

# **A Case Study from Cumbria**

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## The Trust

- Cumbrian population of 500,000
- 5,155sq km with 56% of people living in rural communities (national average 18%)
- 25% of people are 65 or over (national average 18%)
- 17% of North Cumbria is rated as being amongst the most deprived in England
- Delivering care across multiple sites:
  - 2 Acute hospitals
  - 8 Community hospitals
- Poor road networks
- Integrated Trust
- Isolation from other providers

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## Challenges

- Workforce gaps across all professions
- Only 58% of consultant establishment filled with substantive consultants
- Infrastructure to support the needs of doctors in training
- Significant reliance on:
  - $\circ$  Agency doctors
  - NHS Locums
  - $_{\odot}$  Additional hours from colleagues
  - $\circ$  Insourcing
- Non-compliant rosters
- Post-covid backlog
- Previously unstable management structure

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### **Non-Consultant Workforce Initiatives**

- Introduction of a Composite Workforce model (149 in post)
- Increasing the use of Locally Employed Doctors (LEDs)

   Between 120-150 at any one time
- International nursing and AHP recruitment
- Improved on-boarding support for all staff groups
- Working with the University of Cumbria to drive Nursing and AHP workforce pathways
- Pears Cumbria Medical School opening 2025

## **Consultant / SAS Workforce Initiatives**

- Creation of a USP for Cumbria
- Trust-wide restructure of clinical services
- Implementation of a new medical leadership structure
- Roadmap for consultant career path
- Trust introduction of a CESR development programme
  - 3 consultants have now completed the CESR programme with NCIC support, and are on the Specialist Register
  - 29 further colleagues are currently undertaking the CESR programme with NCIC support
- Career Development Programmes
  - $_{\odot}$  Aspiring Leader, CD Development course, new consultant course
- An improved study and CPD leave offer
- Developing an enhanced consultant job-plan offer

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### **Questions?**

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