Interview with Rab McEwan

Earlier in the year, Rab McEwan, the Trust's Executive Director of Operations and Business Development was interviewed by the Editor.

Ed – Thank you for agreeing to have a chat with me today. Can you tell us a little bit about what your background is, where you are from and how you come to be in Darlington?

RM – I was born in Germany into an army family so I was dragged all over the world as a child. I went through a British education and finished up in Kirkcaldy which was my father's home town and went to Kirkcaldy High School - which you might know as the school of Mr Gordon Brown! I studied many of the same subjects that Gordon did actually.

Ed – You weren't there at the same time as him?

RM – Oh no no I was there some years after Gordon, but he is one of the famous former pupils of the school. Adam Smith was also one of our former pupils. It's an old grammar school and tends to do well academically and in sport. So it was a great place to finish off and I came down and went to Newcastle Polytechnic and then Newcastle University where I did my PhD in epidemiology and public health.

Ed – what was you undergraduate degree in?

RM – research methods and statistics.

Ed – it wasn't specifically health related?

RM – No, it was more a social research background. I ended up at the medical school and I actually was a lecturer there in research methods. Statistics is what I tended to be teaching, but my PhD was an evaluation of a multi-phasic screening programme for elderly people across the whole of Newcastle and so there is quite a lot of stats in there - but quite a bit of ethnography as well.

Ed – was this a screening programme that actually happened?

RM – Oh yes it actually happened. It was a fantastic initiative where everybody over the age of 65 had a comprehensive assessment of their health and well-being at home delivered by a team of specialist nurses – district nurses and former health visitors. My role was to conduct a "strolling minstrel" commentary on the process but also a formal evaluation with a randomised controlled trial as well as that ethnographic piece. I had a number of papers published from that and I went on to do quite a lot of research mainly on evaluating health care programmes. HIV and AIDS was big at the time and that is my big research interest. As well as having all the regional figures for HIV and AIDS I had to work out what the prevalence was of AIDS and HIV. So that was a really exciting time and I moved from there to work at the regional health authority – the old Northern Region which turned into Northern and Yorkshire Region. I was there for a number of years working in public health and worked through a

number of departments and ended up as Deputy Director of Performance for the Region mainly on the background of performance measurement. Just after the regional health authorities turned into the regional offices of the NHS Executive we all turned into Civil Servants. I lasted about six months as a Civil Servant and did not quite enjoy that part of the work! Then I got a job in York initially helping them to set up Hull-York Medical School and I was the Project Manager for that. I stayed there for four years or so and then defected to the operational side of life and moved on from there in 2004 or 2005 to Leeds and I was manager for the division of surgery and gastroenterology that had a very big - 60 million pound - turnover. Then I became Director of Operations down at Papworth.

Ed – So a chequered past! You have been here for a year or so now - can I ask you what you think the NHS will look like in five or ten years?

RM – That's a very interesting question. We have just finished actually in the executive directors' group a time-out session. Half of the day was spent scenario planning – thinking of the future and how the NHS would unfold in the light of what might happen in the next five years. So I know precisely the answer to your question! What you do with a scenario plan is quite interesting - you don't actually try to determine what the future is going to be. What you do is to assess the future with a number of scenarios in mind and these are varied. The economic scenarios were what we were focusing on and we came up with the picture of a very extreme circumstance where we leapt into a global economic depression over the next five years. Tailored with that, we imagined an organisation that failed to respond with any sense of purpose to emerging conditions. So that was the disaster scenario - that was one extreme. The other extreme was that the economy recovered with plenty of money in the country and we continued to be a fantastic organisation that responded very well to those circumstances and the opportunities they presented. We were cohesive, we had a growing reputation for quality and excellence as an organisation and you can imagine the two different scenarios and their very different outcomes. There were another two scenarios - but they included mixtures of the other two.

Ed – But what's your gut feeling of what will happen to the NHS in five years.

RM – I think we will be surprised when we look back in five years' time at how little has changed. I think there will be a measure of delayering. I subscribe to the theory of the dialectic of enlightenment in the NHS.

Ed – Would you like to enlighten our readers just what you mean by that?

RM – Yes. Well it speaks of a constant cycle of change really. It goes to some extent and then it changes to some extent but is fundamentally based on the same patterns of a system. A system where we've got a directive part of the organisation which directs and controls. Then you have got a part of the NHS that responds to what is the directive of the day. I think that since 1985 we have had a constant evolution of that process and I don't think that that cycle is going to break. We had a commissioning option and a provider option and a constant drive to integrate health and social care. That is something

that will continue to happen. I think that maybe there will be a drift for larger more centralised units.

Ed – Yes, I was going to ask whether you thought in our own patch we are likely to see further mergers or reshuffles.

RM – Certainly amongst commissioners these are likely to take place. But when you look at where we sit as an organisation - in terms of our size we are one of the bigger provider organisations in the country - because we are secondary care almost completely through and through we have an economy of scale and therefore of focus and purpose that others will be merging to match. So I don't think there will be pressure put on us to do that. I think if anything does occur to destabilise that it would be centralisation of key parts of the service and there are pressures around us to increase in specialisation in areas like paediatrics. Sooner rather than later we will be having discussions on how we organise the delivery of stroke care due to pressures from outside the organisation.

Ed – Centralising stroke care or just other things?

RM – Stroke care. But I shouldn't imagine over the next five years that's going to have a dramatic effect on the organisation.

Ed – So you think in five years' time things probably won't be so very different from the way they are now.

RM – I think for our organisation the big difference is that we'll be very much integrated with community care. One of the trends we have seen is a move to support training and educational development of the clinical workforce across primary and community care and managing the way patients move from the world of primary care to secondary care and back again. It's an area that needs a lot more attention because in there lies all of the opportunity for improving quality of care, patient experience and productivity and efficiency. But I think our paymasters are going to demand it of us.

Ed – My first consultant job was at the Friarage Hospital and in those days Northallerton was a combined acute, psychiatric and community trust. Do you think we might be going back to that sort of pattern?

RM - Yes I think that certainly in County Durham and Darlington that is a distinct possibility because there are a lot of factors here – we are unique in many ways - that would lend this particular patch to be organised in that way. I think in other parts of the country you will see bigger and bigger community units developing because integration with acute trusts is more difficult because there are many more acute trusts that are served by one community trust. Pairing up with one isn't so logical. But the PCT is going through a process of deciding what the future is for the structure of community services. One of the options that is being considered is whether or not they should become a part of our organisation as a foundation trust. We are regarded as safe pair of hands organisationally in terms of finance, productivity and fundamentals of management. So there are lots of reasons why it would work here and why it is a very realistic prospect within the next year.

Ed – so watch this space! Now we've just been

through the Seizing the Future process. How do you feel that has gone and were there many surprises thrown at you?

RM – It has gone incredibly well from my point of view and from lots of perspectives. Just to pause to think what we have done almost from a standing start in a year to reconfigure acute services across such a big patch with such a big impact on so many individuals and so many processes and systems has been a massive undertaking. I have been involved in similar processes in other organisations that have taken years to effect and be delivered (or not delivered!), for example in Leeds. The reconfiguration and reorganisation of services has gone incredibly well. We put a lot of effort into managing the big transition around October last year. Everything went to plan and a very quiet seamless transition was effected. I think we benefited from the planning and a clear clinical vision. Not everybody is entirely happy and not everybody thinks that it is the right way to organise things - there is always going to be a difference of opinion about that - but I think everybody has been convinced that they all had the chance to have their say and have decided that it is the best way forward. But the test of our fundamental vision will be if can we deliver acute services on two sites with a rehabilitation hospital supporting that delivery.

Ed – Just to change tack a bit. Can you tell us a bit about yourself when you are not here helping us to save lives? What do you do with your time?

RM – Well I have a wife and two kids. Susan - that's my wife - and two teenagers take up a lot of my time. I am their taxi driver - as are most people with teenagers! I am quite a fitness fanatic - I cycle when I can, and walk too. I also play tennis at Poppleton near York. We live in a village on the outskirts of York on the A19 so it's reasonably accessible for York and Darlington. I often - like today - cycle into York which is about five miles, cycle up to the station and put the bike on the train. I do that whenever I can. There's no problem getting to Darlington on the train although there has been the odd occasion where it has been problematic getting the bike on.

Ed – How do you see your future – staying in hospital management or something completely different?

RM – I have been with the NHS all my life and that's the way it'll stay. My family really wanted to move back up North. Papworth was a really fantastic hospital - a great place to be. I really settled there and did not want to leave it but my family wanted to come back up and so I moved here and took this job because the depth of the role was really very exciting and innovative. To have HR and IMT as part of the brief as well is really rather unusual for an operations director and so that is more than enough to keep me busy.

Ed – Even if you don't stay here you would like to stay in hospital management?

RM – Yes I would. But a good question to ask anybody is what they would do if for some reason they couldn't continue in their present job. If you asked me that, I would like to go back to being a researcher. I would love to be doing research. I have always found that process of enquiry actually quite stimulating.

Ed – Do you still have a finger in the academic pie?

RM – No not for such a long time, no I haven't. The job that I've got is all consuming and I wouldn't have time to do it.

Ed – Now – the Desert Island Discs question! If you were cast away on the mythical desert island what book would you take?

RM – Well the book that I have read probably three or four times over and probably my most favourite book would be *Kidnapped* by Robert Louis Stevenson and he is such a fantastic author. One of things that I do is collect books, and I have every book by Robert Louis Stevenson . I have some very beautiful books.

Ed – Any first editions?

RM – No, no unfortunately not but I have some very nice books by RLS but I was just thinking the other day that I have been asked this question before and I am reading a book at the moment called *The Age of Wonder*[1] – it's about the last half of the eighteenth century, when so much was going on in astronomy, chemistry and physics [see the summer book review – Ed]. It was a really exciting time and I was just thinking that's the time of Robert Louis Stevenson, Rabbie Burns and a big explosion in literature. Maybe it's just books from that time I like, but I wouldn't allow myself to be limited to one book - I would take the library!

References:

1. The Age of Wonder: How the Romantic Generation Discovered the Beauty and Terror of Science by Richard Holmes (winner of the Royal Society prize for science books 2009).