



<u>Committee and Date</u> Joint Health Overview and Scrutiny Committee  15 March 2012
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<u>Item No</u>          Public
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**MINUTES OF THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE  
MEETING HELD ON 19 DECEMBER 2011**

**Responsible Officer** Fiona Howe  
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**Present**

*Shropshire Council:*  
Gerald Dakin (Chairman), Karen Calder, Tracey Huffer and Co-opted Members Mandy Thorn and David Beechey.

*Telford and Wrekin Council:*  
Derek White and Co-opted Members Dilys Davis, Jean Gulliver and Richard Shaw.

**In Attendance**

Adam Cairnes, Chief Executive, Shrewsbury and Telford NHS Hospital Trust  
Dr Ashley Fraser, Medical Director, Shrewsbury and Telford NHS Hospital Trust  
Adrian Osbourne, Communications Director, Shrewsbury and Telford NHS Hospital Trust  
Kate Shaw, Programme Manager, Shrewsbury and Telford NHS Hospital Trust  
Debbie Vogler, Director of Strategy, Shrewsbury and Telford NHS Hospital Trust  
Fiona Howe, Committee Officer, Shropshire Council  
Stephanie Jones, Scrutiny Officer, Telford and Wrekin Council

- 1. APOLOGIES FOR ABSENCE**
  - 1.1 Apologies were received from Councillors Veronica Fletcher (TWC) and John Minor (TWC), and co-opted Member Pamela Paradise (SC).
  
- 2. DECLARATIONS OF INTEREST**
  - 2.1 Mrs M Thorn declared a personal interest as a director of Shropshire Partners in Care.

### **3. MINUTES OF THE LAST MEETING**

#### **3.1 RESOLVED:**

That the Minutes of the meeting held on 23 August 2011 be approved and signed by the Chairman as a correct record of the meeting.

### **4. THE FUTURE CONFIGURATION OF HOSPITAL SERVICES: SERVICE VARIATION STATUS**

4.1 Consideration was given to a report of the Communication Director, Shrewsbury and Telford Hospital NHS Trust (SaTH) in respect of the future reconfiguration of hospital services in the County.

4.2 The Chief Executive, SaTH, was in attendance and addressed the meeting, providing a presentation relating to the ongoing work the Trust was undertaking towards the formation of a Full Business Case (FBC). A number of key issues had been identified through the Outline Business Case process, which required further development. These included the configuration of Hospital Services, configuration of Pathology Services, Bed Bundles, Car Parking, Mortality Rates and the financial plan.

#### **4.3 Future Configuration of Hospital Services**

4.3.1 Members were advised that the Outline Business Case approval had been subject to a robust and formal process, and gave support to the Trust's plans to progress with the development of the next stage of the FBC. The New Women's and Children Unit was taking shape, and the design process was underway, ensuring involvement of front line staff, and that clinicians, patients and carers views were considered. The Trust had appointed specialist architects to work on incorporating ideas and discussions into the plans for designed clinical areas, with plans expected to be submitted in the new year. Balfour Beatty had been appointed through the Procure 21 framework, and would be bringing in a range of professionals with specialist skills to develop the plans.

4.3.2 The FBC development showed that capital costs were unchanged since the consultation period, with an absolute maximum spend of £35 million, with £28.6 million of the funding being utilised to develop the Princess Royal Hospital. Members were advised that the draft FBC would be completed at the end of March 2012, when there would be an opportunity to discuss the plans further with the Committee, prior to being submitted for approval.

4.3.3 The Trust was continuing to work with patients and the community to address the concerns raised, and as a result had undertaken a review of working practices with the West Midlands Ambulance Services and the Welsh Ambulance Service to consult on the travel and transport plans for general services, to ensure timely transportation of patients to the most appropriate facility and between sites.

4.3.4 Members were advised that the Royal Shrewsbury Hospital had been designated a Trauma Unit for the county, as it had been able to demonstrate its capability to offer

a high standard of emergency care. The Trust had also developed an Abdominal Aortic Aneurysm (AAA) screening programme with advanced practitioner training underway and pathways being developed, and were on target to start screening from April 2012.

- 4.3.5 Concerns raised previously over the opening hours of the Paediatric Assessment Unit (PAU) at Royal Shrewsbury Hospital were considered during the development of the plans, and it was noted that the PAU at Royal Shrewsbury Hospital would be available 13 hours a day, with a consultant being on-call in A & E outside those times. It was noted that 80% children do not require to be seen by a Paediatrician, but if the need arose, an on-call Consultant Paediatrician would be available 24/7. However, the changes would only affect 2% of patients.
- 4.3.6 The Trust was developing Telehealth Care plans to enable them to provide more care outside the hospital setting, using the latest technology to provide safe and convenient care closer to patients' homes.
- 4.3.7 In respect of changes to Maternity, it was noted that all antenatal and low risk cases would be treated locally, and only those patients who have been identified as high risk would need to be admitted to the Princess Royal Hospital under the planned changes. The Trust was working closely with midwives in Powys to ensure Shropshire's midwives were adequately trained to deal with the issues of rurality.
- 4.3.8 The planned children's cancer unit at PRH was 30% bigger than the existing unit at RSH, and it was anticipated that there would be a significant increment in the quality of the offer.
- 4.3.9 Members were advised that plans were progressing and being implemented, and development of the Full Business Case was continuing as anticipated.

#### **4.4 Configuration of Pathology Services**

- 4.4.1 The existing configuration had not been optimally laid out in the NHS, and a national independent report by Lord Carter set out proposals for sustaining the quality and cost-effectiveness of pathology services across the country. Locally consultations had been undertaken with other Trusts, and they were now working together in a 'Central and West Pathology Network Cluster' to develop sub-regional pathology network arrangements. It was expected that discussions would lead to changes in the way in which pathology laboratory services were delivered in the future. Evaluation of the options for appraisal would be defined, and evaluated by the end of 2011, and recommendations would be put forward for consideration to the Trusts in the Central and West Pathology Network in January 2012 to meet QIPP targets.
- 4.4.2 The Cluster had invited bids to be a Human Papillomavirus (HPV) testing centre, as currently no one provider had reached the required threshold of 30,000 testing samples. At this time Walsall had been put forward to provide this service for the Cluster group. Other services were also being considered, where a Trust within the Cluster would take on the responsibility for specialist services. Members were

advised that patients would see no changes to the service provision locally, and no additional travelling would be incurred with the proposed changes.

## **4.5 BED Bundles**

- 4.5.1 Members were advised that earlier in the year the Trust undertook a comparison with other hospitals across the country. It showed that SaTH had more beds than the average hospital, and if they moved a quarter of the way to length of stay the number of beds would be reduced by 113, which would bring them in line with the average hospital. It was noted that in order to be in the top 10%, the hospital would need to have 200 fewer beds.
- 4.5.2 By talking to front line staff and patients, it emerged that the main issues facing patients were delays and lack of information, which was unsatisfactory. The Trust looked at all the evidence available, and tested it out using recognised improvement methodology, and found that if they carried out processes consistently, then patient flow improved. By implementing BED Bundles, hospitals saw improved quality, safety and a better patient experience. These were based on four simple practices, including board round by 9.30 a.m., expected date of discharge that patients, staff and visitors were all aware of, discharging 50% of patients before midday, and moving patients from Medical Assessment Unit to medical wards before 10 a.m.
- 4.5.3 Members were advised that BED Bundles had been introduced in late October 2011. A daily audit of BED Bundle components on each ward was being undertaken to assess implementation progress, and as a result it was noted that compliance was improving and currently stood at 80%. Members were advised that readmissions were not increasing, hospital stays were reducing, and the number of patients in beds overnight was declining. It was concluded that the implementation of BED Bundles was beginning to have a marked change on the way the hospital was working.

## **4.6 Car Parking**

- 4.6.1 The issues identified through the consultation process related to lack of parking and the Hospitals charging policy. Members were advised that there were differing views on parking charges, but it was evident that there was a lack of advertising over concessions.
- 4.6.2 In order to address the parking issues facing Princess Royal Hospital, additional car parking spaces were being planned for the new women's and children's unit. The Trust was also looking at encouraging individuals to use alternative transport options, especially staff living within 1 mile of the sites. The Trust was in discussions with their contractor over offering different payment methods, and was considering the views put forward on parking charges when developing a new charging structure. Mr Cairnes stressed that parking fees should not be a barrier to receiving care, and the Trust would maintain its concessions policy.

4.6.4 It was noted that the Trust could no longer maintain car parking charges at the current rate without it having an adverse impact on hospital services, and assured Members that any changes would be fair and based on feedback received from patients. It was their intention to improve facilities, signage and the patient experience.

#### **4.7 Mortality Rates: HSMR from April 2010 to September 2011**

4.7.1 In 2010, hospital deaths were 18% higher than average hospitals across the country, and further work needed to be done to look at the reasons behind these figures. There had been two areas of concern in respect of these figures, the first related to the hospital not collecting additional coding information, and the second was ensuring that the Trust was providing appropriate care for its patients.

4.7.2 It was noted that HSMR peer comparisons showed that the Trust was in the middle of the pack for the current year although there was a downward trajectory, but further investigations in respect of mortality rates should be undertaken to assess if people dying in hospitals was generally declining, were more people surviving illnesses, or were patients choosing alternative place than hospitals to die.

#### **4.8 Financial Update**

4.8.1 Members were advised that the Trust was on course to end the year in recurring financial balance for the first time since it was established, and to do this they had needed to address a £14.1 million deficit built up over 11 years.

4.8.2 The Trust had received a one-off transitional revenue support of £6.5 million through the Strategic Health Authority. Members were advised that the monies were not repayable, and did not relate to the future configuration of hospital services.

4.8.3 It was noted that Trusts would be expected to make 4% efficiency savings in the coming financial year, which equated to £11 million for SaTH, and that the health economy had a responsibility nationally to find savings totally £20 billion. In addition to this, there was a need to address commissioning intentions, and ensure that any areas of excessive demand were identified and flagged up with Clinical Commissioning Groups to ensure that adequate provision was agreed. Members were advised that in order to address the challenges facing the Trust, it would continue to identify areas where they were less productive, and continue to learn from other hospitals, and implement improvements.

4.9 A number of questions had been submitted prior to, and tabled at the meeting. The Chief Executive advised that the responses to the questions raised prior to the meeting had been included in the presentation, but provided the following responses to the additional questions:

4.9.1 The Trust would achieve the identified QIPP savings for 2012/13 and beyond, by continuing to change delivery methods, such as the introduction of BED Bundles, which would help ensure improved quality, safety and patient experience. Members were assured that the Trust had developed a bed plan to cope with winter

pressures, which included bringing 79 beds back online for the current winter period, if needed.

- 4.9.2 The Trust was working with other health partners, including the local authority, to provide appropriate care packages for patients to reduce the risks of post hospital mortality rates in patients. It was noted that the introduction of BED Bundles would help ensure that dedicated plans were followed, and the patient could be discharged in a good state of health. It was stressed that they hospitals were not cutting corners, but simply working more efficiently.
- 4.9.3 A question was raised over ambulances exceeding the 15 minute waiting time figures at both hospitals, and as a whole the West Midlands was a poor performing region. Mr Cairnes confirmed that the current systems were not working, and that work was ongoing to introduce a booking/scheduling system that worked. It was expected that a review of the current process would take 9 months to conclude.
- 4.9.4 Members were advised that SaTH no longer had a dedicated Hospital Ambulance Liaison Officer (HALO) on site, but it was stressed that if a hospital was facing problems, the PCT would make a HALO available as a priority to address the situation. Currently Shropshire had an average turnaround time of 24 minutes, and was performing well in the West Midlands. It was anticipated that the implementation of better systems, such as BED Bundles, could bring improvements to turnaround delays currently facing the Trust.
- 4.9.5 Concern was raised over the removal of PCT funding for HALO positions, and the possible negative impact that was having on both the hospitals and ambulance crews. It was noted that at a recent Health Overview and Scrutiny Committee meeting, Members had been advised by Ambulance crews that delays were an issue for their service. It was agreed that the notes of the meeting would be made available to SaTH, and further investigation would be undertaken.
- 4.9.6 A Member requested clarification on the work SaTH was undertaking to support the independent health provider, ensuring when patients were discharged into a care home, or their own home they were properly supported. Concern was raised over the possible financial burden being placed on local authorities if patients were being discharged early through the BED Bundle scheme. Members were assured that SaTH's Frail & Elderly Team was working with health partners to develop the urgent care network, and ensure that an integrated care plan was in place to provide support, and ensure the patient received the most appropriate care and support, both in hospital and once they were discharged.
- 4.9.7 Further information was requested on treatment for dementia patients, and whether specialised training had been made available for hospital staff. Members were advised that more work was required to improve provision, and that strategy development work was being carried out by SaTH in conjunction with the Mental Health Team. It was noted that the hospitals were experiencing issues with people in crisis attending A & E units. The Trust had undertaken staff training events, implemented a Dementia Strategy Group, but there was more that could be done to improve the situation for both patients and staff.

4.9.8 With regard to waiting times for appointments, Members were informed that the waiting time standard was set by the PCT and issues about this would need to be referred to the PCT. It was acknowledged that the appointment booking system was not good, and a team had been put together to carry out a complete redesign of the booking and scheduling system which would take around 9 months to complete. A number of ways of communicating with patients would be built into this.

4.9.9 Mr Cairnes indicated that a number of questions submitted at the meeting would require further investigation before a response could be submitted to the Committee. These were as follows:

- What are the issues with bed management. Are patients being transferred between wards in the middle of the night, and if so what is being done to address this.
- What are the discharge arrangements for patients from maternity wards. What support do they receive before discharge (e.g. advice on breastfeeding) and what are the follow-up arrangements for home visits by midwives especially for patients who have had a caesarean and require dressings to be changed.
- What is the process for people moving into the county and registering with a new local GP for getting appointments with hospital consultants for treatment and do the wait times start again when a person moves? There have been difficulties with people feeling there are too many "gatekeepers" which have made it a difficult and lengthy process to get an appointment.

4.10 The Chairman thanked Mr Cairnes for his presentation and assistance during Member's deliberations.

**RESOLVED:**

- (a) The Committee accepts the update, and supports the preparations for the Full Business Case.
- (b) The Committee notes and acknowledges the consultation work undertaken with staff, stakeholders, public and partners.
- (b) The Committee note the conditions set out by the Strategic Health Authority moving forward to develop the Full Business Case.
- (c) The Committee welcomes further updates as Shrewsbury and Telford Hospital NHS Trust develop the Full Business Case.

**5. CHAIRMAN'S UPDATE**

5.1 The Chairman addressed the meeting, advising Members that following a meeting of SaTH and the Joint Health Overview and Scrutiny Committee Chairmen, it had been agreed that the Committee would receive reports at least two weeks prior to a

meeting, whenever possible, to enable time for Members to formulate questions, and submit them to SaTH for a response. The approach would enable Members to concentrate on drilling down on specific areas of concern.

- 5.2 A future off-line meeting had been arranged for February 2012 to consider the Full Business Case timetable, and to confirm the Committee's expectations, in order that a schedule of meetings could be drawn up. It was noted that Members would be advised of the outcomes of the meeting in due course.
- 5.3 Members were advised that the West Midlands Regional Health Scrutiny Chairs Group would be meeting on 12 January 2012 at WMAS Oldbury.

**6. FUTURE AGENDA ITEMS AND MEETING DATES**

- 6.1 The next Joint Health Overview and Scrutiny Committee would be held on 15 March 2012 at 10.00 a.m. in Telford.
- 6.2 Members were advised that Kate Shaw, Programme Manager, would be attending this meeting, with Clinicians to provide an AAA screening demonstration. The Committee were also expecting to receive an update on the audit of patient pathways for Gynaecological Cancer Services.

2.00 p.m. – 3.52 p.m.

Chairman:.....

Date:.....

## Joint HOSC Work Programme

<b>Reconfiguration of Services at PRH and RSH</b>				<b>Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012</b>
	Service / Issue identified	Information to be monitored	Evidence from	
<b>1</b>	<b>Paediatric Services</b>			
1.1	Safety and outcomes for children with trauma presenting at RSH out of hours when there is no in house paediatric support other than an on call team	Details of clinical pathway and role of WMAS	SaTH WMAS	<p>The paediatric clinical care pathways developed during the consultation and assurance phase of the programme have been reviewed. The pathways reflect the availability of paediatric staff for the majority of the time when children are accessing the service due to the co-location of the Paediatric Assessment Unit (PAU). Staff will be in the PAU from 09.00 to 22.00 and will support their A&amp;E colleagues if required. Out of hours, the on-call Paediatrician for RSH will be called in to support the trauma team if required.</p> <p>The Paediatric Triage and Transport Group (chaired by Dr Frank Hinde) continues to meet. This group includes Trust staff (including the new trained Advanced Paediatric Nurse Practitioner), Shropdoc and both West Midlands Ambulance Service (WMAS) and the Welsh Ambulance Service (WAS).</p> <p>The group has developed the process and draft guidelines for the safe transfer of patients both within county and out of the county; the triage pathway for patients being brought in by their parents/carers, patients referred urgently by their GP and those being brought in by ambulance; and also the principles for time limited transfers. This work is now being widely shared for comment and sign-off.</p> <p>The workforce requirements, including training, submitted as part of the Outline Business Case have also been reviewed and will be included in the Full Business Case.</p>
1.2	Provision of the PAU at RSH is based on clinical need	Evidence of clinical need for paediatric services	SaTH PCTs*	<p>The service model for the Paediatric Assessment Unit at RSH was agreed by the paediatric consultant and nursing teams and was reflected in the Outline Business Case.</p> <p>The opening times are based on detailed analysis of the times of admissions to the Trust (either via A&amp;E or GPs). This showed that the</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>numbers of children admitted into the Trust during the night are very low, equating to less than 3 children across both sites. Admissions at both sites peak at midday and again at 18.00.</p> <p>The PAU will be staffed for 13 hours per day and it is proposed that it will be open to the public from 09.00 to 21.00. Children likely to require an overnight stay in hospital will be triaged straight to the PRH site.</p> <p>When the PAU at RSH is closed, all ambulances and GP admissions will be routed straight to PRH. In the rare and extreme case of the paramedics transferring a child believing they could not get to the PRH safely (airway obstruction for example), they will adhere to their nearest hospital protocol (the Trust and WMAS will work together to review all supporting protocols, policies and operational guides prior to the implementation of these changes).</p> <p>The Trust has recruited one trained Advanced Paediatric Nurse Practitioner and is currently recruiting a second. In addition, there are two nurses currently being trained.</p> <p>The Royal College of Paediatrics and Child Health (RCPCH) who visited the Trust in May last year were involved in the discussions around the future service model, including the delivery of the Paediatric Assessment Units (PAU) and the workforce requirements. They support the view of having a 13 hour PAU at the RSH site; the development of Paediatric Advanced Nurse Practitioners; and a Short Stay PAU (SSPAU) open 24 hours alongside the inpatient unit at the PRH site.</p>
1.3	Additional travel time to PRH for some children transported by car and ambulance	Mitigation of risks and role of WMAS in reducing response and transport times	SaTH WMAS	<p>This issue will continue to be addressed through the working groups described above as the Trust moves forward with the implementation of change. The parents and public focus groups are helping the Trust understand what would help them when they are bringing a child to the hospitals in an emergency. This includes dedicated drop-off/short stay parking, being able to call ahead and discuss their needs with a clinician and clear routes into the relevant department.</p> <p>In terms of ambulance transfer times the Transfers and Transport</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>Group, chaired by Adam Cairns and comprising WMAS and WAS representatives, PCT and GP Commissioners, local Councillors and Trust representatives continues to meet. The cross-border agreement between WMAS and WAS has been formally in place since December 2011 and is reported to be working well. This means the nearest ambulance will respond to a patient, irrespective of which side of the border they are on. Both WMAS and WAS continue to work through their skill-mix changes and develop the role and coverage of Community First Responders.</p> <p>In addition, clinicians within the Trust are working to reduce the impact of additional journey times by improving the system and processes when patients come in through the door, for example reducing the 'door to needle time' from 60 to 45 minutes for children with cancer who urgently need intravenous antibiotics.</p> <p>The work undertaken to understand and improve the emergency transfer needs will form part of the Trust's Travel and Transport Plan. This plan will also describe the non-urgent travel and transport needs patients, carers and the public have in accessing the Trust's services. Patients and the public are currently invited to take part in a Travel and Transport Survey until 28 March 2011 which can be accessed via the Trust's reconfiguration web pages <a href="http://www.sath.nhs.uk/future">www.sath.nhs.uk/future</a>. We propose to present the draft Travel and Transport Plan to the JHOSC in July/August 2012.</p>
1.4	Development of clinical pathways and mitigation of risks when transferring children between hospital sites	Reassurance from the WMAS that they are able to reach, stabilise and transport children safely	WMAS	<p>The Paediatric Triage and Transport Group has developed the process and draft guidelines for the safe transfer of patients between hospital sites. These guidelines are being shared widely for comment prior to sign off by the Clinical Working Group.</p> <p>The detail will be included in the Reconfiguration Travel and Transport Plan.</p>
1.5	Paediatric staff work together to make proposals workable	Evidence of clinical engagement	SaTH	There have been numerous formal and informal meetings with paediatric staff since the approval of the Outline Business Case in

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>September 2011. These meetings have focussed on the design and lay-out of the paediatric departments at both RSH and PRH.</p> <p>Paediatric staff are also involved in the Clinical Working Groups for Women and Children's as well as actively participating in the Head and Neck and Surgery Clinical Working Group meetings and discussions. This has included reviewing the proposed care pathways across all areas, discussing workforce and training requirements and identifying implementation needs.</p>
1.6	Capacity of neonatal service to provide, where possible, services for premature babies in County	Service planning and commissioning intentions	SaTH PCTs *	<p>Clarity was sought from the West Midlands Specialised Commissioning Team on the designation level of neonatal units for the Outline Business Case. They confirmed that there are no plans at this stage to alter the current designations across the West Midlands.</p> <p>The capacity assumptions for the neonatal unit are such that the number of 'cots' will remain the same within the Full Business Case as detailed within the Outline Business Case. We are considering a proposal for the addition of an isolation cot.</p> <p>Representatives of the West Midlands Neonatal Network have welcomed the clinicians' aspirations to increase their joint working with Wolverhampton following the reconfiguration with joint training and developments and potentially shared consultant posts in the future.</p>
1.7	Development of paediatric oncology service at PRH with facilities at same standard or better than rainbow unit	Service design, estate and facilities	SaTH	<p>The clinicians delivering the current oncology service have been extensively involved in the discussions and meetings about the requirements for the relocated service. This has included the need to have access to high dependency beds, access to a garden from all rooms and the ability to isolate outpatient services for oncology patients away from general children's outpatients. This will be described in the Full Business Case.</p> <p>We have held and are continuing to hold regular focus groups with patients, parents and families of the Rainbow Unit to involve them in the planning of the new unit.</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>As part of these focus groups, we have listened and responded to ideas and concerns, for example about the outside play areas, clinical spaces and facilities. We have also held a focus group specifically to explore issues, ideas and concerns around transport and access. We have set up a task group which will meet in April 2012 to decide on an appropriate legacy for the Rainbow Unit.</p> <p>We also invited patients/ former patients and their siblings to take part in a home-based activity to come up with ideas on the look and feel of the interior and exterior of the new unit. We have received some great feedback from this activity and these are currently displayed on the ward for people to see. Ideas from this will be incorporated in the next phase of the plans.</p> <p>The ongoing communications and engagement is described within the Full Business Case.</p>
1.8	Those involved in fundraising for the rainbow unit to be invited to be involved in the design of the new paediatric oncology unit	Evidence of patient / public engagement and feedback on how this has influenced service design	SaTH	<p>All parents, families and fundraisers of the Rainbow Unit have been invited to attend our focus groups. We have listened to their feedback around the new unit and their ideas and suggestions have been reflected in the design. This includes providing larger parents and families' accommodation, better facilities for parents and families, being able to access the outside space from families' facilities, having a day case area and single bedrooms, a cooker in the kitchen and a dedicated drop-off parking area for parents arriving in an emergency. The last meeting was held on 20<sup>th</sup> February, which was chaired by our Chief Executive. At that meeting it was agreed that we would establish a task group focusing on the legacy of the Rainbow Unit. This will look at the future use of the unit and also about providing a lasting legacy, such as piece of artwork. We are currently asking for volunteers to be a part of this, including anyone who was involved in the fundraising for the existing unit.</p>
1.9	Further work with Commissioners to develop hospital at home service for children to avoid unnecessary hospital admissions	Commissioning intentions of PCTs and joint work with Community Trust	SaTH PCTs* Community Trust	<p>The Trust remains keen to progress with the development of robust out of hospital care services for children. An initial discussion with Trust and Community Trust clinicians and local PCT commissioners is due to be held this month.</p>

	<b>Reconfiguration of Services at PRH and RSH</b>			<b>Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012</b>
1.10	Evidence of work force planning and availability to support the proposals	Details of national guidance for work force planning mapped against demand / need and commissioning intentions	SaTH PCTs*	<p>The workforce plan submitted with the Outline Business Case has been reviewed, updated and amended. A revised plan will be submitted with the Full Business Case.</p> <p>We have continued to use the Trust's strategic workforce planning methodology, which is based on the Skills for Health 6 Steps model. Planning of the workforce has been done based on future clinical service models. A firm of external consultants have been working through the medical workforce issues with Head and Neck to develop a jointly owned and workable future plan. The nursing workforce numbers have been formulated taking Royal College of Nursing standards into account, using the Trust's agreed skill mix templates.</p> <p>The Full Business Case will be shared with the staff side at the TNCC (Trust negotiating and Consultative Committee – the formal committee for engaging with Staff Side Representatives) on 21 March 2012. From that point work will commence jointly with staff side to develop the implementation programme and its associated consultation mechanism. Representatives from the TNCC have been part of the programme and the development of the Full Business Case and will continue to be closely involved in the implementation phase.</p> <p>The workforce section of the Full Business Case includes a detailed section on the Transformational Change Programme which will enable the Trust to implement the necessary workforce changes.</p>
<b>2</b>	<b>Maternity Services</b>			
2.1	Development of clinical pathways to mitigate risks for mothers who will have to travel further to services at PRH	Engagement, support and training with obstetrics team, community midwives, GPs and WMAS	SaTH GPs WMAS	<p>The Women and Children's Clinical Working Group has met and reviewed all pathways developed and submitted as part of the Outline Business Case. These pathways were used as the basis for planning the workforce requirements for both the Outline Business Case and the Full Business Case and will now be used to plan the implementation of change. This will include the enhancement of the skills and techniques currently used by clinicians delivering services to the rural population rather than a major re-training programme.</p> <p>'Skills Drills' currently used within the maternity service for the</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>resuscitation of babies in the Midwifery-Led Units (MLUs) will be broadened to include a Skills Drill for the risk assessment, process and practice of transferring a woman in labour from the MLUs to the Consultant Unit to accommodate additional (or less) time needed for travel. This will include close liaison and working with both ambulance Trusts to ensure their involvement and amendment to their ways of working, if required.</p> <p>The Trust continues to have discussions and with commissioners and providers regarding plans for the reconfiguration and development of services (which includes maternity and neonatology) across Shropshire, Telford and Wrekin and mid and north Wales. One of the aims of this Strategic Forum is to ensure that plans, as far as possible, are aligned and take account of organisational changes across boundaries and the impact this may have on the rural populations of Shropshire and Wales (please also see Public Engagement section below).</p>
2.2	Further work with GPs and midwives to assess those considered at risk and action taken to ensure the safety of mothers and their unborn children.	Engagement, support and training with obstetrics team, community midwives, GPs and WMAS	SaTH GPs WMAS	<p>Women accessing maternity services in the county and in Powys are currently assessed to determine their level of risk. This assessment determines their pathway of care. These pathways were reviewed and amended earlier in the programme to reflect the new models of care and the future location of the consultant obstetric unit and neonatology services.</p> <p>The policies and processes that are currently in place to assess a woman's level of risk are being reviewed to ensure clinical risks are appropriately assessed and managed in the future. This includes the introduction of the Skills Drill described above.</p> <p>Irrespective of the plans to reconfigure maternity services, a training programme for all midwives in the stabilisation and transfer of newborn babies has been developed and is underway.</p> <p>An update of the training and support of GPs and midwives will be presented to the HOSC in the summer of 2012.</p>

	<b>Reconfiguration of Services at PRH and RSH</b>			<b>Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012</b>
2.3	Continued engagement of the WMAS in the development of clinical pathways	Improved response times and details for routes to PRH from rural areas	WMAS	
2.4	Potential loss of midwives who do not want to move to PRH	Ongoing engagement with staff and work force planning	SaTH	<p>The issue of a potential loss of midwives who do not want to move to the PRH will be dealt with as part of staff engagement within the management of change process.</p> <p>All midwives currently rotate around the units provided by the Trust and so a loss of midwives due to moving the consultant-led service to PRH is not envisaged.</p> <p>An update will be provided as part of the presentation described above in the summer of 2012.</p>
<b>3</b>	<b>Acute Surgery</b>			
3.1	Provision of AAA screening	Implementation timescales	SaTH	<p>The provision of AAA screening will commence in April 2012. Mr Tim Sykes (Vascular Surgeon) is the Clinical Lead for the AAA Screening programme and will present progress to the Joint HOSC, along with Dr Catherine Woodward (Director of Public Health) and Chair of the AAA Screening Programme Steering Group on 15 March 2012.</p>
3.2	Maintaining existing services in the County and SaTH becoming a Centre of Excellence	Joint HOSC to be informed of any changes to services prior to implementation	SaTH	<p>Discussions on the implementation time frames for surgery and other challenged services continue. During the consultation and assurance phase of the programme the need to consolidate inpatient surgery as soon as practically possible, and ahead of 2014, was widely discussed. Following discussion at the Hospital Executive Committee in both January and February and the Trust Board in February, the Centre for Surgery are beginning to plan the consolidation of the inpatient surgical service (excluding gynaecology; head and neck; and breast surgery) at RSH in July 2012, ahead of the new intake of junior medical staff in August. This will be discussed further in the presentation by the Chief Executive on 15 March 2012.</p>
3.3	Wider changes in NHS e.g. changes in commissioning resulting in services	Implications of Health and Social	SaTH PCTs*	<p>The Future Configuration of Hospital Services proposals have been developed through engagement with GPs and commissioners, and to</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
	going out of County	Care Bill		<p>address the reconfiguration principles set out by NHS Telford &amp; Wrekin and Shropshire County PCT which included keeping two vibrant, well balanced, successful hospitals in the county with access to acute surgery from both sites.</p> <p>One of the key drivers for making these changes has been to reduce the risk of further services leaving the county and the Trust looks forward to continued support from Health Overview and Scrutiny Committees to maintain safe, sustainable local services for people in Shropshire and Telford &amp; Wrekin.</p> <p>We continue to engage with the GP Commissioners in Shropshire and Telford and Wrekin and they remain members of key groups within the reconfiguration programme (Clinical Assurance Group; Transport and Transfers Group).</p>
3.4	Service changes not meeting planned timescales putting patients at risk and impacting on the project as a whole	Update on target and milestones to achieve implementation Risk management	SaTH	<p>The management of risk continues within the operational surgical services according to the Trust's policies. The Trust's Risk Management Group meets monthly where the issues are discussed and actions agreed. The Future Configuration of Hospital Services programme has a robust risk management system in place. The programme's Steering Group (chaired by the Chief executive) meets monthly weeks where risks and issues are discussed and action agreed.</p> <p>The key milestones and timescales for actual service change will be reflected in the detailed implementation plan as part of the Full Business Case.</p>
3.5	Detailed workforce planning	Workforce planning against demand / need and national recommended guidelines	SaTH	As described above, detailed workforce planning has been carried out and will be reflected in the workforce section of the Full Business Case.
3.6	Patients who cannot be stabilised and transferred to be operated on at PRH	To be included in development of clinical pathways	SaTH	The Clinical Working Group for Surgery is continuing to meet and has reviewed the surgical care pathways. It has been reconfirmed that patients admitted to the PRH who cannot be stabilised and transferred

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				to the RSH for their operation will have their operation at PRH. Day case surgery; inpatient breast, gynaecology and head and neck surgery; and paediatric surgery will all take place at PRH thus maintaining a strong and robust surgical presence in Telford.
<b>4</b>	<b>Stroke Services / Urology</b>			
4.1	Provision of thrombolysis on both sites	Implementation timescales	SaTH	<p>Thrombolysis continues to be available at both sites 24 hours a day, seven days a week.</p> <p>With the service now running 24/7 across both sites and with the support of the Network Thrombolysis Rota we have increased the number of patients receiving thrombolysis from 23 (4% of patients) in 2010-2011 to 61 (almost 8% YTD) 2011-2012.</p> <p>From October 2011, the Trust has had a Network Thrombolysis Rota network in place to support the local delivery and long term sustainability of this service. Telemedicine carts will be installed within the thrombolysis rooms at RSH and PRH which will enable a clinical network of consultants (from SaTH; University Hospital North Staffordshire; and Burton Hospital) to actually see and examine the patient remotely.</p> <p>It is anticipated that the date for Telemedicine going live will be June 2012. This has been revised to reflect the delays that were experienced in final procurement processes. We will be celebrating the 100<sup>th</sup> patient to receive Thrombolysis at the same time as the launch.</p> <p>Dr Rob Campbell is the networks clinical lead for this work. This will also be the Trust's first tele health care project being supported by Mr Mark Prescott and Dr Darren Warner Tele Health Care Lead.</p>
4.2	Evaluation of current provision against the National Stroke Strategy with indication from SaTH and Commissioners on how gaps will be met	Update report on issues identified	SaTH PCTs*	The health economy wide Stroke Strategy Group meets regularly to discuss and agree delivery of the stroke strategy locally. This group involves all stakeholders and includes: clinicians and stroke leads from primary, secondary care and the Community Trust; commissioners; and representatives from the Heart and Stroke network. An action plan is in place to address identified gaps and progress against this plan is

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>monitored at each meeting. The group also assesses progress against the recommendations of the West Midlands Quality Review.</p> <p>Performance is good against the key stroke targets within the Trust:  % of patients spending 90% of time on a stroke unit –  target 80%: Jan = 83.5%, YTD = 87.5%  % of patients having a swallow screen within 24 hours of admission –  target 70%: Jan = 91.1%, YTD = 85%  % of patients with high risk TIA scanned and treated within 24 hours –  target 60%: Jan = 93.75%, YTD = 89.4%</p> <p>Dr Suzy Thompson is the new Clinical Lead for Stroke and Care of the Elderly who will be working with Dr Campbell to develop services. Dr Meena Srinivasan is now based at Telford to particularly focus on Stroke services at PRH.</p> <p>The specific areas or gaps within the service they are currently being discussed within the Stroke Strategy Group are:</p> <ul style="list-style-type: none"> <li>• Psychological support – this is provided in 3 levels. We are meeting the requirements for Level 1, “assessing sub-threshold problems, common to many or most people with stroke”. A business case is to be put together to meet the requirements for Level 2 and 3, to provide a Clinical Psychologist as part of the Stroke team. A focus group for patient and public involvement is also being set-up. The Occupational Therapists are designing a flowchart to be incorporated in the Stroke Care Pathway to identify which patients would benefit from which assessments. A Stroke Patient and Carer group is being set up which is hoped will extend into a “befriending” service.</li> <li>• Early Supported Discharge – this service has been extended and is awaiting a long term commissioning decision</li> <li>• Stroke therapy assessment is now available at the weekend, with access to stroke therapy specialist provision under discussion within the Medicine Centre with Dr John Jones</li> <li>• TIA service at weekends (this service is currently provided 5 days a week). We have undertaken a demand and capacity review looking</li> </ul>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				to provide this later this year with ongoing support from the Heart & Stroke Network, TIA Leads meeting, and inter-departmental working.
4.3	Provision of coronary angioplasty procedures	Implementation timescales	SaTH	The provision of coronary angioplasty remains a longer term aspiration of the Trust. A further update will be given in the summer of 2012.
<b>5</b>	<b>Public &amp; Staff Engagement</b>			
5.1	Further discussions with patients, public and parents to listen to them and discuss their concerns and give further reassurance	Communication and Engagement strategy Feedback from public engagement and how this has informed service development	SaTH	<p>Throughout autumn/ winter 2011, senior clinicians and lead executives went back out to various community groups and council meetings that were visited as part of the Keeping It In The County consultation across Shropshire, Telford and Wrekin and mid Wales. This was primarily to ask people to share their ideas and concerns and to ask for their help in shaping the future of women's, children's, head and neck and surgical services.</p> <p>From March 2012 onwards, senior clinicians and lead executives have begun to go back out to these communities again. This will continue throughout 2012.</p> <p>The Trust has established four focus groups for the following areas:</p> <ul style="list-style-type: none"> <li>• Surgical services</li> <li>• Children's services</li> <li>• Children's cancer and haematology services</li> <li>• Women's services (including gynaecology and maternity)</li> </ul> <p>These groups have had several meetings and have provided some valuable feedback - the notes and presentations are available on our website <a href="http://www.sath.nhs.uk/future">www.sath.nhs.uk/future</a></p> <p>Since summer 2011, we have produced quarterly issues of our special newsletter 'Looking to the Future'. Included in these newsletters are updates on the latest plans, frequently asked questions, feedback from the focus groups, myth busters, interviews with clinicians, case studies and information about upcoming events and how people can get involved. These have been sent to all our hospital members, distributed around our hospital sites and sent to all GP practices for patients and public to pick up. They are also published on our website. We have also</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				<p>published three special issues of the newsletter which have focussed on the initial designs for the new women and children's unit, women's services and children's services. These have been distributed around our hospitals, are handed out at events and meetings and are available on our website. Our next issue of Looking to the Future will be incorporated as part of the Trust's wider newsletter 'A Healthier Future' which will be published in April 2012.</p> <p>The Trust has set up dedicated web pages – <a href="http://www.sath.nhs.uk/future">www.sath.nhs.uk/future</a> - which are regularly updated to include the latest news, FAQs, blogs and events. We also invite comments and suggestions from public and patients via our email address <a href="mailto:future@sath.nhs.uk">future@sath.nhs.uk</a></p> <p>We have also taken out advertisements in the free local newspapers across Shropshire, Telford &amp; Wrekin and mid Wales in October 2011 and January 2012 to explain the changes that are planned to our hospital services and what it will mean to patients and the public. The adverts also included myth busters, upcoming events and information about how people can get more involved. The next advert will appear in April 2012 and will include an update on the latest news across the Trust.</p> <p>The ongoing communication and engagement will be detailed in the Full Business Case.</p>
5.2	SaTH does all it can to alleviate the concerns of those who have been opposed to the proposals	Communication and Engagement strategy Feedback from public engagement	SaTH	<p>Meetings and correspondence with local MPs, journalists and individuals who have been opposed to the proposals have continued into this phase of the programme. They have also been involved in the meetings listed above and as part of our focus groups. We are also responding to people's concerns via email and through Freedom of Information requests.</p> <p>The Trust is committed to working closely with patients and with parents and families of young children, who have very specific health needs, to alleviate their concerns and to ensure that clear pathways are in place. Similarly, the Trust is working closely with members of staff who also have raised their concerns.</p>

	<b>Reconfiguration of Services at PRH and RSH</b>			<b>Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012</b>
5.3	Address concerns of Welsh colleagues who will be affected by the changes	Feedback from WAS, Powys Health Board and Welsh Assembly	SaTH	<p>As detailed above, senior clinicians and members of the executive team revisited communities across mid Wales in autumn/ winter 2011 to talk to them, listen to their views about the proposed changes and encourage people to get more involved. The Trust has started to go back out to these communities, including town council meetings and health information events. We are also arranging to visit mother and baby groups across mid Wales in the spring.</p> <p>The Welsh Ambulance Service and Councillors from Powys are represented at the Trust's Transfers and Transport Group and have been working closely with WMAS on cross border working and solutions to covering such a large rural area. WAS are also members of the Strategic Forum along with representatives from the Trust, local PCTs, WMAS, Powys Local Health Board and Betsi Cadwaladr Teaching Health Board. The focus of this group is to share plans for reconfiguration and development of services across Powys, North Wales and Shropshire, Telford and Wrekin. The group met again in November 2011 where an update was given on the emerging work in North Wales for changes to acute services (in particular for surgery; maternity; neonatology; and paediatrics). Trust officers are in contact with colleagues in North Wales to share pathways and learning. All organisations have committed to continue to share proposals and plans as they develop.</p>
5.4	Public are kept informed and patients informed of the implications for changes before they take place	Communication and Engagement strategy Feedback from public engagement	SaTH LINKS	<p>The Communication and Engagement Strategy continues to be implemented. The strategy describes a variety of regular communication, including: community meetings; 'Looking to the Future' newsletter; articles in the local media; interviews on local radio; and the website.</p> <p>As the plans and timings for implementation get nearer, a large scale communication campaign will be launched to ensure that all patients and public know what is happening, when and where and what this means to them if they access the Trust's services. This will include posters, door-to-door mailings, articles in the local press, TV and radio and targeted advertising.</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
				The detailed plans for implementing the changes will be presented to the HOSC in the summer of 2012.
<b>6</b>	<b>Workforce planning</b>			
6.1	Planning to ensure that once the process of transferring services begins patient safety is not compromised	Capacity planning and risk management for implementation	SaTH	<p>Workforce planning is key to the reconfiguration programme and much detailed work has been undertaken to understand the staff affected, the management of change process and to link this to the emerging implementation plans. This will be described in detail in the Full Business Case.</p> <p>Each Centre has undertaken a Quality Impact Assessment on the proposed changes and what this means for patients and the services they receive. The Quality Impact Assessments will also be included in the appendices of the Full Business Case, as will the programme risk registers.</p>
6.2	Recruitment and training of paramedics by WMAS to support transport between sites	Details of recruitment and training of paramedics	WMAS	
6.3	New Issue: Report in press of reduction in staff numbers to make savings	Linking workforce planning with budget and savings targets	SaTH	<p>The issues of bed reductions and any associated staffing reductions are separate from the FCHS programme. However of necessity the bed reduction programme does impact on some of the services affected by the FCHS programme, and is referenced within the workforce planning section of the Full Business Case.</p> <p>As the reconfiguration progresses, workforce plans will be kept under review within the context of the Trusts wider financial and workforce plans.</p> <p>As part of the Outline Business Case, a wider bed capacity modelling exercise was completed. This takes into account the efficiencies that can be made when we work differently. It also considers the longer term demographic changes within Shropshire and Telford and Wrekin and the impact these will have on the future shape of hospital services. This work is also incorporated into the Full Business Case.</p>

	Reconfiguration of Services at PRH and RSH			Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012
<b>7</b>	<b>Finance and Estates</b>			
7.1	Robust plans for all aspects of financial planning to ensure financial sustainability	Confirmation of loans to finance reconfiguration Details of costs to implement reconfiguration Details of ongoing running costs for reconfigured services Commissioning intentions of PCTs	SaTH PCTs*	<p>A detailed costing schedule of the preferred capital options at both RSH and PRH has been supplied our contractors, Balfour Beatty, and validated by our external cost advisors. This will continue to be updated as the market testing for the works at PRH undertaken by the Trust's construction partner continues to define their supply chain costs. The final capital costings will be included in the Full Business Case.</p> <p>The revenue implications of the service changes, the non-service led revenue impact and the revenue and capital spend profiles are also being finalised.</p> <p>This work will be detailed within the financial case within the Full Business Case.</p>
7.2	Additional cost of transfer between sites is taken into account	Cost of transfer arrangement for SaTH Cost of increased travel times for WMAS and implications for cost to commissioners	SaTH WMAS PCTs*	<p>Analysis by WMAS on the current activity flows and the impact the proposed changes has been completed. WMAS report an immaterial impact.</p> <p>Both WMAS and PCT Commissioners are members of the Transfers and Transport Group.</p> <p>More detail on the Trust's plans for inter-site travel will form part of the Trust's Reconfiguration Travel and Transport Plan in the summer of 2012.</p>
7.3	Adequate parking at both sites	Plans for parking facilities	SaTH	<p>Specialist transport advisors have analysed the quantum of journeys by patients, staff and visitors. This work has provided a view of the need to provide car parking spaces alongside the need to further develop alternative travel options. This will be included with the Travel and Transport Plan. The provision of extra car park spaces at PRH is reflected within the Outline Business Case and initial feedback from the planning authority will require the Trust to include a number of transport and travel mitigation targets that will influence the final number of spaces that should and can be provided. Therefore when the planning consent is made the final number will be identified although the Trust has identified an aspirational target of an additional 200 spaces.</p>

	<b>Reconfiguration of Services at PRH and RSH</b>			<b>Position statement from The Shrewsbury and Telford Hospital NHS Trust, 06 March 2012</b>
<b>8</b>	<b>Transport</b>			
8.1	Good transport to both sites	Feedback from discussions with Local Authorities and transport providers	SaTH	Discussions with local authorities has highlighted the pressures on public transport provision but has also focussed the attention of the transport planners to explore opportunities that arise from a joint working approach i.e. volumes of those travelling may support new routes or enhance existing routes. In addition, a travel and transport survey is underway (to conclude at the end of March) to determine people's experiences, views and ideas on the current and future travel and transport options for the future.  The output of this work will be included within the Travel and Transport Plan and presented to the HOSC in the summer of 2012.
8.2	Arrangements are made so staff, patients and visitors can move between sites as soon as services are relocated	Timescales for implementation	SaTH	The Travel and Transport Plan will include the options and arrangements for cross site transport and will be presented to the HOSC in the summer of 2012.
<b>9</b>	<b>Implementation</b>			
9.1	Joint HOSC request details of any changes prior to implementation	Update to Joint HOSC meetings	SaTH	The Trust proposes to provide an update to the HOSC in May 2012.

\*PCT indicated the Commissioning body and includes the developing GP Commissioning arrangements

**Meeting:** Shropshire and Telford and Wrekin Joint Overview and Scrutiny Committee.

**Subject:** Update on the Gynaecological Cancer Audit

**Report by:** Damian Murphy Medical Director GMCN

**Date:** 6<sup>th</sup> March 2012

The GMCN has implemented the changes necessary following the implementation of the Gynaecological Cancer NICE Improving Outcomes Guidance.

It is good practice that ethical committee approval be sought for this type of audit. Ethical approval ensures robust peer review of the audit process and of the questionnaire to be used. Full ethical approval has been obtained and we are now in a position to carry out the audit process.

The questionnaire that was submitted to the University Ethics Committee is attached to this report and demonstrates the breadth and depth of the study to be carried out.

Using the Somerset data system we are able to see numbers of patients transferred and below is a summary of Gynaecological Cancer first seen at SaTH.

This information covers a period from April 2011 to December 2011

Tumour Type	Expected Transfer rate	Treating Trust			Total	% Transferred
		SaTH	UHN S	NX		
Vulval	100%	6	2	0	8	25%
Cervix	90%	3	0	3	6	50%
Endometrial	20%	30	2	4	36	17%
Ovarian	75%	12	0	5	17	29%
Other	50%	0	1	0	1	100%
<b>Total</b>		<b>51</b>	<b>5</b>	<b>12</b>	<b>68</b>	

As can be seen the numbers transferred are extremely small, seventeen out of sixty eight patients have been transferred over the nine month period. We expect these numbers to

increase and intend to audit prospectively using the attached questionnaire as well as the Somerset database. To date we have not had any difficulties reported to us by the teams involved or any patient complaints regarding this service.

The audit will commence shortly and clearly, given the numbers transferring, will take a little time to complete. We will ensure you are sent a copy of the final report and are happy to answer any questions in the meantime.

## Gynaecological Cancer Research Study - Part 1

### IN RELATION TO YOUR DIAGNOSIS

**Q1 How were you informed of your diagnosis**

- By Letter.....
- By Telephone.....
- In Person/Face to face.....

**Q2 Who told you of your diagnosis?**

- Consultant.....
- Registrar.....
- Clinical Nurse Specialist.....
- Other.....
- Please state

**Q3 If you were given your diagnosis in person/face to face, were you told you could bring a relative or friend with you to receive your diagnosis?**

- Yes.....
- No.....

**Q4 Did you understand the details of your diagnosis?**

- Yes, I completely understood it.....
- Yes, I understood some of it.....
- No, I did not understand it.....
- Can't remember.....

**Q5 Was the Clinical Nurse Specialist (CNS) present at the time of being given your diagnosis?**

- Yes.....
- No.....
- Yes, but I didn't want to see the CNS..
- Don't Know/Not Sure.....

**Q6 Were you offered any written or printed information about your diagnosis/condition?**

- Yes.....
- No, but I would have liked to.....
- Yes, but I didn't need this type of information.....

**Q7 Were you referred to a different hospital for your surgery, other than the one you attended for your diagnosis?**

- Yes.....  Go to Q8
- No.....  Go to Q12

**Q8 Did you receive an explanation about why you were being referred to another hospital for surgery?**

- Yes.....  Go to Q9
- No.....  Go to Q10

**Q9** Do you know why you needed to have surgery at a different hospital? Please describe below

**Q10** Were you provided with contact details for the Clinical Nurse Specialist (CNS) at the hospital you were being referred to for your surgery?

- Yes.....
- No.....

**Q11** Were you offered any printed information about the hospital you were being referred to?

- Yes.....
- No, but I would have liked to have had this information.....
- Yes but I did not need this information.....
- Don't know / can't remember.....

**Q12** Did you contact any other health professionals with concerns about your diagnosis?

- No.....
- Consultant.....
- Clinical Nurse Specialist.....
- General Practitioner (GP).....
- Practice Nurse.....
- District Nurse.....
- Social Worker.....
- Other.....

*Please state for example, Psychologists/ Counsellors/Chaplain/Faith Leaders*

**Q13** Following diagnosis, how many times did you contact any other health professionals?

- |  |                      |
|--|----------------------|
| Consultant .....   | <input type="text"/> |
| Clinical Nurse Specialist .....  | <input type="text"/> |
| General Practitioner (GP).....   | <input type="text"/> |
| Practice Nurse.....  | <input type="text"/> |
| District Nurse .....   | <input type="text"/> |
| Social Worker .....  | <input type="text"/> |
| Other (please state for example. Psychologists/ Counsellors/Chaplain/ Faith Leaders..... | <input type="text"/> |

**Q14** Please describe the reason (s) for that contact

### PRE-OPERATIVE ASSESSMENT APPOINTMENT

Thinking about the appointment you had before being admitted for surgery

**Q15** How did you travel to the hospital for your appointment?

- By Patient Transport Services .....
- By Car .....
- By Taxi .....
- On foot .....
- On public transport .....
- Other .....
- Please state

**Q16** Before your appointment, did you know what would happen to you during your appointment?

- Yes, definitely .....
- Yes, to some extent .....
- No .....

**Q17** Did you have any tests (such as x-rays/blood tests) at your appointment?

- Yes .....
- No .....

**Q18 Did you have to go back for any tests? (e.g ECG, Chest X-ray)**

Yes.....

No .....

*If Yes state how many times you had to visit the hospital*

*And for what tests*

**Q19 Who did you meet at your appointment? ( Tick all that apply)**

Surgeon.....

Clinical Nurse Specialist .....

Anaesthetist.....

Other .....

Please state

**Q20 Before you left the outpatients department were you given any written or printed information about your surgery?**

Yes.....

*No but I would have liked to received some information*.....

*No but I didn't need this type of information*.....

## YOUR HOSPITAL STAY FOR SURGERY

**Q21 How did you travel to your hospital for your surgery?**

- By private car .....
  - By taxi .....
  - By public transport.....
  - By patient transport services ( Ambulance, Ambulance car) .....
  - On foot .....
  - Other .....
- Please state

**Q22 How long did it take you to travel from home to hospital for your surgery?**

- Up to 30 minutes .....
- 31 - 60 minutes.....
- More than 1 hour but no more than 2 hours .....
- More than 2 hours .....
- Don't Know / Can't remember.....

**Q23 If you were referred to a different hospital to the one you attended for diagnosis was the travel time to it acceptable?**

- Yes.....
  - No .....
- If no please say why

**Q24 Before you had your operation, did a member of staff explain what would be done during the operation?**

- Yes, completely .....
- Yes, to some extent.....
- No, but I would have liked an explanation .....
- I did not need an explanation.....
- Don't Know / Can't remember.....

**Q25 After the operation, did a member of staff explain how it had gone, in a way you could understand?**

- Yes, completely .....
- Yes, to some extent.....
- No, but I would have liked an explanation .....
- I did not need an explanation.....

## LEAVING HOSPITAL AFTER SURGERY

**Q26** If you needed support/care at home following discharge was this arranged sufficiently prior to discharge?

- Yes .....
- No .....
- Not needed .....

**Q27** Did you feel you were involved sufficiently in decisions about your discharge from hospital?

- Yes, definitely .....
- Yes, to some extent .....
- No .....

**Q28** Did the hospital staff tell you who to contact if you were worried about your condition after you left hospital?

- Yes .....  Go to Q29
- No .....  Go to Q30
- Can't remember .....  Go to Q30

**Q29** Were you given this information in a written format?

- Yes .....
- No .....
- Don't know / can't remember .....

**Q30** Did you receive a copy of your discharge letter/treatment plan?

- Yes .....
- No, but I would have liked a copy .....
- Don't Know / Can't remember .....

**Q31** Were you informed when to expect your next appointment?

- Yes .....
- No .....
- Don't Know / Can't remember .....

**Q32** Following surgery, how many times did you contact any other health professionals for advice?

- Consultant .....
- Clinical Nurse Specialist .....
- General Practitioner...
- Practice Nurse .....
- District Nurse .....
- Social Worker .....
- Other .....

*Please state for example  
psychologists/counsellors/chaplain/faith  
leaders*

**Q33** Please describe the reason(s) for the contacts

**Q34** Did the different people treating and caring for you (Clinical Nurse Specialists, Surgeons, Oncologists, hospital doctors, hospital nurses, Consultants) work well together to give you the best possible care?

- Yes, always.....
  - Yes, most of the time .....
  - Yes, some of the time .....
  - No, never .....
  - Don't know .....
- If no, could you tell us why? Please Describe

**ANY OTHER COMMENTS**

**Q35** If you would like to tell us more about your experiences of NHS Gynaecological Cancer Care please do so in the space below (if the space provided is not enough, please feel free to send any accompanying pages)

**Q36** In particular if there was anything exceptionally good about your cancer care we would like to know

**Q37** We would also like to know aspects of care you received that you think could be improved

**Thank you for taking the time to complete this questionnaire. Your participation is important to us.**



Greater Midlands Cancer Network

If you would like to receive a copy of the results from this study upon completion please tick here

## Gynaecological Cancer Research Study - Part 2

### YOUR FIRST FOLLOW UP APPOINTMENT AFTER SURGERY

Questions 1-3 are to be completed by those patients that were transferred to a different hospital for their surgery. All patients that were not transferred are requested to start at question 4

**Q1** If you were referred to a different hospital for your surgery, other than the one you attended for your diagnosis, were you given the choice of where you would like to receive your follow up care?

Yes.....  Go to Q2  
 No .....  Go to Q3

**Q2** Where did you have your first follow up appointment?

at the hospital where I had my surgery (go to question 4) .....   
 at the hospital where I received my diagnosis (go to question 4).....

**Q3** If you hadn't been given a choice where would you prefer to have your follow up care?

at the hospital where I had my surgery   
 at the hospital where I received my diagnosis .....

**Q4** Before you attended your first follow up appointment, did you know what would happen to you during your appointment?

Yes, definitely .....   
 Yes, to some extent.....   
 No.....

**Q5** When were you given the full details of your surgery?

Before I went home following my surgery .....   
 At this follow up appointment.....   
 No.....

**Q6** Who gave you the results of your surgery?

Consultant Surgeon.....   
 Registrar.....   
 Clinical Nurse Specialist .....   
 Other .....   
 Please state

**Q7** If you needed further treatment were you told at this appointment?

Yes .....  Go to Q9

No further treatment required.....  Go to Q10

**Q8** Were you given written information about your further treatment?

Yes.....

No.....

**Q9** Did the different people treating and caring for you (Clinical Nurse Specialists, Surgeons, Oncologists, hospital doctors, hospital nurses, Consultants) work well together to give you the best possible care?

Yes, always.....

Yes, most of the time .....

Yes, some of the time .....

No, never .....

Don't know .....

If no could you tell us why? Please describe

**ANY OTHER COMMENTS**

**Q10** If you would like to tell us more about your experiences of the NHS Gynaecological Cancer Care please do so in the space below (if the space provided is not enough, please feel free to send any accompanying pages)



Greater Midlands Cancer Network

**Q11** In particular if there was anything exceptionally good about your cancer care we would like to know

**Q12** We would also like to know of aspects of care you received that you think could be improved

**Thank you for taking the time to complete this questionnaire. Your participation is important to us**



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If you would like to receive a copy of the results from this study upon completion please tick here