MBMJ Profile . . . Jackie Daniel

Andrew Severn; Alan Hale

Jackie Daniel is quite clear about her reasons for coming to Morecambe Bay. It wasn't the family connections – although her parents do have a home in West Cumbria and she has visited the area many times. It wasn't a career move for a more senior post – she has been a CEO for over a decade and has managed three acute trusts and one mental health trust since. It certainly wasn't something that her friends put her up to – on the contrary, many actively sought to put her off. She was 'head hunted' – it was a challenge she had to take on.

The challenge is simply put. She has to cram the equivalent of two decades of change into the next two years. And she needs the clinicians to make that journey with her.

We interviewed her just a week after her first major meeting with the permanent medical staff. What were her impressions?

She described the meeting, at the Netherwood, a 'debate', which was an interesting term for what was billed as a meeting to introduce herself and share a few ideas on the financial risks facing the Trust. She recognised, and is prepared to take on, those who use such occasions to promote a party political, College or Trade Union agenda or grandstand to a national stage. In a clear bid to stop the sniping and the blaming of circumstances beyond our control she is pleased with the early progress in identifying key consultants who will be clinical directors. There are six clinical directors. They are her 'critical mass' of clinicians and she has pulled them out of certain clinical commitments to compensate them for their time. They are her key to engagement with the consultant body and she feels she has started to carry them with her. They are already thinking of strategic matters, supported by a new board, whose members she describes as 'the best anyone could get'.

Does she fancy a 'Carnforth General' or 'Milnthorpe Infirmary'? She isn't giving anything away but a 'new build' is one of the options that gets around the impossible legacy of piecemeal site development that has blighted Lancaster – 'what sort of hospital is it that has to call an ambulance to take a patient from a medical ward to a surgical ward?' But she is realistic: £300M is not easy to find these days, to say nothing of the vested political interests. Will such planning distract from the more pressing matters of delivering safe services? A definite 'no': this sort of planning is outsourced to professional planners who do this sort of thing all the time.

Maybe this was where we have previously failed – a preoccupation with strategic service reconfiguration and 'acquisition' without due consideration of the immediate consequences for the local population? She is keen to avoid

what she calls the 'arrogance' of imposing a model of care onto a population which is neither ready nor willing to accept it. The word 'arrogance' comes into the discussion several times. It's not a comfortable one to use, but she knows it is a word that has been used about us by commissioners to describe their frustrations with UHMB. Again, she shows an eye for detail. Arrogance can blight the planning and commissioning of

major services, such as the vascular service, but on a more mundane level it can seriously affect relationships with patients and primary care. We made our observations that elderly patients were travelling 30 miles to have their blood pressure and other simple observations measured as part of a 'pre-operative assessment' that was separate from the surgical outpatient clinic. It was, we agreed, an example of something that however useful in another context, was not suited to the rural environment.

Those who seek to treat Morecambe Bay as a special area where normal business and financial considerations can be suspended because of the distances involved should take note: Jackie has done 'rural medicine' before. Her first chief executive job, at the Robert Jones and

Agnes Hunt Specialist Orthopaedic Hospital in rural Shropshire, had all our geographical challenges and more: rural service reconfiguration and rationalisation is what she does. The key, she argues, is to be armed for the degree of public consultation and to anticipate the inevitable vested interests. Engagement with the local community services is essential: it is a major source of concern to her that she does not have control of the community services – UHMB's bid was defeated by Blackpool and the Cumbria Partnership. Changing this is at the top of her agenda because the integration of community and secondary care services is essential to getting the confidence of the population in a rural area. The 'pre-operative assessment service' is one such service that could be improved by such an integration, as could some of the vascular surgical service, to say nothing of the editor's back pain service.

Together with this is a commitment to explore every possible model of delivering and transporting safe care across the Bay using, if necessary, examples from abroad. Consultants themselves may work in community settings in future. In recognising the dangers to the stability of the Trust if valuable income from hospital outpatient services is lost she has an answer: Consultants working in 'business units', with service-line reporting and service-line management, can supersede the 'silos' that constrain the current divisional structures. No need for her to lose senior medical staff or for PCTs to take over the employment of specialist doctors. If medical specialists work in the community, she wants it to be because UHMB has asked them to work there, not because UHMB has been unable to retain their services.

If she sees constructive engagement with her medical staff as a first step, in her view partly accomplished already, then what is the next one? She is pleased to have University representation on the Board, though when she uses the U word, it's a plural – she reminds us we must remember Cumbria as well as Lancaster. Lancaster University's medical school is obviously a major plank in any future development. It's going to grow. Students need places to train and more training placements will be needed. She doesn't believe that we should simply replicate clinical attachments across the Bay just to satisfy a naïve egalitarian political belief. Far better, in her view, is a plan to expose students at the Barrow end of the Bay to the broad range of clinical experience possible in this location. The University of Cumbria's commitment to nurse and AHP training and quality development is fundamental to providing the community with highly trained specialists, who can work in community settings with a good degree of autonomy. It is also

the key to her being able to unlock the log jam of hospital-based senior nurse and AHP posts over whose development there has been not enough control. She admits that the 'Agenda for Change' grading exercise of ten years ago has created its own problems, one of which is an 'upside down pyramid' of grades and pay structure. In admitting it will take a determined, brave and imaginative head of HR to sort this problem out, she confesses, slightly conspiratorially, that she already has an interim name on the vacant seat – Paul Jones. Paul will work with us over the next six months and brings a wealth of experience in both the NHS and private sectors.

And in that simple reassurance, we have a picture of somebody who comes with no illusions, a healthy degree of self-confidence and a habit of getting whom and what she wants.

New Medical Staff Committee Chair

I write to briefly introduce myself and to set out the hopes and aspirations that I share with colleagues regarding the future of the UHMB Medical Staff Committee (MSC).

For those of you who do not know me, I am one of the Emergency Medicine consultants at the Royal Lancaster Infirmary (RLI). I joined the Trust in April 2007, having worked for the previous seven years at Warwick Hospital. At Warwick, I also sat on the LNC, chairing it for the last year, and was clinical tutor there 2003-2007. For the last two years, I have looked after the FY2 doctors across Bay and since May have stepped into the DME role, currently on an interim basis.

I hope that my views on the MSC will be very much in line with those who constitute it, namely all permanent medical staff employed by UHMB. These views correctly reflect the terms of reference of the MSC that were written a couple of years ago. Essentially the MSC exists to 'provide a forum for discussion of matters within the remit of that committee' and that remit consists of 'all matters of interest and concern affecting the provision and organisation of medical services within the Trust, including personnel matters relating to terms and conditions of service.'

What I do feel strongly about is how the MSC conducts itself; naturally this is influenced by how it is chaired. It must be truly representative of all its members, irrespective of their main site of work; in plain language a unified cross-Bay medical staff body. It must be orderly in its business, allowing an equal voice to both vocal and reticent, and show respect to all members. The agenda should be followed in a timely manner, preventing items being pushed off and again allowing fair voice.

There can be few left in any doubt regarding the challenges faced by our Trust and by the larger NHS. We are not alone in facing the difficulties of reconfiguration: I was only reading yesterday about similar problems near where I used to work. Inevitably, some will regard this as a threat and perhaps may work against change. Personally, I regard the present circumstances as an opportunity to work with the communities we serve and our colleagues throughout local healthcare to put in place the best services we can provide – across the Bay. As chair I will endeavour to give equal voice to all corners.

In conclusion, I will refer again to the terms of reference. 'The chair will meet the CE or Board representative on a regular basis to communicate on matters of concern.' It is clear that such communication is high on the agenda of our new executive team. I welcome the opportunity to work with them in the interesting times ahead.

Jeremy Harrison
Chair, MSC