

NOTES OF THE  
WORKING TOGETHER STEERING GROUP  
Thursday 12th October 2017  
Lakes College, Workington

In Attendance:

Richard Pratt (**Chair**) (RP)  
Stephen Childs (SC)  
Julie Clayton (JC)  
Belinda Cooper (BC)  
Ellen Cullen (EC)  
Jan den Bak (JdB)  
Mahesh Dhebar (MD)  
Jayne Grainger (JaG)  
Jodie Grainger (JoG)  
Sandra Guise (SGu)  
Sue Hannah (SH)  
Rebecca Hanson (RH)  
Christine Harrison (CH)  
Rachel Holliday (RaH)  
Christine Kitchen (CK)  
Deb Lee (DL)  
Sandra McGary (SM)  
Dawn Melville (DMe)  
Karl Melville (KM)  
Linda Mills (LM)  
Kerry Pape (KP)  
David Rogers (DR)  
Stephen Singleton (SS)  
Jon Ward (JW)  
Christine Wharrier (CW)

**1. Welcome - RP**

RP welcomed everyone to the meeting and as there were new faces there was a round of introductions and a brief update on where we were.

**2. Apologies**

Sue Stevenson, Eleanor Hodgson, Ian Hinde, Neil Hughes, Georgina Ternent, Alan Alexander, Elisabeth Van Oudgaarden, Christine Jones, Viv Stucke, Dorothy Robinson, Gillian Troughton, Daphne Mercer, Liz Clegg.

### 3. Voting – Are we Making a Difference

The meeting started with a voting session on how members thought the group was progressing. (See Below)

Question	Not at all	A little	Some	A lot
1) Do you believe that the Working Together Group CAN make a positive impact?	6	4	7	4
2) Do you believe that the Working Together Group IS making a positive impact?	10	8	3	0
3) Do you believe, that from the NHS, there is a willingness to work together?	5	5	4	7
	<b>Listen</b>	<b>Contribute</b>	<b>Listen &amp; Contribute</b>	<b>Scrutinise</b>
4) What is the primary reason you come to the Working Together Steering Group?	3	3	13	3
5) What is the secondary reason you come to the Working Together Steering Group?	4	3	12	3
	<b>Not at all</b>	<b>A little</b>	<b>Some</b>	<b>A lot</b>
6) Do you trust what NHS leaders say and share at Working Together Group meetings?	10	1	5	6
	<b>None</b>	<b>A Little</b>	<b>A Lot</b>	
7) How much influence do you believe this Working Together Group can have on making Option 1 Maternity sustainable?	7	11	3	

The results raised concerns, which led to an honest and frank discussion. Key issues were:

- Still feel NHS not telling the truth
- Public don't have the answers
- Not enough people involved
- There is continuing frustration over 12 months' time scale
- Clear what we want – difficult to deliver – need a solution that works for all
- Telehealth – There was a discussion on the use of telehealth and how it could be used creatively to save money to use elsewhere but wasn't restricted just to maternity and paediatrics.

There was a reminder of the role of this group in just concentrating on Maternity and Paediatrics and that the learning from this group would be used in other areas.

RaH expressed concern that community pressure hadn't worked so people wouldn't get involved because they hadn't felt they'd been listened to. They hadn't wanted any of the options. RP said he believed that the community had won the argument; although it wasn't to maintain the status quo it was to maintain consultant led maternity services on both sites.

MD mentioned that both sides had been involved for the last 3 years and that a public acknowledgment that all NHS organisations wanted to provide a consultant led unit at West Cumberland Hospital would be a positive step.

Concern was also raised about HR processes and the difficulties in recruiting and retaining consultants, particularly Paediatricians. DR explained the national shortage and that not all training places had been filled. All areas are trying to recruit paediatricians so there are lots of options available, with people tending to stay where they train. The job offer has recently been redesigned with the support of this group and there has been some success with overseas recruitment. New contracts for overseas doctors are for an initial 12 months with a view to becoming permanent and all new contracts involve cross site working.

JC talked about the experience from NWAS and their recruitment of Polish paramedics. Part of the success involved supporting families to settle in and that the community could help with that.

Anyone who has an interest in recruitment and retention is welcome to get involved with the working group.

RH brought up the issue of risk and how it was being overlooked with the focus being on sustainable and stable staffing. Terms of Reference for the Independent Review Group mandate it to comment on risk but not to influence the decision, she felt strongly that the decision should be made on the balance of risk.

MD suggested that the NHS talk about 'safe patient' instead of 'safe service'

DR commented that asking an expert panel for their views and then ignoring what they say wouldn't make sense and that there was still work to do. He explained that when the CCG had asked the Royal College of Obstetricians and Gynaecologists (RCOG) to review the service their first comment was that for the population figure, one maternity unit covering the whole of Cumbria was all that was needed. After they had visited the area they realised that this was not the preferred option and that trying to maintain 2 units and balance the risks with a deliverable service was the way forward.

SS talked about the lack of trust in the room and the anger that people had expressed, he went on to say that we are two sides who share the same vision and if we can keep this going we can keep consultant and midwife led services at West Cumberland Hospital and keep people safe even when they go to Carlisle or Newcastle. He was concerned that people didn't believe he shared that vision. He explained the 3 features that stop effective team working as:

- Don't share the same vision
- Don't understand the objective
- Lack of transparency

Different people come to different meetings so not everyone is aware of all of the work that is happening in other groups and other places. The CCG is trying to bring all the information together on their web site via the co-production button.

There was a suggestion that we start every meeting by saying what the vision is, what we are trying to do and share information about what has happened since the last meeting. He asked people to take a risk and add value to the conversation and instead of assuming it's a trick or something sinister, assume that something might just have been missed. RP felt this could be a good way forward.

There was still some concern about the 12 month time frame, which hasn't started yet, and won't start until a decision has been made by the Secretary of State. The remit of the Independent Review Group is to identify if enough progress has been made to continue. This led to a discussion on what that might look like and what would be considered 'progress'.

#### 4. Update from Working Groups

- a. **Recruitment & Retention:** DL explained that they were in the process of developing a bid which would support 3 paediatricians working with UCLan which would include telehealth research. It was agreed that the group needed more people involved and efforts would be made to move it along.
- b. **Children's:** Currently chaired by Eleanor who works for the CCG and feels that the group should have an independent chair. The group is currently identifying a network of children and families groups they can network with as well as condition specific groups. An example of work being done is the children's asthma pathway which they are developing using patient stories.
- c. **Telemedicine:** The group is taking part in the NHS North East 'Attend Anywhere' programme which is wider than maternity and paediatrics. The New Cardiologist has an interest in telehealth and would like to explore the impact across a specific area. The group is also linked into UCLans Digital Health Institute with a range of partners and experts.
- d. **Maternity:** Ongoing discussions using women's experiences both good and bad. Discussing the issues involved in auditing the risks involved with a stand-alone midwife led unit. It was recognised that the audit was unlikely to be statistically significant and that women might choose an alongside unit but might not choose to deliver in a stand-alone unit. Midwives present were concerned that there were no guidelines in place for which women were suitable to deliver in a midwife led unit, and there were questions about SCBU being closed and transfers to WCH and whether this would be in the audit. The audit scope is strictly limited and has involved an obstetrician and 2 midwives as well as lay representation.
- e. **Treatment at a distance:** Looking at the whole journey if people have to travel for treatment including childcare and other family related issues.

Details of all the groups' meetings, notes, etc., are on the CCG website. Anyone wanting to get involved in any of the groups is welcome to go along to the next meeting.

#### 5. AOB

RP expressed his thanks for the frank discussion and hoped we had reached a place from which we could move forward.

#### 6. Next Meeting – venue and date TBC.