

Role Play Briefing (for Catherine M's)

ROLE PLAY WITH CATHERINE M (DIRECTOR OF STRATEGY AT NORTHSIDE HOSPITAL)

Scenario:

Catherine M was overheard earlier in the day by the team expressing a lack of familiarity and distrust of the ICB project team and the project as a whole. She is not aware that she was overheard. Catherine has had a negative experience with externally driven projects in the past.

Background info on Northside Trust:

Northside Trust is in a strong financial position compared to other Acutes in Oldtown ICB, making a surplus in the last financial year. However its Emergency services catchment is below new NHS clinical catchment guidelines (catchment population of 300,000 minimum; 450,000 is optimal), so Catherine M may feel threatened by this project:

- 700 bed, single site DGH
- £2.1m surplus in 2007/08
- Excellent for 'Quality of Care' and Good for 'Use of Resources' in most recent CQC ratings
- Hosts MDHU (Military hospital)
- Provides healthcare for patients in the north west of the ICB
- Catchment population of 250,000

Catherine M's positions:

- Catherine is sure that Northside is one of the better-run hospitals in the country.
- With its military hospital, Northside is also an important Trust with a lot of responsibilities, which Catherine feels the ICB sometimes doesn't seem to understand.
- The military hospital includes **a centre of trauma expertise**, which is funded separately from general ES's
- The Trust as a whole is proud of its strong financial record, and is considering seeking FT status
- Catherine is not sure why the project has been commissioned – is this a possible threat to Northside?
- Catherine is insistent on the need for Northside to remain capable of delivering Emergency services, focusing on **recent capital investments made to the emergency services department** and the fact that Northside is an important employer in the area, and it's Military Hospital role and expertise
- Catherine thinks that the ICB often ignores patient priorities and experiences e.g., **regarding distance they have to travel to nearest hospital**, which can lead to both inconvenience but more importantly to negative clinical outcomes (deaths!)
- Catherine is anxious to pass on her expertise, as long as she feels that the project team members are listening and being open with her (note: if you don't feel this is the case, don't be too quick to pass on this information about your hospital and patient priorities, or to be too helpful with the questions you are asked!).
- The project team members can succeed in gaining Catherine's trust if they are completely open about the range of options for completing their project, but only after they have spent time building a relationship with her.