract worth tens and tens of millions of pounds which is driven by an idea that what we will do as an organisation will ensure that people are not admitted to hospital unnecessarily. The hospital lifeblood is often based on people coming through the door. The system will not change and we want to make use of it, working with Newcastle and North Cumbria to put the patient at the centre of the hospital. I have no doubt whatsoever about the values and the shared vision.

Answer

We are looking for a Cumbrian solution and I am sure all of us in this room will sign up for that. Patients first and foremost. Newcastle is not going to be a bolt on. It will be an integral part. People will be anxious about how Newcastle will set about it's business. I have had comments about me retiring and will I slip away soon? I hope not. The Cumbrian Partnership will be on an absolute par with Newcastle. Very quickly we will do that through professionalism and organisational change, working with the current staff acknowledging culture.

The Infirmary in Newcastle was in massive debt and we joined everything together. For the first time it worked in Newcastle. We have a big stake in Cumbria. We can do better in Cumbria. We can use a number of technologies and we can work better with our medical and dental skills. We can take advantage of that and bring a critical mass into Cumbria. We can learn from Scotland where the subsidy has been underpinning and we can share the risk, through the Governance vehicle. There can be only one Trust, the Cumbria Partnership Trust. The determination will be Newcastle. We have a reputation of wining and we will always win and we will make sure Cumbria follows her. Even our Governors in Ireland and members in Cumbria say get on with it. The solution for Cumbria may not be the same solutions for Essex, so we will target what needs to be achieved. We are very determined, will be very involved and are positive of local leaders. As previously indicated, it is a legally binding partnership.

Question – Operational Managers

The Newcastle Trust being integral to the management of the new organisation. What is your new operational management model like? How would you ensure engagement?

Answer

I cannot say what the operational model is. The way in which we organise ourselves needs to be a dialogue and I have not had a dialogue with the hospital itself in how this is going to work. We are in phase one of this process. If the question is will we value the quality input from leaders, both managerial and clinical? Of course we will. We need clinical leadership and clinicians leading things. In terms of clinical engagement, both ourselves and Newcastle pride ourselves in involvement with clinicians and our Board is represented by clinicians. John Howard used to work as a clinician of the Trust.

Answer

(John Howard) – It is very interesting going from a non-Foundation Trust into a Foundation Trust to see the rigour and the standards and performance. I have never joined an organisation better run financially and that is what we need behind the scenes to allow clinicians to do what they do. We do not need someone telling us how to do rural health care but we need the added value of what this partnership brings. In terms of added value and community services, this will be achieved through the approaches we will be taking in partnership with social services and bringing that and connecting it up to our adult services in Cumbria and mental health. The strategic approach is that it will all be connected up. We have got rural care. We need tertiary services connecting up. It is not just about acute care; it is about care in Cumbria and the whole healthcare

within North Cumbria. Most of us have dreamed of this and seen all the problems and the squabbles which has not helped Cumbria. From the Acute side, I would say look at all that resource, the 400 beds in the community. The ability like Kathy Hey does, managing diabetes and creates great opportunities.

Answer

One of the real delights of working in a Foundation Trust is having governors. Forty seven governors. Nine are staff governors. Being a senior person in a Foundation Trust is very different from working in an NHS Trust. 14,000 members and 47 governors. We are required to have three staff governors and we took the decision that we wanted far greater and we have nine staff governors. The staff governors will be increasingly interested in how the services are organised and delivered. We will be talking to them and our partnership forum as well. We have a very active partnership forum. The unions were there and it is about having an organisation. It is not about organisational charts.

Question – Cumbria Cluster

Any transition is fraught with difficulties and worries about patient safety, particularly when two organisations are involved here. Can you clarify who will be responsible for making sure patient safety is paramount to that?

Answer

We agree that that is a challenge and we will be bringing the Newcastle model working with the Partnership Trust. We will be focusing on the west and north groups to bring very distinct arrangements. We are mindful of what has been happening with the south of the country of late and Newcastle will be bringing standards and policy and procedures that we may need to work quite quickly on.

Answer

We are not just talking about patient safety here. We are talking about all aspects of patient safety that we deliver. We are talking about the effectiveness of health care, the patient experience, patient safety and clinical governance. We already have structures which deliver to the highest standard which is evidenced by external agencies, CQC, NHSLA and other organisations that come and inspect us on a regular basis. We also know that we will be working with a number of clinicians of high quality in both North and West Cumbria and we want to ensure that they will be given the opportunities to delivery the same quality of care as we do in Newcastle.

Question – NCUH Partnership Forum

Have you had any feedback from your staff as to do they agree? How do you liaise with staff, particularly in Carlisle that this will be a takeover rather than a merger?

Answer

In terms of takeover, every time we say organisational change we will work very hard. We want to have a dialogue. Not so long ago in the past year, we tested the size of the organisation. The Medical Director spent a lot of time on the road talking to staff who were going to join us. We listened to their concerns and were being open and honest. We understand that people have anxieties, but we are all adults and if we can have an adult conversation we can alienate those anxieties. We would have a workforce of 8,000 people in Cumbria and the opportunity of staff to flex in and out of roles, not just for convenience and experience, but for having a job that pays your mortgage. It is about managing the change that might affect staff.

Answer

At the Partnership Forum yesterday, the general feeling is cautious, excited and a little fearful, questioning but very interested. Our staff are dedicated health professionals like the staff of North Cumbria. They can see where the system works well and also they can see where they do not. They are all mums and dads, aunts and uncles. They can see some of the faults and the handoffs in the system. If we can find a way of sorting those out and smooth those out and line up. Our Partnership Forum is very interested to do that.

Question – LINKs

What is the vision on emergency care removal in West Cumbria?

Answer

We are still learning a little bit and there is information we would like to receive and understand in relation to West Cumberland Hospital. Our response is to ensure that that it is safe and sustainable. We will bring to the table a commitment to recognise the culture, history and ethnicity of the service that exists in West Cumberland. It does not call for change. It calls for major capital investment. The issue of intensive care or maternity, Dr Walls can discuss further how working in Newcastle in terms of retention and junior doctor training and how we can learn a lot of what they do in Scotland. If the commissioner wants to see change, we have got to satisfy that requirement. It is about safe and sustainable care but not kidding ourselves because we could have a general hospital.

Answer

We recognise the population of West Cumberland and the need for West Cumberland to have local services that are accessible to patients when they need them. We also have to balance that up against a number of key national drivers which are influencing the health service, not only in Cumbria. We are seeing the changes in the number of nurses and trainees, particularly at middle grade. There are other key financial issues associated with sustainable care. There will be a safe, accessible emergency service for patients in Cumbria.

Answer

A commitment for maternity services; one for a facility for women to give birth in Whitehaven at West Cumberland Hospital. And one to work with you to work to build the highest quality care for maternity that can be provided in this healthcare setting. We are in a good place with maternity. Generally speaking, maternity services in the North are regarded as being the highest quality in the country, but we are approaching a period that there will have to be significant change. Two major influences – one increasing awareness that if you want to give birth in a safe environment, do that during the day, not at night. It is only just starting to gain recognition. There is a serious chance of an adverse outcome at night. The biggest reason for this is the archaic belief that people are there during the day and go home at night. Have we tried to approach that in the North East at least. We have over the last couple of years said this is a major challenge and said how can we provide high quality care? We brought together all the clinicians, midwives and obstetricians from the provider Trusts in the North East. We said as a group we have got a problem here and we need a solution. We went through the advantages and disadvantages and did that for 24 hour services. We have had a chance to look at the evidence and leave individual aspirations behind and put the women at the centre. We asked each table to come and say what there should be, to provide consultant presence on site for every maternity unit for all women in the North East. That was an incredible achievement to bring everyone together. The general consensus is it has major implications which we are still working through. We wanted to bring Cumbria on board with that but because of organisational boundary issues, we were not able to do so and if this gave us the opportunity to do that, if we want to aspire to that level of maternity care we have. That is the way we want to approach things, an by bringing everyone together we were able to do that.

Question – Health & Well Being

Voluntary sector providers. How would the new arrangements help progress the issues around children's health services identified in the Mitchell report?

Answer

There are a number of things from the Mitchell report. We are working on a number of issues that we are seeking to address. A key element is a refresh of the Children's Board which we both sit on and it is really important to bring together different providers as well as those who commission children's services and working with the Director of Children's Services. Our organisation is working very closely in the way we deliver services and manage services together. There are a wide range of issues in the Mitchell report that need to be addressed. The quality of Children's Services is influenced by organisational arrangements. That is why I believe Children's Services will be a rapid improvement. For those who are outside the NHS, we really need to make an offer, whether you are in a third sector or even a parent trying to find your way through these services. We need to make an offer and our organisational forums do not lend themselves to those things. I have 500 staff working with Children's Services and very often we think about the health service and what happens to them in hospital. Those 500 staff will work within the hospital and outside the organisation within social care and that is why a Cumbria solution is needed.

Question – Clinical Managers

We have very small numbers of junior doctors on extremely tight rotas which leads to tension between service and training. What tactic have you looked at and what tactic would you use to ensure delivery of high quality services?

Answer

The training programme provided by the Deanery and providers would have to respond to those and the quality standards that are set by the Deanery. There is conflict between the Deanery and the North West. We have to identify if they are meeting the quality standards that are set by the Deanery. In terms of delivery of care, more and more care is being delivered directly by senior permanent staff, whether that be consultant staff or other staff employed by the organisation to effectively manage and deliver value in an efficient and cost effective way.

Question – Secondary Care Clinicians & Staff

MDT and cancer care in North Cumbria – we have a number of MDT and provide surgery locally. How would you see the acquisition influencing that and how would you engage in a model of running MDT operating across the county and locality?

Answer

I'm not a cancer specialist but we need to decide how to address specific issues of a tumour or type of tumour. We have improved the quality of care delivered to people suffering cancer. We need to work out where best to treat these patients. However, there is a conflict between the issues that we have already identified in that Cumbria would have sufficient patients with common cancer like colorectal cancer, to justify a set up but it is also about the number of patients with a more rare tumours. It is about delivering the right kind of care for all patients and working out where best to treat their condition. There is some opportunity to deliver MDT through video conferencing. People's experience of that has sometimes been received very well and sometimes it has broken down. The ideal solution would be to improve telemedcine links for Carlisle and Whitehaven, particularly where there are non-resident consultants.

Question – Cumbria County Council

There is a lot of talk about democratic accountability in healthcare. If you were successful, how would you make sure that continued in terms of district councils and county councils elected members?

Answer

We have looked to the constitutional arrangements with the governors with regard to the democratic mandate. The value of looking to the governors as a constitutional arrangement, the county council has a seat on our governors and is a regular attender, as is the PCT. It is important that we have a constitutional approach. Very often in the past, the NHS has paid lip service to engaging whilst in fact we can do what we want. The difference in Foundation Trusts is the legal difference they have. We have just changed the Chair of the Trust. It was the Governors. The Executives played no part in

changing the Chair of the Trust. Those governors are elected by a public constituency. There are a whole plethora of ways.

Question – Cumbria County Council

Re-assurance, explanation and examples regarding the role you will play in providing service pathway implementation and in particular how can you enhance service delivery in the diabetic planning model into other areas?

Answer

The changes to the Diabetes Service were initiated and driven by the Commissioners. We were able to look at the barriers and why there was deficiency in the care. Some of the barriers were about people being in different organisations and different pathways. This whole process was to bring all the diabetes services into one organisation and they are now employed by Cumbria Diabetes Partnership Trust. We are still within our first year and still have things to do but this has allowed us to liaise with colleagues and work with the GP colleagues. We have started to develop relationships which simply were not there before. As nurse directors we know what we want to do for the patient and what needs to be done, but some of the structures around finance block those changes. The process for diabetes has been an extremely positive one, getting that particular level of integration to deliver better care. This opportunity will lead us to a similar kind of process. It is about linking up the whole thing to make sure that the patient gets good quality care.

Answer

The opportunity that allowed us to have a joined up community care service and working together is that the agenda was not set by one side of the organisation. This partnership offers this working within that pathway – primary care model linking into more secondary care services. Setting the pathways and working together. Setting the pathways at different parts of the patient's journey and sometimes they need acute care. We should recognise single components of the journey. If we stand alone we will not deliver better care, but working together we will get the best for our patients

Question – Patient Panel Representatives

What experience does the Partnership Trust have in dealing with and managing acute services? Your experience is in dealing with mental health and community services.

Answer

We have collectively a vast wealth of experience. The most experience of delivering healthcare within Cumbria is contained within this hospital. Newcastle brings their experience over a vast number of years of building up the expertise to add value to what we are doing, we have a huge amount of experience. It is important that it is not about mental health services or community services. It is about the patient at the centre. Many of us do not go to a GP with only one thing wrong with us. A GP will say that they have a physical component. People with dementia, long term health issues, diabetes and respiratory, etc, unfortunately we try to silo these into different compartments. There is a vast amount of experience.

Question – Patient Panel Representatives

If the Partnership Trust is going to be the managing and operating Trust in Cumbria and it is relying on the experience of acute managing of Newcastle, does that not mean that there could be complicated channels of communication which could take time?

Answer

No. I have confidence in that the way we take responsibility in our hospital will be an agreement which will be legally binding. There is no room in our highly regulated health service. We have a great deal of experience in delivering high quality services in a highly regulated environment over a long period of time.

Answer

Our proposal is not for West Cumberland Hospital and Cumberland Infirmary to be at the end of the line. We are not extending the train set. We will be in Whitehaven and Carlisle. It will take time. There are some tremendous professionals around and they will work together. It is not about having someone working in an office; it is about working on the ground. We do it in Newcastle, so let's do it in Cumbria.

Question – Operational Managers

You have gone to great lengths to emphasise joined working in both trusts. I am seeking reassurance regarding the governance model and how this will manifest itself from ward to ward.

Answer

We have already said about how we will have patient safety that is clear. The knowledge of how we will run excellent governance systems will come from both organisations and the models we already have. We need to identify that through the period of due diligence. We will go through a process of listening to clinicians and managers and through that period design a system that will work from day one. We all have experience of doing that. We have gone through that experience and taking the best parts of what they did and coming up with a joined system. In both organisations, we have the same skills to make sure we have safe systems on day one.

Question – Cumbria Cluster

One of the key policies we have been trying to follow is repatriation. How would you make sure of that with the current financial situation?

Answer

We need to do a lot better because in Newcastle we want to use our beds more efficiently than we have of late. The Newcastle Trust is moving on to the doorstep and someone has to pay for that. We have to be very co-operative. By working together, the repatriation will be made more slick in terms of moving patients in the right setting without compromising care and quality. Length of stay in Newcastle will be as short as

possible. We will take into account domestic and social reasons because a patient has travelled a distance. We have the capacity to do that.

Answer

It is not in our interests to keep patients in Newcastle any longer than they absolutely need to. We have enough problems in terms of waiting lists and the eighteen week pathways. It is an opportunity of providing better care for patients in Cumbria and closer to home in Cumbria. It allows us to access the facilities in Cumbria which will facilitate repatriation in Cumbria. We do not want to keep people in hospital any longer than absolutely necessary.

Answer

Based on the work we have been doing with Newcastle to date, these are the questions we have been facing. Also Cumbria PCT has a sound record in the services it provides and there is a lot of flow of patients out of Cumbria which is expensive. We recognise there are huge pressures for commissioners. Stop unnecessary flows of patients out of Cumbria where it does not make sense and also make sure that they come back close to where they live as quickly as possible. We have a good record of facilitating that.

Question – NCUH Partnership Forum

How will you bring Allied Health Professionals into the leadership structure?

Answer

We are very clear in the Partnership Trust. First of all, that we have a very clear head who you look to for your leadership and we would be very keen that they have that structure. We need to make sure that all is good and work across the hospitals, working with the leadership and making sure that they work with leadership roles. There is nothing to say that Allied Health Professionals cannot be clinical leaders. It may well be that people in a large organisation continue to have leadership roles. There is a respect for all professions and all disciplines.

Answer

There is a bit more to it than leadership. It is about providing skill to diversify. For example, nursing to work in a community setting. In Newcastle there is a directorate system where nursing and GP's are very much involved in policy and policy setting, negotiating contracts and setting standards. They are very influential indeed. They are also on the board of the Council of Governors so we have staff as staff governors who have their say.

Question – Cumbria LINKs

The Partnership Trust is part of this but has only recently taken on the responsibility for care in the PCT so far without any clinical outcomes. Is it not too soon to take on clinical responsibility?

Answer

I did not choose the timing. That would not be the reason to throw away a forward opportunity. In terms of whether there is any gain, it is very early to say that there has been any significant gain. On the question of timing, the timing will never be perfect because who knows what will come along next year or the year after. One thing that is clear is that it is urgent that we tackle health care in Cumbria. We cannot move fast enough.

Answer

I did a talk about organisational change. I have a number of slides about change both in regional and country level and it is a wonder we get anything done in the NHS. The organisational side of it has to be done very safely and the focus is on safety. That is the process we took. We evaluated that with feedback from staff. We are at the point of pulling it together from the integration which will achieve great benefits in improving health outcomes. An example, in smoking cessation services, one of the highest risk areas on mental health patients, with excess mortality. They have not been connected up at all. If we are going to model this and bring them together, smoking cessation training would be mandatory for the whole Trust. That provides a smoking cessation engine. That is an example of how we get the integration. We start to think a bit more laterally.

Question – Health & Well Being

I would like to think of myself as a critical friend and it is interesting that Children's Services are working and integrating fully. However, my experience of working with mental health care pathways is that there is going to be a third care pathway. From a Newcastle perspective, do you fully integrate with third care professionals and would you like to see it in Cumbria?

Answer

We take advantage of all opportunities, even beyond a third sector. I do another job as Chairman of a charity that works with the NHS and Local Authorities and we work together with other partners in the field to try to bring about independent living to try to avoid residential homes. It is a very good experience but there is sometimes a risk in quality. We do strive and engage in all resources available to us with the family, the patient and the carer in mind. I have seen very positive steps being taken and if we are to be seen to be fit for purpose, we work well with Well Being and would be delighted to come along and engage.

Answer

I am proud of our working with the third sector and we would like to walk the talk. If you came into our learning centres, you would see our resident facilities run by Mencap. You will see lots of examples throughout the organisation. We try very hard to use our purchasing power and working in partnership with other organisations in the third sector. It is not common in our organisation.

Question – Clinical Managers

We are trying to understand the alliance a little more. How might that affect external risk rating assessments and governance in each of the Trusts?

Answer

One of the things we need to do is seek to work within the regulator arrangements right now which is why we need to choose a platform for the acquisition and the bringing together of the organisations because we believe very firmly that it would be the best platform. It would be Cumbria. I have had a meeting with the Chair of Monitor and talked through this very issue. We have experience of managing major transition and that is very important. It is a very complex exercise. We have gone through that in recent times. There is nothing from a regulatory point of view that would cause concern. The issue with risk rating would be during doing an exercise of due diligence and during that period we would look at what would be the impact on our risk rating and our governance risk rating and that would be addressed at that point.

Question – Clinical Managers

Would that risk sit with Cumbria Partnership Trust?

Answer

It would not. They have to work with us. They are very keen to work with us to find a way that would be legally binding, that the alliance with Newcastle can be factored in and they would take this into consideration with our risk rating. For example, how we would assure ourselves that we have the right skill set to acquire the hospital. One of the ways is how we acquired Newcastle community services and that would give the regulator the confidence. The regulator would be assured through the agreements which we would have to make legally binding.

Dr Goodwin invited comments from Newcastle Partnership to sum up the meeting.

From a Newcastle perspective, thank you for putting up with us today. We bring a great deal. We are very aligned with Cumbria and have been for more than sixty years. We would like to stay with Cumbria. Choices have to made whether it is Newcastle Partnership but p0atients may have to drift to Preston or Glasgow and the services we provide. We may not be the preferred provider of choice. We bring commitment and are very connected.

I do not see it as a bid or acquisition. I see it as an offer to expand the opportunity into the North Cumbria University Hospitals Trust. Not an acquisition. The regulator has been mentioned. It is sad about Morecambe Bay.

How can the Foundation Trust come to the table, meet responsibility and improve and enhance local services? In Newcastle, we have embraced community services. We have enhanced the services. We provide primary care services. We have an understanding about what the commissioners in NHS Cumbria wish. NHS Cumbria from my perspective are the best informed, most challenging commissioners I have had to deal with. They are on a par with the Department of Health and those who

commission national services because when it comes to the quality outcomes and delivery and meeting the cost, we are there to unpick it all. We would be delighted to move to the next phase. Some of the answers you might think are a standard answer, like tell me about your manager. We need to engage and once we have moved into due diligence we can start to discuss with all those involved as to what can and cannot be done, realistically.

We do not want to have promises easily made, easily broken. In the last ten years, we have transformed tertiary and secondary care to the stage where Freedom hospital is old hat. We are thirty five years on and are extremely proud of it. We will bring that ethos and settle into North Cumbria and there will be one organisational licence. Newcastle will be the organisational stakeholder.

Comment

I have been in Cumbria eight years and will be here for another eight years. I have a huge stake in Cumbria and I am very proud of what they have achieved and have absolute confidence in the team that works with me. We need to seize this opportunity now. We could have carried on being a high performing service, not getting involved in this. Why did we and why are we in partnership with Newcastle – because Newcastle picked up the phone to us and since this began, Newcastle seems to be only provider who understands what needs to be provided. That is an integrated health care solution. They are the only one who suggested working in partnership with us. We are going to be here in Cumbria and whatever happens after this will be very important to us because we have 4,000 staff and 10,000 patients. The point that Newcastle wants to work with us is extremely important to the quality of the solution.

Dr Goodwin thanked Newcastle and the Partnership Trust for attending the event.