

## **TERMS OF REFERENCE and SUCCESS CRITERIA for the Working Together Steering Group – updated after the working group on Aug 9 2017.**

### **What are we co-producing?**

NHS Cumbria Clinical Commissioning Group's (CCG) Governing Body decided:

#### **MATERNITY**

To implement and test the viability of Option 1. This is to maintain consultant-led care at the West Cumberland Hospital, with some high risk women giving birth in Carlisle. During a 12 month period there will be an Independent Steering Group (Working Together Group) established to involve the community working in partnership with health professionals (co-production) to enable the very best efforts to be made to tackle the challenges the service faces, particularly around recruitment and retention of key staff, especially in paediatrics and anaesthetics. An important element of this co-production work will be an independent review of anaesthetist recruitment in relation to maternity services undertaken by the Royal College of Anaesthetists as soon as is practically possible.

There will be the development of an alongside midwife-led unit at the West Cumberland Hospital (and Carlisle). In addition to monitoring the success of implementing option 1, the unit in WCH will be assessed/audited as though it were 'free-standing' MLU to better understand the level of risk to expectant mothers and babies if option 1 is not deliverable and we need to move to options 2 or 3.

#### **PAEDIATRIC**

This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a Short Stay Paediatric Assessment Unit. At West Cumberland Hospital, Whitehaven, there would be a Short Stay Paediatric Assessment Unit for children requiring short term observation and treatment. There would be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.

The full text of the decisions agreed on March 8<sup>th</sup> 2017 by NHS Cumbria Clinical Commissioning Group can be found in **Appendix 1**.

### **The Working Together Steering Group**

#### **(Co-production on maternity and paediatric services following the Healthcare For The Future consultation)**

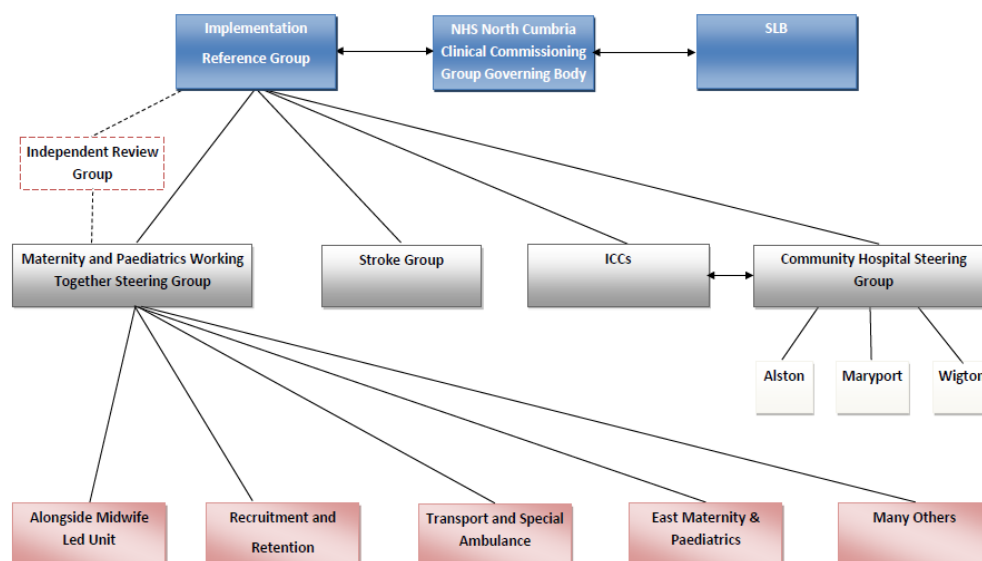
- 1) Membership – currently open to all, but will be considered as someone who has been to more than one meeting. We acknowledge the membership of the steering group , may change as people commit time to working groups
- 2) Frequency - the steering group will meet monthly. Smaller working groups will focus on specific areas of work
- 3) Remit – specifically the implementation of Option 1 for Maternity and Paediatrics.
- 4) Conversations that exceed that remit should be held outside this meeting
- 5) Respectful of the Secretary of State referral process

- 6) We will generate learning and new ideas for co-production in West, North and East Cumbria and should share them across the system.

### What behaviours do we expect?

- To listen with respect and courtesy
- To share everything early and to learn as much as possible about the current state, current improvements and actions and current risks
- To expect to be able to make your point
- To expect, and to role-model, co-operation
- For all suggestions to be considered and discussed – ideas should not be ridiculed
- To respect people’s professional roles and responsibilities
- To respect the time and energy committed by volunteers
- To respect confidentiality – information shared for the process should not be shared outside the group unless specifically agreed by the group
- To work to an ethos of trust – ‘Chatham House Rule’ – the freedom to express views within this process without having those views attributed to a particular individual outside of the process. This means notes of meetings will reflect the discussion.
- We acknowledge that trust between NHS and the community needs to be built
- Members should feel safe to challenge behaviours seen as not in line with this agreement during meetings and with each other (and should always respond positively to constructive criticism) but should never criticise each other’s behaviour outside of the group.
- This is a new way of working and we expect there will be times when things will go wrong – everyone is committed to learning when things go wrong, not to attributing blame.

### How does this group relate to the wider system?



## Ways of working?

- Utilising existing information from local reviews by independent experts ie; RCOG Review, David Shortland Review, RCoA review
- Respecting the significant pressure already on NHS staff working in maternity and paediatrics and making reasonable requests for further information
- Not asking permission to do things - but keeping members of the group in the loop and not going off on 'solo missions'
- Our way of working intends to form resolutions by consensus which seeks to influence the implementation of the CCG's decision. If the chair requires a formal test of that consensus, then a vote of members will include those that have been to more than one meeting. The group may hold a variety of opinions, all of which may be reflected in any report
- The terms of reference are subject to annual review

## **SUCCESS CRITERIA**

*(Full text of decisions may be found at Appendix 1)*

**The 12 month period is yet to start and the start date will be announced clearly and publicly.**

The aim of the group is to support the implementation of Option 1 for maternity and paediatrics and seeks to develop the sustainability of the service – this is not about creating a perfect service, but a safe and resilient service.

This group will need to be satisfied that the Independent Review Group (IRG) has considered all the relevant information discussed and considered by the Working Together Group (WTG), and has regularly taken account of the views of this group in order to make its decisions. There should be a regular dialogue between the WTG and IRG.

**How will we know co-production is being successful?**

We will know it has been successful when:

- 1) It has had inclusive representation from the public, patients and NHS employees at all levels
- 2) We can feel a positive shift among those involved – we will check this in a short survey when the 12 months starts – 6 months and the end of the period

**The Alongside Midwife-led Unit (AMLU)**

- 1) A co-produced AMLU is up and running which includes:
  - I. Midwife-led care as an option consistently rostered alongside midwife support on CLU
  - II. Women are provided with the appropriate information when booking to make an informed choice and there is positive feedback about the choice process
  - III. There is a progressive increase in the number of women choosing AMLU
  - IV. Effective service user experience feedback is properly captured and used by the service and it is considered that women's experience has improved

**Resilience of the Consultant-led Service (as agreed in Option 1)**

Co-production is used to develop the new consultant-led model which includes progress in recruitment and retention in:

- I. Obstetrics
- II. Midwifery

And also:

- I. Paediatrics – as a CLU is dependent on this service
- II. Anaesthetics – as a CLU is dependent on this service

## **Resilience of Paediatrics (as agreed in Option 1)**

- 1) Co-production is used to develop the new paediatric model which includes progress in recruitment and retention in paediatric consultants.
- 2) Effective service user experience feedback is properly captured and used by the service.

## ***APPENDIX 1 – full text of decisions agreed at meeting of 8 March 2017***

### **MATERNITY**

#### ***7.3 Recommendations for Maternity Services***

As part of the decision-making process, two Clinical Workshops have been held to facilitate a consensus clinical view of the maternity options in the light of consultation responses. The second of these workshops weighed up the considerable concerns raised during the consultation, and the lack of support from both the public and GPs for the preferred option (2) against the positive backing of professional bodies, NHS organisations and consultants locally and regionally in the key specialities.

There was confirmation at the Workshop that the ‘status quo’ is not a long-term option and (as described in the consultation) that a de-risked CLU (option 1) was unlikely to be deliverable in the medium to longer term because of issues with both paediatric and anaesthetic recruitment (now and into the future). But we acknowledge that there is a widely expressed public and GP view that the status quo or option 1 is strongly preferred.

The conclusion of the Clinical Workshop was to advise the system leadership group to test further opportunities for transformational change that could support Option 1 but be in a position to implement option 2 or 3 should Option 1 fail and to proceed on the basis of a collaborative and ‘co-production’ model both to make and to judge progress.

System leaders have reflected on this advice and have arrived at a set of Recommendations for the Governing Body which are as follows:

#### **Recommendation 2: Maternity Services**

The Governing Body are requested to approve the following proposal (recommendations 2.1 – 2.4 inclusive) for implementation. All Options relate to those described in the Healthcare for the Future in West, North and East Cumbria Public Consultation Document, pages 20 – 23 inclusive:

**Recommendation 2.1:** To test the viability of Option 1 over a 12 month period

**Recommendation 2.2:** If Option 1 is not proven to be deliverable or sustainable then implement Option 2 at the end of the 12 month period

**Recommendation 2.3:** Whilst testing Option 1, to prepare for Option 2 by implementing a Midwifery Led Unit (MLU) in Whitehaven alongside the Consultant Led Unit, in order that the MLU can be audited as if it was freestanding

**Recommendation 2.4:** To implement Option 3 if Option 1 is not proven to be deliverable or sustainable and, following audit of the MLU, Option 2 is not deemed to be safe.

The Governing Body is requested to **endorse** the following actions to be undertaken in order to deliver recommendations 2.1 – 2.4:

- Strenuous efforts will be made with local communities, GPs, patients and staff led by an independently chaired ‘co-production’ steering group to test to the limit the deliverability and sustainability of Option 1

- The criteria for testing the viability of Option 1 will be jointly agreed by the independently chaired ‘co-production’ steering committee. The criteria are likely to include the following:
  - The staffing and number of filled posts at agreed progress points
  - Evidence of adequate future supply of staff to maintain improvement with recruitment and retention
  - Monitoring of serious incidents / near misses / clinical outcomes
  - Measures of staff and patient satisfaction

o Demonstrable change in ways of working for quality improvement including: a hub and spoke approach with risk stratification and transfer of high risk care, development of Short Stay Paediatric Assessment Units (SSPAU), development of the midwifery agenda including the MLU model, restructuring of medical working practices, arrangements for emergency cover, skills maintenance and improved leadership

- The criteria will be reviewed by an Independent Review Panel, involving regulators and Royal College experts, for a 'stop/proceed' decision at each milestone.

- Co-production approaches will be used to develop other care model innovations including development of the MLU(s), and proposals to mitigate the challenges of providing care at distance

- The audit of the Whitehaven MLU will be undertaken using pre-agreed criteria and the outcome of the audit will be received by the Independent Review Panel which will decide if a free-standing MLU in Whitehaven could be safely instated.

- The Co-production Steering Committee and Independent Review Panel will fit within an agreed governance structure with jointly agreed terms of reference.

- There is an acknowledgement that much work will be required to collaboratively plan for and deliver a successful 'co-production' and this will begin in earnest as soon as possible should the recommendations be approved.

#### ***7.4 Implementation considerations for Maternity Services***

The following issues have been identified through the public consultation or ongoing discussion with staff and clinicians as part of the programme. These issues do not affect the ability of the Governing Body to make a decision but will require consideration during the implementation phase:

- Significant work needs to be undertaken to provide a clearer vision for maternity services across the entire pathway of care in line with "Better Births" which outlines the choices available at all stages and develops the concept of community hubs

- The development of the detailed standard operating procedures for the dedicated ambulance vehicle will need to take place before the new service model starts

- All the relevant implementation issues raised in the second Greater Manchester, Lancashire & South Cumbria Clinical Senate should be addressed as part of implementation planning

- An organisational development plan should be developed that addresses the cultural challenge within the service that will come with the implementation of the new service model

- A full training plan needs to be developed for staff to address the required skill changes

- Any outstanding recommendations from the Royal College of Obstetricians and Gynaecologists report are completed.

## CHILDRENS

### ***8.3 Recommendations for Children's Services***

Below is a summary consideration of the four assessment domains in relation to the recommended option:

- There will be no adverse impact on health outcomes at a population level
- There will be an overall improvement in clinical quality, workforce sustainability and the achievement of clinical standards. The key risks and mitigations have also been identified.
- The model is deliverable
- There is no negative financial impact

**Recommendation 3.1:** The Governing Body is requested to approve Option 1 for implementation.

This option involves the development of an inpatient paediatric unit serving West, North and East Cumbria based at Cumberland Infirmary Carlisle along with a Short Stay Paediatric Assessment Unit. At West Cumberland Hospital, Whitehaven, there would be a Short Stay Paediatric Assessment Unit for children requiring short term observation and treatment. There would be some overnight beds at Whitehaven for children with less acute, low risk illnesses but children who needed more acute inpatient admission would be transferred to Carlisle.

**Recommendation 3.2:** The Governing Body is requested to approve that should Option 1 ultimately prove to be unsustainable then Option 2 for Children's Services may need to be implemented.

The Governing Body is requested to **endorse** the following actions to be undertaken in order to deliver this proposal:

- Significant efforts will need to continue to address the recruitment issues within paediatric services regardless of the decision made

### ***8.4 Implementation considerations for Children's Services***

The following issues have been identified through the public consultation or ongoing discussion with staff and clinicians as part of the programme. These issues do not affect the ability of the Governing Body to make a decision but will require consideration during the implementation phase:

- Significant efforts need to continue to be made to address the recruitment issues within paediatric services regardless of the decision made
- Detailed scenario planning needs to take place to ensure standard operating procedures for the stabilisation and transfer of children out-of-hours takes place safely and effectively
- The development of the detailed standard operating procedures for the dedicated ambulance vehicle prior to the new service model beginning
- All the relevant implementation issues raised in the second Greater Manchester, Lancashire & South Cumbria Clinical Senate should be addressed as part of implementation planning



- An organisational development plan should be developed that addresses the cultural challenge associated with the implementation of the service model
- A full training plan needs to be developed for staff to address the required skill changes