Office of the
Trust Special Administrator
of MSFT

Mid Staffordshire NHS
NHS Foundation Trust

The Office of the Trust Special Administrator of Mid Staffordshire NHS Foundation Trust

Trust Special Administrators' Final Report

Volume Two, Part D

The consultation on the TSAs' draft recommendations

December 2013

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The Office of the Trust Special Administrator of Mid Staffordshire NHS Foundation Trust

Annex 2.4: Formal responses to the TSAs' draft recommendations (3 of 3)

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10. Staff (continued)

Dr G Earnshaw, Chair Consultant Staff Committee

1st October, 2013

To the TSA's , MSFT

Following the Consultant Staff Committee on the 25th of September attended by Professor H Mascie-Taylor I write to you with some concerns of the Consultant body.

1. The role and remit of the CAG. The terms of reference of this group would not appear to permit endorsement particular recommendations as has been publicly and repeatedly stated. Their avoidance of contact with the Consultant body has been noted and must limit their understanding of local issues. Never mind their fleeting and embargoed visit to Stafford, have they for instance visited the other units involved in recommendations? What risk assessments have they carried out? Would their actions constitute due diligence in approving the safety of TSA proposals?
2. As a body we have reviewed the proposals and noted many errors of statistics and the delivery of services. Why were these not validated with the clinicians before making proposals?
3. Each department has submitted detailed critiques of the proposal and these will not be repeated here.
4. The overall view of the Consultant body is that the TSA proposals fail to deliver services to the patients presently treated at MSFT that are demonstrably safe or as good or better than present.
5. There is no detail as to implementation guarantees to address the concerns raised in 4 above as service at present in Wolverhampton and UHNS do not demonstrably deliver such services at present. Were risk assessments carried out on services to be transferred for instance?
6. It is unclear who takes clinical responsibility for changes in service delivery should these prove to be actionable, both during and after implementation. Is it the clinical TSA ? By the terms of reference it cannot be the CAG. Accountability is key and should be clearly stated. This clearly should be a public concern.

Dr G Earnshaw

Response to TSA proposals - Mr Sinha, CD for Surgical Division

These are my own responses, as Clinical Director for the Surgical Division, a resident of STAFFORD and in the best interests of the population and patients of Stafford.

I will not go into any Financial details or any detailed figures as these can be interpreted in different ways. My responses are solely based on my experience of working in the NHS for over 20 years and at Stafford for over 5 years, in the post "bad Stafford" days.

There are positives in the TSA proposals with which I agree, but there are a lot of issues where I feel the proposals could be made better to maintain the high standard of care provided at Stafford and for the benefit of the local population in the long term.

I completely agree that we cannot continue as we are. We need to join up with our neighbouring organizations but still be able to provide majority of services locally and only transferring what is essential for better patient outcomes, for ease of recruitment and retention and making the whole thing financially and clinically sustainable in the medium and long term BUT maintaining operational sustainability (ie, PATIENT SAFETY and excellent Quality of Care)

I will take each recommendation of the TSA proposal individually. I will concentrate on my patch, which is the Surgical Division, but will comment on all points.

Draft Recommendation 1. Stafford Hospital should continue to have a consultant-led Accident and Emergency (A&E) department between the hours of 8 am and 10 pm.

I agree with this in principle.

What I do not agree with is the model proposed in support of A&E. If there is an acute medical take, this should be fully supported to minimize the risks to the patients of Stafford. This would mean some form of Level 3 Intensive Care Unit support. The present unit will be part of a larger merged / networked ITU, but should stay not only to support the hospital but also to support the larger Unit at UHNS. Shutting beds when there is constant shortage of ITU beds in the region and nationally makes no sense. Spending lots of money to build more capacity at UHNS when the existing excellent facilities can be utilized, again does not add up.

Along with this, the A&E ought to be supported by some form of surgical presence. What this should look like, could be left to the merged Surgical Units of UHNS and Stafford to decide, depending on capacity, local expertise, better utilization of existing facilities, reduction in transferring ill patients as norm etc.

Draft Recommendation 2. An inpatient service for adults with medical problems will continue to be provided at Stafford Hospital for those who need to be in hospital.

I fully agree with the recommendation, again in principle. It is essential for the population of Stafford, which has its own share of medical problems, both for the elderly and the not so elderly.

As this is not in my remit, I will not go into details but I disagree with the details of the recommendation. The current Acute Medical Unit works extremely well. It is run by Acute Physicians who specialize in this and help provide a Consultant led and delivered service. This in turn has made this unit extremely efficient, discharging more than half of all acute medical admissions. This has been one of the reasons for the Hospital Mortality Rate (HSMR) to come down and stay down for the last 3 to 4 years.

The unit (AMU) already provides a very high standard of care for the Elderly. The suggestion that it be changed into a Medical Assessment Unit, will be a huge retrograde step and lead to deterioration in standard of care. Again, it should be left to the combined UNHS and Stafford Medical Consultants to agree to a workable plan.

Draft Recommendation 3. As well as retaining the present inpatient service, a 14/7 Frail Elderly Assessment service is created to provide a one-stop assessment for older people and to take referrals from a wide range of sources. The unit should be staffed by geriatricians to ensure greater links with the community. The Frail Elderly Assessment service should have clear referral systems in place so older people get the most appropriate care.

Again, this is not in my patch, but I strongly disagree. The current model of an Acute Medical Unit provides the above service, but to a much higher standard. To replace it with the TSA proposed model will not be an enhancement, but a retrograde step. The suggestion that this is staffed by Consultant Geriatricians during the day and Advanced Nurse Practitioners at night goes to prove that. It is currently manned by the Medical Team 24 hours a day. As this unit will be admitting the acutely medical ill, the proposals will put patients' life at risk, as staff may recognize the acute illness, but will be incapable of dealing with it.

Draft Recommendation 4. Beds should be available at Stafford Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.

In principle, I agree with this proposal of the TSA.

Draft Recommendation 5. No babies should be born at Stafford Hospital's consultant-led delivery unit as soon as other local hospitals have the capacity to deliver a service for more pregnant women. The TSA's plan is designed to ensure there is sufficient capacity at neighbouring hospitals so that mothers-to-be have a choice of where they have their baby.
Consultant led pre- and post-natal service should be delivered in partnership with UHNS so that local patients can still attend routine appointments at Stafford. Women will have the choice to go elsewhere if they prefer.

This is a tricky one. There is a lot of passion regarding this both in the community and in the Obstetric department. The delivery rate has fallen over the last few years to around 1800 deliveries. This makes the unit small. The unit is fully staffed and provides a high quality of care that is recognized nationally by the Royal College of Obstetrics and Gynaecology. But this comes at a price – it is an expensive service to run.

The obstetric service is on the list of short-term LSS (Location Specific Services). This means that the CCGs know there is no capacity to move this service in the region in the short term. This can only be decommissioned if there is capacity created elsewhere for the service to be transferred. This could take a lot of time.

My big concern is that once it is formally announced that this service is to be decommissioned, a lot of the Consultants who provide a high quality of a 40 hour a week service will either leave or retire. Also, there is already, (after a long time), increasing vacancies in the Midwifery department. This has not been the case in the past, but with the uncertainly of the Unit, it has been almost impossible to recruit. This combination will lead to the collapse of this service with nowhere else for patients to go – as there is no capacity at either UHNS or RWH or Walsall, to take on the extra work at this stage.

As the hospitals are going to be merged, especially in the north with UHNS, the two departments will become one. The correct thing to do will be to have one department with 2 sites, both providing full Obstetric services. **The two departments can discuss what expertise can concentrate of either site and locate these accordingly. This will help with capacity and help UHNS pull more deliveries from the North.** This will come at a price but that has to be negotiated with the Department of Health. The risk of this service folding up in the Transition period will be disastrous for the population of Stafford.

Also, the TSA proposal cannot go against the requirements of LSS.

Draft Recommendation 6. Children should no longer be admitted as inpatients to Stafford Hospital and the service should stop as soon as other local hospitals have the capacity to accept them safely. Patients should be transferred to larger specialist hospitals for appropriate inpatient care.

Again, this does not come on to my patch – but does directly affects us.

My fundamental problem with this proposal is that the Paediatric Department does provide a good service. There is no infrastructure in the community for children to be managed outside of the hospital setting. All that will happen by closing this unit is that all the referrals and admissions will be transferred to a much larger unit. A lot of these are of minor to moderate severity needing about a 2 day stay. These do not need to go to a Tertiary Centre Unit, where the more sick children are looked after. It will negatively impact on the running of that unit as a lot of their resources will be taken up in looking after the relatively minor illnesses which will end up there.
The service should continue till one has more information and guidance from the Colleges as to how the National drive to close a lot of the smaller units in Paediatrics is produced. Stafford should not be made an example or an experiment for this.

Also, there is no model of a Nurse-led Paediatric Assessment Unit in the UK. Why experiment in Stafford? **The Unit should join up with UHNS and /or RWH and the infrastructure in the community improved.** Only when that has happened and evidenced, should this even be considered.

The model also affects all Surgery for children, even if they may be considered minor. One will not be able to do any ENT elective paediatric operations, eg Tonsils or grommets as there will be no ward and no Paediatric doctor on site. Also, any children attending with fractures that need an anaesthetic cannot be done here, again for the same reasons. It will not be safe to anaesthetise any children with no back up of a ward or Paediatric team. This will put undue strain on a Tertiary centre and will be extremely detrimental for the local population.

Draft Recommendation 7. Children will continue to be assessed at Stafford Hospital's existing Paediatric Assessment Unit (PAU). This will be between the hours of 8 am to 10 pk. The PAU will be led by specially trained nurses who will consult with paediatricians from UHNS. Referrals will either be through A&E, GPs or other health care professionals as they are now.

Again, this is not in my patch. But I fail to see how this will work. There is no model of this kind in the UK (as far as I am informed). Why experiment with something in Stafford, that has not been tried elsewhere?

Draft Recommendation 8. Major Surgery should no longer be carried out at Stafford Hospital with the exception of minor surgical procedures which can be dealt with by A&E or where the patient can be stabilized by A&E and scheduled to return to Stafford Hospital for minor surgery. Most major emergency surgery would instead be provided by a local larger hospital such as UHNS or RWH. The TSAs have already had initial positive discussions with UHNS about this.
This means there will no longer be a surgical assessment unit on-site. A&E Consultants at Stafford Hospital will be able to consult surgeons remotely at larger hospitals about patients' surgical needs. Patients would then be transferred to another hospital for surgery where required.

This is again a difficult one. There has been a lot of instability in the Surgical Department at Stafford. There has been talk of Surgical Alliance with UHNS for a long time. As per National Guidance, major elective and all emergency Vascular Surgery work moved to UHNS in April 2012. Some elective vascular work is still done at Stafford. Lately, Urology Alliance has been moving forward successfully and is due to go live mid October 2013 with all inpatient Urology work and all emergencies being done at UHNS, with the Stafford team TUPEd over. A lot of day case Urology will move to Stafford.

There is general acceptance that things cannot carry on as it is. It is likely that most major emergency General Surgery work will move to UHNS, once there is capacity available.

Debate is whether there is any emergency work done here during the day. This will depend on what model is finally agreed with UHNS. Also it will depend on whether there is appetite to do any elective work at Stafford. The main issue will be capacity, both with regards beds and theatres at UHNS. My feeling is that to maintain a surgical presence at Stafford, there should be some elective General Surgery work done here. This could most likely be colorectal work. This does not have to be the major complex surgery but the more routine colorectal surgery. This would be in addition to a CEPOD list where minor emergency surgery is done. By doing this, there will be Surgical presence to cover the Acute Medical take, gastro-enterology and may also help sustain the activity of the Intensive Care Unit.

Having no Emergency Surgery would put patients' lives at risk. These patients often need surgery urgently and if they have to wait for a bed at UHNS, they may deteriorate and not survive the episode. This would specially affect the elderly. The figures used by the TSA grossly under-estimates the amount of emergency general surgery happening safely at Stafford.

The TSA certainly underestimate the use and need of the Surgical Assessment Unit. This is an invaluable part of the hospital where a big number of patients are assessed, investigated, about 10% ending up having surgery and the rest either being discharged after settling down (about 50%) and the remainder getting admitted to the Surgical wards for further investigations and conservative treatment.

Having no SAU would unnecessarily put extra strain on already stretched resources of UHNS. Even a CDU model of A&E would not do this job as it would only be A&E Consultant led with no or minimal input of the Specialist General Surgeon. Having an SAU would be very beneficial for the local population in rapidly turning around patients.

I would propose that SAU remains along with some emergency surgery at Stafford. Some major elective colorectal surgery should be moved over to Stafford. This would not be independent but be part of a larger unit having a HOT site at UHNS and a COLD site at Stafford. This would greatly help alleviate the bed pressures at UHNS. Once the major elective patients are dealt with at UHNS, they can then be transferred to Stafford for further stabilization and rehab before being discharged home. Consultants would be part of one team and rotate here, maybe for a week at a time (eg 1 in 10 weeks). They could bring the trainee juniors with them and thus help keep some trainees at Stafford.

The other big disagreement I have with the TSA model is to do with Orthopaedics. All agree that No major trauma comes to Stafford. That is not happening anyway even today. Major trauma does not even go to RWH, but to either UHNS or Birmingham as two of the three Major Trauma Units in the Midlands, third being Coventry.

TSA propose that there should be no routine Orthopaedic trauma surgery at Stafford. They do not seem to appreciate the considerable numbers going through the unit. Their figures have completely missed out all trauma done on the planned Trauma Lists and specialist Trauma lists (10 lists per week). We do about 250 fracture neck of femurs and in the latest National Hip Fracture Database results for 2012 have done very well. TSA seem to think that this is major trauma. It is not. This is bread and butter for Orthopaedics. We get almost 80 to 90% of these patients operated within 36 hours, which is Best Practice. **Transferring this large group of elderly patients to UHNS is unnecessary, will be unsafe and impractical.** With a largely elderly population and the Medical Unit to have Geriatricians, it would be common sense to operate on these safely at Stafford. In fact, if UHNS is struggling, there is no reason why some of their fracture neck of femurs cannot be done at Stafford. We could work together to improve the pathway further. Along with this, there is no reason why routine inpatient Orthopaedic trauma should not happen at Stafford. This would include ankle fractures, wrist fractures, shoulder fractures etc. On the other hand, it would help to transfer patients the other way, from UHNS to Stafford for these simple fractures, to utilize the resources of Stafford better and ease the pressure on both theatre space and beds at UHNS.

Draft Recommendation 10. Elective care and day cases should remain in Stafford. This would include Orthopaedic surgery.

I completely endorse this proposal of the TSA. I also agree that the exact range of elective procedures that would be delivered at Stafford would be dependant on discussions with CCGs and the provider that operates the elective services.

I would add that in addition to Orthopaedics, ENT, some oral and maxillofacial and plastic surgery, there should also be some Colorectal surgery and Gynaecology as Elective surgery done at Stafford. This would only be done as part of a bigger unit for all the specialities, better utilizing the bed and theatre facilities at Stafford to turn around big numbers safely and efficiently.

In addition, UHNS have already indicated that they would offer a range of day case specialities. I completely agree with this.

Draft Recommendation 11. Beds should be available at Cannock Chase Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.

I completely agree with this proposal.

Draft Recommendation 12. Elective surgery is retained at Cannock Chase Hospital. There should be new surgical specialities introduced, enhancing the current range of elective inpatient services for Cannock patients. This recommendation assumes that the ongoing discussions with the National CAGs regarding safe overnight staff cover can be successfully resolved.

I completely agree with this proposal.

Draft Recommendation 13. The current range of day case procedures (surgical and medical), including rheumatology services, should continue at Cannock Chase Hospital and the range be increased where possible.

I agree with this proposal as well.

Draft Recommendation 14. To allow for the TSAs' draft recommendation to work in a way that does not negatively impact the safety at other hospitals or their financial position, it is recommended that MSFT as an organization be dissolved.

I accept that this is inevitable. This will be in the form of a merger, acquisition or transfer with more than one neighboring organization.

I would think that the most likely partners would be UHNS in the north and RWH in the south.

My BIG WORRY is the TRANSITIONAL period or the Implementation phase, as the TSA call it. If this is anything more than a few months, it is very likely that a number of specialties may collapse. If that happens, the whole model will fall flat and put large numbers of patients at risk of delayed treatment, poor care, and seriously affect patient SAFETY. This will be because the neighboring hospitals do not have the capacity now to transfer all that is proposed, and staff at Stafford may not have the patience to wait any longer for that to happen. There has already been uncertainty for too long. They will leave.

At the moment, the proposed implementation phase would be over 2 to 3 years. This needs to be cut down to around the 1st April 2014. That should be the latest when Stafford should cease to exist and the name changes to UHNS or similar for the north and to RWH for the south. Until the Staff knows that Stafford is part of UHNS and Cannock is part of RWH within a few months of January 2014, the uncertainty will be detrimental and will result in the population of Stafford and Cannock suffering unnecessarily.

I hope this commentary will be heeded to by the TSAs and help them to come up with a Final Recommendation that is effective, practical, workable, SAFE, financially attractive with not having to spend over £200 million in Capital expenditure and over £100 million in Transition costs to overcome a shortfall of around £20 million per year!!!

Mr Ashok K Sinha
Consultant Orthopaedic Surgeon and
Clinical Director, Surgical Division

Dated : 22nd September, 2013.

Response to the Draft Proposals of the Trust Special Administrator

By the Mid-Staffordshire Foundation Trust Paediatric Department

September 2013

Executive Summary

The TSA has substantially underestimated the clinical activity undertaken by the Paediatric Department at Stafford Hospital. This has led them to propose a unit that is too small for local needs, both now and more especially in the future.

We have carefully examined each of their arguments in relation to the downgrading of the unit, and have provided strong evidence of their weak foundations. Their arguments about clinical sustainability are based on serious underestimates of the activity levels undertaken by the Paediatric Department, and on a skewed reading of the purpose and application of the RCPCH Facing the Future document.

We have also considered various criticisms of our current service, including allegations of over-admission and high lengths of stay. Neither withstand serious scrutiny when applied to our current service.

We have carefully considered the clinical safety of our current model and the proposed model. Although we have strong evidence that the former is safe, there is no evidence of safety of the latter.

Finally, we propose two potential models for the future of the unit, both of which have considerable advantages over the TSA model.

1 Introduction

This report is written by the Paediatric team in response to the Trust Special Administrators (TSA) recommendations to the Secretary of Health for the future model of Paediatric services at Mid Staffordshire NHS Foundation Hospital.

The arguments presented by the TSA in favour of reconfiguring Paediatric services is based on two key arguments:

1. Clinical Sustainability

(a) the activity levels of the unit

(b) The "Facing the Future" RCPCH audit standards (1)

2. Financial sustainability

Although the TSA accept the current paediatric services are safe, it is important to consider safety for any change in model of service delivery. This aspect of the TSA proposal will also be examined.

1.1 Clinical Sustainability

1.1.1 Activity Levels

The TSA has presented data that could mislead readers into thinking that the Paediatric Department at Stafford is small, non-viable and unsustainable[1]. The following table compares the activity levels from the TSA report with hand-counted data for our unit for the past 12 months. This demonstrates that activity of the unit has been seriously underestimated. Unfortunately, this incorrect data will have been the activity levels used as a basis for discussions with neighbouring Trusts, who will therefore have been seriously mislead about the potential impacts of the closure of the inpatient unit at Stafford for their own units.

Stafford's Paediatric unit admitted 2362 children into inpatient beds in 2012/13. This puts us at the upper limit of the "small" department category, defined as those that admit between 1,500- 2,500 patients per year. However, we are concerned that the numbers of Children who presently attend PAU (6804 in 2012/13) and the children undergoing surgery (1044 in 2012/13) have not been taken into account when considering activity. The Paediatric team appreciates that a small proportion PAU patients will be a "subset" of the A & E attendances.

Table 1: Comparison of TSA Figures for Paediatric Activity compared with Actual Activity

Service	TSA Figure	Actual Figure	% Underestimate
A&E	8778	9600	9%
Medical Inpatient	2400	2400	0%
Paediatric Assessment Unit	4500	6804	51%
Medical admissions following GP referral	313	1742	457%
Surgery on children	0	1046	∞

1.1.2 RCPCH Facing the Future Audit Standards

There are 10 standards in this audit document[2], which were published to measure progress towards desirable goals for future acute paediatric services. Cur-

[1] TSA Draft Report 2013

[2] RCPCH Facing the Future Audit Standards 2012

rent figures for Stafford Hospital are shown in Appendix 1, which demonstrates that our performance is typical for the UK for all standards with compliance with 8 out of 10 standards.

The TSA has used these as a current benchmark to assess the viability of a single paediatric unit, which is not what the standards were designed for. Further, he has chosen to place particular emphasis on only one of the standards, standard 8. This states that, to comply with EWTD, acute paediatric rotas should made up of at least 8 and preferably 10 WTE at all levels. If this standard is applied strictly for Stafford, in the interests of equity it must be strictly applied across the UK. However, 70% of acute paediatric units fail to meet this standard for tier 1 of their on call rotas, 68% for tier 2 and 79% for tier 3. Strict application of these standards UK-wide would therefore require similar closures of the majority of paediatric units in the UK, which is surely neither desirable nor the intention of the RCPCH.

We contend that there is little evidence to suggest that having a 1 in 10 rota of Consultants at a large hospital up to 40 minutes away has better outcomes for the majority of children than having a 1 in 6 rota at a local hospital where travel time is greatly reduced. We do acknowledge that for a small number of very sick, complex, specialist cases the outcome would undoubtedly be better in a larger unit. Such patients are already transferred using the KIDS team to local PICU centres, and outcomes are generally excellent.

Whilst placing great emphasis standard 8, the TSA appear to have ignored standards 1,6, and 10:

- Standard 1, which states that "any child or young person admitted to a Paediatric department with an acute medical problem will be seen by a middle grade or Consultant Paediatrician within 4 hours".
- Standard 6, which states that "a paediatric consultant (or equivalent) is present in the hospital during times of peak activity".
- Standard 10, which states that "all children and young people, and other agencies, have access to a paediatrician with child protection experience and skills for immediate advice and assessment where there are child protection concerns".

It is surprising that the TSA has paid no attention at all to Standard 10, particularly in the light of the recent Baby Peter case (and many others).

1.2 Financial Sustainability

Under the terms of Payment by Results (PBR) money follows activity. Therefore if activity levels are significantly underestimated the whole basis of financial estimation is seriously undermined.

2 Critique of Trust Special Administrator Proposal

2.1 Clinical Sustainability

The TSA has:

1. Failed to represent accurately current paediatric activity
2. Overestimated the effectiveness of the proposed ANP-run Paediatric Assessment Unit (PAU)
3. Overestimated the effectiveness of the proposed Hospital at Home service (H@H)
4. Failed to take into account the rise in paediatric admissions over the past decade
5. Underestimated the impact of future predictions for birth and population changes
6. Overestimated the difficulties in recruitment to our unit.
7. Underestimated the benefits of having a Level 1 Neonatal Unit.

The TSA have developed their draft proposal on the basis of inaccurate information. They paint a picture of a small unit with low activity. They conclude that its closure will have little impact the local population, the adjoining Trusts, transport services, or Ambulance and Emergency services. However, their inaccurate information has led to inappropriate conclusions, and undercuts the entire foundation of their arguments about financial and clinical sustainability.

2.1.1 Current Paediatric Activity

The TSA were incorrect when they stated there would be no change to the opening times of PAU. They propose that the PAU would remain open 08:00-22:00, suggesting that these are its current hours of opening. In actuality, the PAU is open 24 hours per day. Thus its ability to prevent unnecessary admissions would be reduced from its current level. The TSA Draft Report states that "MSFT currently provides acute and elective inpatient Paediatric services. In 2012/13 there were 8,778 A&E attendances and 2,400 paediatric spells (an average of 25 attendances and 7 admissions/day)". They conclude that "the current model is sub-scale with significant costs associated with maintaining a safe and compliant rota" .

Averaging patients over the calendar year is particularly unrepresentative of General Paediatric activity, which shows marked seasonality with winter peaks and summer troughs. The TSA state that there were a total of 2362 paediatric admissions and on average each child stayed for 2.5 days. This would equate to

a need for 13 beds. They conclude that this equates to almost a ratio of two medical staff per bed.

However, the TSA have failed to take into account that the same team of Paediatricians also provide:

1. Support to A and E (who care for about 10,000 children per year)
2. Medical cover for the PAU (6,804 attendances in 2012/13)
3. Medical cover for SCBU (246 admission 2012/13)
4. Medical cover for the neonatal Transitional Care Unit.
5. Joint care of all children undergoing surgery (1046 cases), as per Royal college of Surgeons recommendations[3]
6. Undertake twice daily Children's outpatients' clinics (General and Specialist) at Stafford and Cannock Hospitals.

The figures regarding number of children referred by GPs to PAU are incorrect. The TSA quoted 313 children were referred in 2012/13, while the actual figure was 1742, over five times as many as stated, of which 775 required admission to the Children's ward.

The original figures have been used by TSA in their negotiations with alternative providers. Clearly, a 5-fold difference in numbers is likely significantly to change the perception of alternative providers about whether they have the resources to cope with these additional displaced patients. It also multiplies five-fold the human and financial costs for these families. The TSA assesses the cost of transfer to be small for these small numbers of patients, but a recurring five-fold increased cost will be significant.

Although not mentioned in the report, the TSA have also verbally quoted the number of children attending PAU to be in the region of 4,500. In reality a manual count of all attendances was from 2012-13 showed 6804 attendances.

Importantly, by consistently underestimating all our patient activity the TSA has mis-represented Stafford as being a small and non-viable unit, rather than as a viable medium-sized paediatric unit with a potentially healthy future.

2.1.2 Effectiveness of the Proposed PAU

The TSA expect all non-admitted paediatric patients still to be seen at Stafford under their model. The assumption seems to be that their PAU model, run exclusively by Advanced Nurse Practitioners and for only 14 hours per day, will perform a similar filtering function to the current one. They also propose that the small numbers of obviously sick patients bypass the unit. We feel the expectations about its filtering effectiveness are unrealistic because the Ambulance service will operate with greater safety margins because of the increase transit

[3]Standards for Children's Surgery. Children's Surgical Forum of The Royal College of Surgeons of England. 2013.

times, and the absence of Paediatricians at Stafford. The admission rate of Stafford patients to distant units will also increase, as patients will often need to stay overnight because of the absence of transport to return them home.

2.1.3 Effectiveness of the Proposed H@H

The TSA is assuming a reduction in PAU activity and admissions to the Children's ward on the basis of implementing a Children's Community Nursing (CCN) service. The report states: "Many of the admission (at Stafford) could be kept out of hospital if a home based service was available".

The TSA state that in 2012/13 UHNS CCN team had 1,830 referrals direct from GP's.

As a team we agree that such a service is invaluable and has been proven to reduce unnecessary admissions and facilitates early discharge.We know this because such a service has been in existence for the last 18 years in Stafford. Indeed, the UHNS model was set up after the staff at UHNS had visited the Stafford service.

The Stafford CCN team are co-located on the Children's ward; they consist of 7 WTE senior nurses working 7 days a week from 9am -10pm. The Stafford CCN team received 1,239 referrals from GP's during 2012/13 (figures supplied by Stafford CCH lead) Furthermore, the CCN lead nurse who is also a practicing Advanced Practitioner states,

"I would expect that the majority of GP referrals (80%) made to the CCN service would otherwise have come to PAU".

She also identifies a 25% increase in referrals during the winter months.

Furthermore, during the last 18 months two projects have been undertaken to assess the appropriateness of the referrals to PAU versus CCN and also the appropriateness of inpatient admission to the Children's ward. Both were commissioned by the PCT/CCG, they were facilitated by the Trust Project Management Office (PMO).

1. Audit of 50 sets of notes was undertaken. The notes were randomly selected. The sample group were all Children who had been referred to PAU by a GP and subsequently admitted to the ward. The auditors consisted of the Lead Nurse from CCN Service, Senior GP (Dr. Sue Knight) and the Head of Children's services, MSFT. The results suggested that all but one admission were appropriate from a medical perspective. The other child was admitted primarily for social reasons.

2. A pilot audit was performed at the request of the PCT to see if screening telephone calls from GPs could reduce the number of patients inappropriately referred to PAU. The GP's had been made aware of the project prior to it commencing All GP referrals were intercepted by an ANP (either from the PAU or CCN) prior to the referral being accepted. Following a pre agreed algorithm, the ANP and GP discussed alternative management (rather than PAU attendance) for the child including outpatient appointment and CCN referral. The project was planned to run for three

> months.. The project was abandoned after 3 weeks trial period at the request of the Stafford & Cannock GPs via the PMO. During the 3 weeks operational period we were not able to redirect a single child referred by their GP to an alternative service.

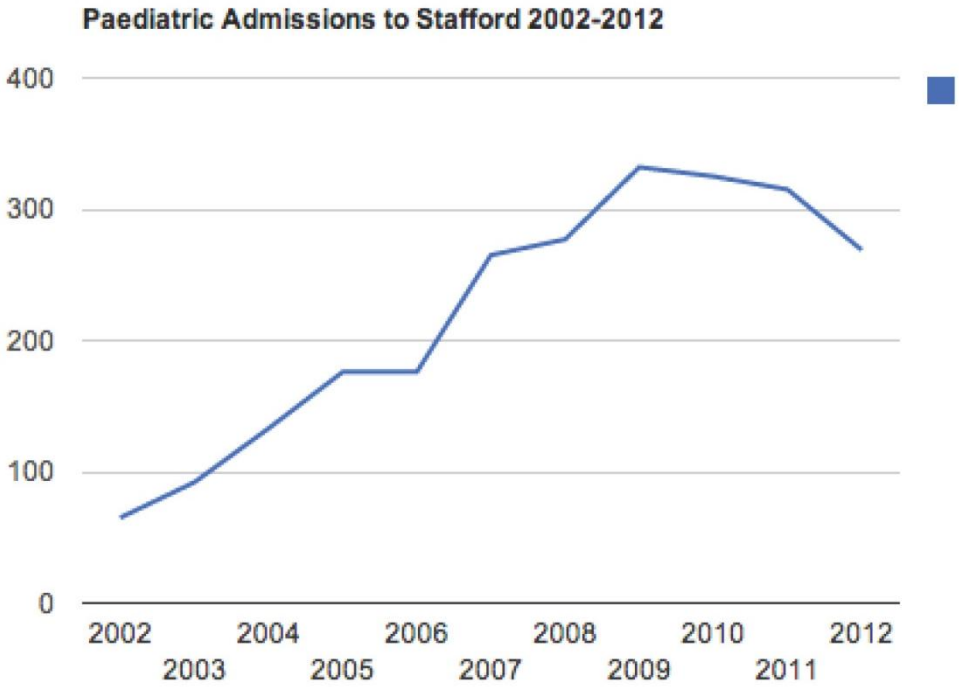
The TSA's anticipated reduction in referrals to PAU has already taken place, and we doubt there will be any additional significant decrease in PAU / inpatient activity.

2.1.4 Rising Paediatric Admission Rates

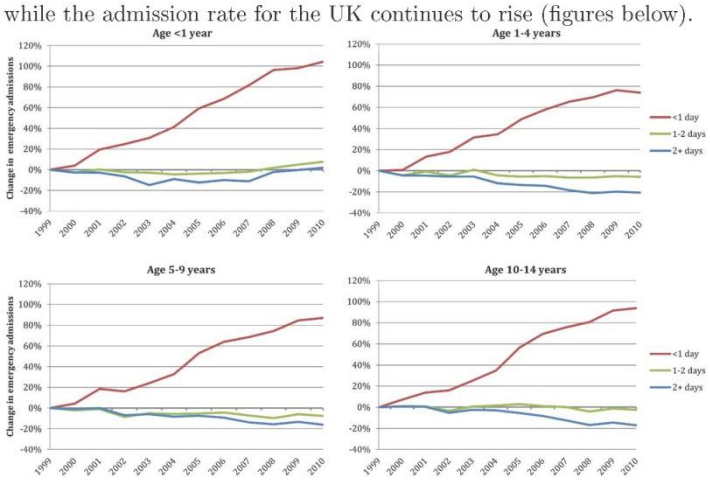
Recent research has highlighted the increase in paediatric admissions in the last decade[4]. An analysis of the national admissions database demonstrated an 28% overall increase in paediatric admissions between 1999-2010, and a 50% increase in admission of patients under 1 year. Although it may be possible to reduce some admissions in the future through reconfiguration of services, the current picture is of an inexorable rise.

The CCG Chair, Mr Andrew Donald stated in a public meeting held in Stafford on 26/09/13 that "the 0-6 hour admission rates to the Paediatric Unit at Stafford are amongst the highest in the country". Although this was previously true, it has not been the case for the past two years, during which Stafford has bucked the national trend. The relative risk of admission is now within the expected range for UK paediatric units (figure below),

[4]Increase in emergency admissions to hospital for children aged under 15 in England, 1999–2010: national database analysis Peter J Gill, Michael J Goldacre, David Mant, Carl Heneghan, Anne Thomson. Valerie Seagroatt, Anthony Harnden. Arch Dis Child 2013;98:5 328-334.



while the admission rate for the UK continues to rise (figures below).



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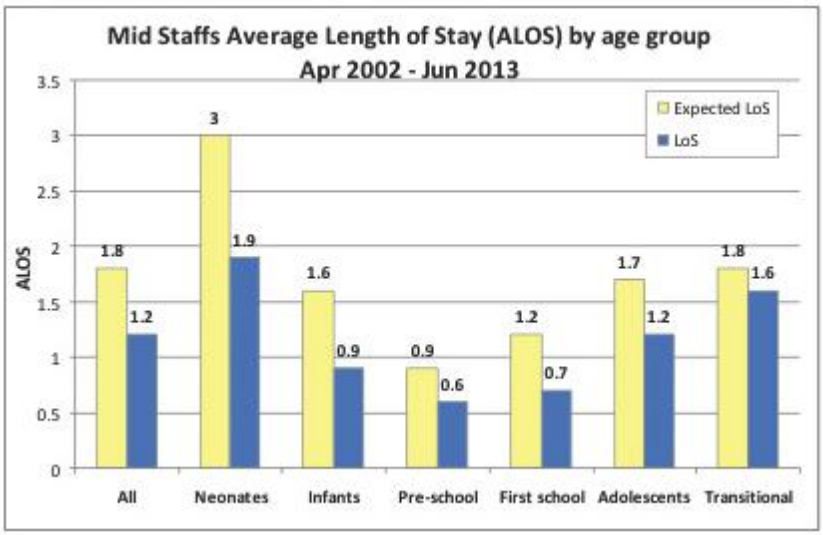
The average length of stay is significantly shorter than the national average at all age groups (figure below, with Stafford figures in blue).



2.1.5 ***Demographic Predictions**

We acknowledge that predictions about the future are complex, difficult and inevitably inaccurate. However, is it necessary to make such predictions in order to plan services that are sustainable for the long term. We are aware that once services are closed it is extremely unlikely that they will ever be reopened. It is thus essential, before closing down any services, to ensure adequate consideration of predictable future changes.

Military of Defence Stafford (MoD) There is a planned relocation of some UK armed forces to the Military of Defence (MoD) in Stafford by the end of 2015. This is estimated to include approximately 420 families, which the TSA acknowledges may increase the number of deliveries per annum by 100. Consequently the numbers of children requiring health care will increase. However, most of the new families will be Gurkhas. Their birth rate is likely to be closer to double the rate of the current local population. We therefore estimate that around 200 extra deliveries will occur per year.

New Housing in Stafford Stafford Borough council has given permission for 2,911 new houses to be built over the next six years, which is consistent with

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the planning provision of 500 houses per year. However this planning provision actually extends until 2031, which will provide a total of 10,000 new houses in the area[5]. This is a further 17,089 new houses not included in the report's consideration[6].

The distribution of the 10,000 houses is 7,200 in Stafford Town, 800 in Stone Town, 1200 in key service villages and a further 800 in other Borough areas[7]. The Strategic Housing Land Availability Assessment has identified that there is sufficient building land in all these areas to meet the provision and it is considered that this will be deliverable in the time period[8].

It is planned that 30%-40% of the houses provided will be 'affordable housing' having 2, 3 and 4 bedrooms. This will therefore undoubtedly increase the birth rate and need for healthcare for children in the Borough. If it is assumed that the affordable housing (4,000 houses) are accommodated by families, using the TSA calculation that 420 families will produce 100 births then the 'affordable housing' included in the long term plan for the Borough will increase the birth rate by at least a further 950 per year. It is fair to conclude that this increase in births will lead to an increase in the demand for secondary health care for Children.

The further 6,000 houses will undoubtedly also result in further births, if as a conservative estimate 10% of these households result in one birth per year , a further 600 deliveries will occur. Therefore we suggest that a very conservative estimate is that the birth rate in the Borough will increase by 1,600 plus the 100 as estimated by the TSA for the MoD. A combination of the increased estimated birth-rate, existing births in the Borough along with the women of Cannock, Rugeley etc who currently deliver at Stafford this would equate to 3,600 deliveries by 2031.

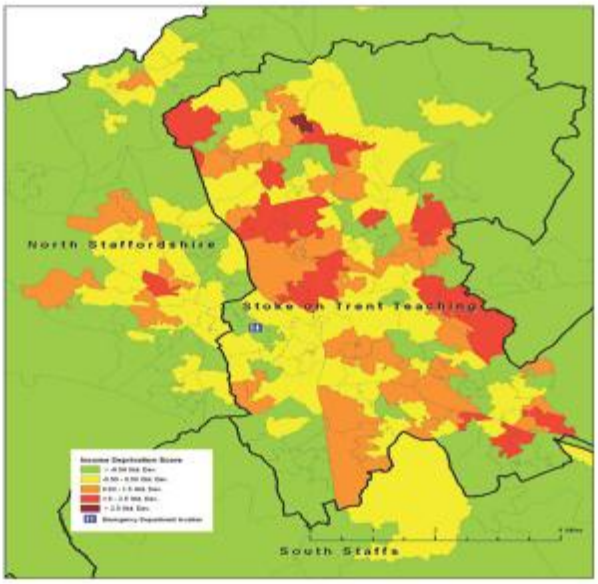
It can be reasonably concluded that the inpatient activity for Children will almost certainly increase substantially making a clinically and financially sustainable unit.

Population Changes in Stoke and Newcastle The TSA does not take into account the demographic changes including increasing birth rate and need for Children's health care in any of the receiving areas and the impact of these changes. Stoke-on-Trent is located in the North East corner of the West Midlands, Stoke-on-Trent lies midway between the cities of Birmingham and Manchester. Forming the larger part of North Staffordshire, the population has remained stable at around 240,000 following an extended period of decline, bolstered largely by international migration and an increased birth rate[9].

Stoke-on-Trent is ranked 16th worst out of 354 English districts across national indices of multiple deprivation (2007). This is a deterioration from its previous position of 18th most deprived district in the 2004 indices. The city

[5]http:/www.staffordbc.gov.uk/the-plan-for-stafford-borough
[6]'Improving Stafford Borough' Stafford Borough Council Corporate Plan 2012 - 2015
[7]The Plan for Stafford Borough. www.staffordbc.gov.uk/lp at 6.45
[8]The Plan for Stafford Borough. www.staffordbc.gov.uk/lp at 6.55
[9]www.healthycities.org.uk/.../Healthy%20Cities%20online%20Spread_30-31.pdf

is ranked as the 3rd most deprived in the West Midlands out of 34 Local Authority districts; behind Birmingham (ranked 12th nationally), and Sandwell (ranked 10th [10]).



The overall population of Newcastle-under-Lyme is forecast to rise by 2.7% over the next 20 years[11]. The Borough council has updated the Strategic Housing Land Availability Assessment and a final SHLAA report has been produced. The report has identified deliverable sites over the next five years that have a capacity of 1,553 dwellings and a 15 year developable sites with the capacity of 4,890 homes[12]. With regard to the provision of new "affordable" homes it has been estimated that over the next 20 years, there could be a need for 269 new

[10]www.stoke.gov.uk/ccm/navigation/counciland- democracy/statistics/indices-of-deprivation/.

[11]Health and wellbeing profile for Newcastle-under-Lyme Borough Council. May 2012 Population Health Intelligence Staffordshire Public Health.

[12]Newcastle-under-Lyme Local Investment Plan 2011-14.

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affordable homes each year and the majority needed in the Borough are considered to be "social housing"[13]. This would equate to a further 1,380 houses. Although the rising aging population has been recognised, we do not feel the TSA have realistically estimated the need for increased maternity or secondary Children's services in the Stafford and surrounding areas.

This would undoubtedly put increased clinical pressure on other Trusts, particularly if inpatient services at Stafford were closed. Alternatively these children could remain at Stafford; this would equate to a conservative estimate of 3000 admissions a year. With the implementation of clinical networks this could make a clinically and financially sustainable unit.

2.1.6 Recruitment and Retention

The Paediatric Department presently has no vacancies on the Medical and Nursing rota, and all three tiers of the paediatric medical rotas are are EWTD compliant.

In contrast, the TSA model is based around a Paediatric Assessment Unit staffed exclusively by Advanced Nurse Practitioners. We currently have four such nurses working in the Paediatric Department or Community Nursing Team. All have expressed doubts about the recruitment of 15 additional nurses to perform this General Paediatric role. If they cannot be recruited, then they could be developed. However, this would require significant investment in their training, and would take several years to complete. Once trained, they may be tempted to move elsewhere and be difficult to retain. There would also be the significant problem of maintaining and improving their competence, which would probably require attachments or rotations to neighbouring units.

2.1.7 Level 1 Neonatal Unit

Having a Level 1 Neonatal Unit linked into the West Midlands Neonatal Network allows the Regional Level 3 and Level 2 Neonatal Units to decant recuperating premature and term infants to Stafford, which releases beds at the larger units to take sicker babies for intensive care. This reduces the risk of 'cot blocking' akin to the 'bed blocking' so commonly seen in adult practice.

2.2 Financial Sustainability

Financial sustainability occurs in situations where earnings from actual activity levels match the fixed and variable costs of providing the service. Over the past calendar year the Paediatric Department at Stafford was in surplus by about £1.2M according to TSA figures, which we have no reason to doubt. This suggests that the Department is in a healthy financial position, and could afford to increase spending modestly towards meeting the RCPCH Facing the Future standards, in particular Standard 8.

[13] Affordable Housing Supplementary Planning Document January 2009

It is worth also considering two short and long term influences on activity, both of which will play an increasing part in sustaining the viability of the entire hospital.

2.2.1 Recent Adverse Publicity

The last five years have been difficult for all staff working at Stafford. What is clear is that the Save the NHS group have driven significant numbers of patients away from Stafford. What is also clear from recent events, with 11 other Trusts being put into special measures by the Secretary of State for Health, is that Stafford is by no means an isolated case.

Recent figures from Stafford have suggested that services have dramatically improved, with sustained drops in HSMRs and dramatic rises in patient satisfaction ratings. In addition, the local population has coalesced around the Save Stafford Hospital campaign, with over 50,000 marching to support the hospital in May and a further 20,000 in September.

These events suggest that the tide is beginning to turn, and that, if services are maintained, the reputational damage issues will abate with time.

2.2.2 Future Activity

The planned expansion of the local military and civilian populations are both likely to increase significantly the demand for both Maternity and Paediatric services at Stafford.

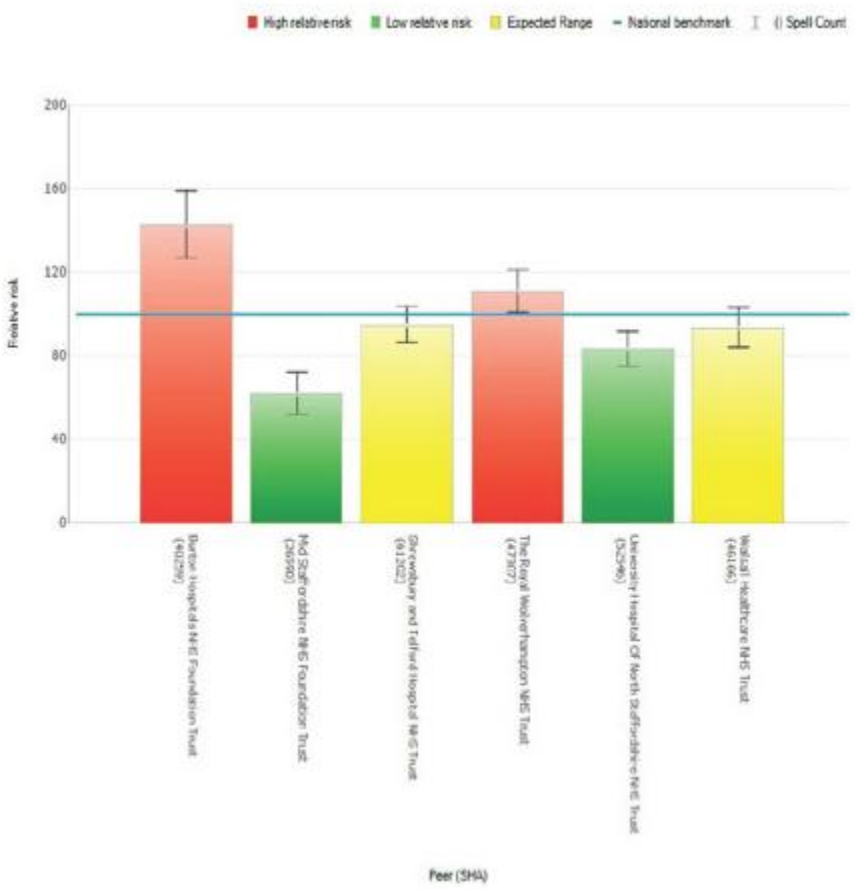
2.3 Clinical Safety

Although this was not mentioned at all in the TSA Draft Report, we feel that it is important to provide evidence that the current services provided at Stafford are safe.

2.3.1 Current Services

The Paediatric team is confident that the current clinical outcomes for children at Stafford are excellent. The following data from Dr Foster compares in-hospital mortality for children < 14 years for Paediatric units in the North West Midlands from 2002 - 2013[14]. This data demonstrates that presently Stafford has one of the lowest mortality rates in the West Midlands (second bar from left).

[14] Dr Foster database



2.3.2 TSA Model

We are concerned that the TSA gave no consideration to retaining inpatient Paediatric services in any of the six models they considered. This seems to have been on the basis of their eroenous activity data. The TSA also stated that this was the wish of the local CCG. However, at a recent televised public meeting at Stafford on 26–09–13, Mr Andrew Donald, the Chair of the CCG, catergorically

Please note that the text on this page has been retyped so that it is clear for the reader.

denied this.

Lack of Evidence from Similar Models During the consultation period, we have repeatedly requested the TSA to provide evidence that their proposed service is safe and sustainable. They have offered verbal assurances that "like" models were already operational. However, they have failed to provide us with the location of such units and we have independently failed to identify any Paediatric Assessment Unit that has no on-site Paediatricians. Our last and final request for this information was made on 23/09/13. To date we have not received a response. We do not have confidence in a proposal that has not yet been subject to equality impact assessment and one that has neither been tested to ensure safety nor formally risk assessed.

Isolated Nurse Practitioners We share the TSA, NCAG and CAG's concerns about the willingness of Children's Nurses to work unsupported in a hospital that would appear to be inviting in sick children without the full support of on-site Consultant Paediatricians. This will undoubtedly have an adverse effect on recruitment and retention of nurses. It is inevitable that this model will not be sustainable in the long term. The TSA have informed us that the staff will be Advanced Nurse Practitioners and Nurse Consultants and have identified that over 17 WTE will be appointed. We are certain that insufficient nurses are currently available, and also doubt the financial viability of employing nurses on Band 8 a/b as opposed to employing Doctors. We have no doubt that the RCN will oppose Children's nurses practicing in this isolated and unsupported fashion.

We have concerns that the TSA have proposed a model that knowingly invites large numbers (over 10,000) of sick children into A&E and Children's' assessment unit at a hospital with no Paediatricians on-site. We are keen to ask the CAG their assessment of patient safety but have not had the opportunity to do so prior to the end of the consultation period. We suspect that with this system, unrecognised ill patients will arrive only to find an unsupported ANP on site with no Paediatric medical back up.

Maintaining Competence We have considerable doubts that such nurses will be able to maintain their level of competence, particularly as, even using the TSA's estimates, the maximum activity of the PAU will be 65% of its current levels.

Impact on Deprived Groups Although the TSA have developed the draft proposal without the benefit of an equality impact assessment, which we understand is being developed during the consultation phase, it seems unlikely that the proposed services offered to the Children and young people of Mid Staffordshire will be of an equal standard to that in the South or North of the county. For example, a sick child accessing care from Stafford Hospital will be seen and assessed by a Children's nurse with access to telephone contact with a remote

Paediatrician at another Trust. Children accessing services in the South and North of the county will have immediate access to on-site Consultant Paediatricians. We suggest that outcomes for these groups are bound to be different. We await the report from the equality impact assessment group to understand how this will be addressed.

3 Paediatric Department Proposal

The scale and organisation of Paediatric services is significantly affected by the presence or absence of Maternity and Neonatal services. We have therefore developed two potential models for consideration, one with and the second without maternity services on site.

3.1 Model with Maternity, Community and Another Provider

If Maternity services are preserved, then the unpredictability of the times of delivery will require a Paediatric presence 24/7. This would also make Paediatric staff available to cover the Paediatric Assessment Unit 24/7. This model would also provide the attractive possibility of combining services with Community Paediatrics, which is currently managed by the local mental health trust. This would immediately increase the number of Consultant to 7, making the achievement of Standard 8 of the RCPCH Facing the Future standards a foreseeable possibility, and secure the clinical sustainability of the unit. This would secure the provision of all current services, and would give the opportunity to streamline the Primary-Secondary care interface, reducing duplication of provision and offering potential savings at management level. Forming an alliance with another Trust with further strengthen this position, for example by Consultants at Stafford contributing to the Hot Week system at Stoke with provision of increased Specialist outpatient services by Consultants from Stoke.

This service would provide:

- Consultant-led Paediatric Assessment Unit open 24/7
- Consultant-led Paediatric Inpatient Service, with bed numbers adjusted to cope with seasonal demands and to save costs.
- Consultant-led Neonatal and Postnatal services
- 24/7 Child Protection Service
- Paediatric Outpatient Services for both General Paediatrics, Community Paediatrics and multiple subspecialties
- Paediatric training for junior doctors, including GPVTS trainees
- Outreach Community Nursing Team
- Onsite Paediatric Psychology

3.2 Model After Amalgamation with Another Provider

3.2.1 Model without Maternity

If Maternity services are not preserved, then there will be a substantial loss of income to the Paediatric Department. This will require a substantial reduction in staffing numbers, with consequent impact on the ability to deliver services. A possible service using these staff numbers would be as follows:

- A 4/6 bedded full PAU service is available 8:00-22:00 7-days a week. This would assess all referrals by GPs, OOH and Emergency services, and would be supported by a resident Consultant Paediatrician and the A&E.
- A 6-12 bedded facility attached to PAU, which is open according to seasonal demand. For example, in summer months it would close at 22:00, whilst in winter months it would operate 24/7. This would save on medical and nursing staff costs.
- A 6 bedded day-case beds (Mon-Fri) to be able to continue the current provision of 'surgery on children', whilst being covered by the Consultant Paediatrician.
- Medical cover provided by a 2 Tier rota (including a Paediatric Consultant) instead of the current 3 tier rota during the opening hours of PAU (8:00 – 22:00).
- Provision of current level of out-patient clinic services.
- Stafford Consultant would take part in the rota of the partner Trust providing "hot week" cover, with the potential of community Consultants taking part in the Stafford rota.
- It may be possible to keep costs down further by retaining recognition for training for junior doctors and GPVTS Trainees. This would require careful negotiation with the West Midlands Deanery.

3.2.2 Model with Maternity

- If full maternity services continue to be offered at MSFT, then one resident senior Paediatrician will be available over-night at MSFT with support from the Consultant at another Trust. This will result in substantial reduction in staff costs.

Conclusions

The TSA process as conducted at Stafford has been deeply flawed. With regard to the Paediatric Department:

1. The figures used in the TSA Draft Report were used without being validated by the Paediatric Department.

2. Reliance on this secondary data has consequently misrepresented the Paediatric Department's activity levels to external providers.

3. At no time has any member of the TSA team at any level even visited our Paediatric Department to see how the current system operates and to understand its strengths and weaknesses.

4. The TSA's proposed model is therefore inappropriate for the needs of our population, does not build on current strengths, and poses significant risks to the safety of children.

RESPONSE TO TSA CONSULTATION PROPOSALS FROM LUNG CANCER TEAM MID-STAFFS FOUNDATION TRUST

Currently the lung cancer service at mid-staffs is provided over 2 sites for new referrals and fast track clinics these are held at Stafford and Cannock Hospitals. Thoracic surgery is mainly provided at UHNS but some patients chose to be referred to New cross Hospital.

Oncology services for patients in the mid staffs catchment area are currently provided by visiting oncologists from UHNS and New cross hospital. It is important that these clinics continue at Stafford Hospital to maintain our collaborative team working. We have weekly MDT meetings at Stafford were we are able to have face to face discussions, to make comprehensive individual treatment plans. We have a busy chemotherapy unit at Stafford hospital, it is important that the unit has access to the oncology clinic so that patients can be reviewed urgently when required.

Good practice points include;

- We work coherently as a team
    - Joint ward visits Doctors and CNS (prompt response from visiting specialists to assess patients on the ward)
    - Face to face conversations about patient management at weekly MDT
    - Thorough scrutiny of other MDT members management plans to ensure most effective treatment strategy
        - Results in above national average active treatment rates
        - Only possible by having face to face meetings
- We have been accepted to run a phase II clinical study for cancer patients at Stafford
        - Trial entry is a standard of care for cancer patients
        - Good team working between clinical oncologist, lung cancer nurses, research nurses and the Lung MDT team have helped us to be accepted for this trial.
- Business case is being produced to increase surgical input from UHNS due to increase in surgical rates.
- CNS roles very effective in providing support to patients at all stages of the lung cancer pathway, as demonstrated by the good feedback received in the national cancer patient experience survey, the CNS 's scored above the national average in all elements surveyed .
- We actively treat patients with Concurrent Chemo/radiation rather than sequential Chemotherapy and Radiotherapy
- Regional Education sessions organised and chaired by Lung Cancer CNS 2 recent sessions have received excellent feed back.

- Acute oncology service at Stafford Hospital supported by visiting oncologists, respiratory clinicians and Lung cancer CNS – excellent communication between teams to provide best outcomes.

Mid Staffordshire NHS
NHS Foundation Trust

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Wednesday, 25 September 2013

This letter has been produced by the Mid-Staffordshire NHS Foundation Trust Palliative Care Multi-Disciplinary Team serving Stafford and Cannock Hospitals. The Contingency Planning Team was invited to meet with the Palliative Care Team on 29/05/2013 but the CPT did not keep this appointment or reply to correspondence requesting a further date, so it was not possible to fully discuss the service which we provide or our concerns for the future.
The Palliative Care Team has studied the TSA draft recommendations for the future of Mid Staffordshire NHS Hospitals before producing our responses (below) for consideration in the consultation process.

The Palliative Care Team comprises a 0.5 WTE Consultant in Palliative Medicine, 3 Macmillan Clinical Nurse Specialists and 1.5 WTE Macmillan Occupational Therapists. It has been disappointing to see that the National Clinical Advisory Group includes no clinical experts for Occupational Therapy, and staffing figures appear to be based on site-specific doctors and nurses, rather than including Specialist Teams such as Palliative Care, even though Teams such as ours provide essential services to patients across the Trust.

The Palliative Care Team receives referrals for patients from both Stafford and Cannock hospital sites, caring for in-patients with life-limiting diagnosis and their families.

Our service reflects the philosophy of the World Health Organization. WHO defines Palliative Care as "an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual."

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Following referral, the Team undertake a thorough holistic assessment to identify the needs of that patient and their family/carers.
The Team provide expert specialist interventions relating to complex symptom control / prescribing; assessment of suitability for Preferred Place of Care/Death; complex discharge planning; assessment of Activities of Daily Living; complex psychological / emotional support; information & advice regarding palliative diagnosis, and spiritual support.
Our assessment and treatment interventions aim to optimise the physical, psychological, social and spiritual well-being of our patients and their families.

Our specialist input is crucial in supporting patient flow for this often-complex patient group, as well as providing appropriate support for families at a highly distressing time.

Patients choosing to die at home require robust discharge planning which takes into account both present needs as well as anticipated decline and support for the dying phase, in order to minimise inappropriate readmission at end of life. Because the existing Palliative Care Team is Multi-Disciplinary, we are able to respond effectively, even when time is short. We can successfully respond to a need for Rapid Discharge Home to Die, and the Team can facilitate a sustainable complex discharge within 24hrs when required.

The TSA Recommendation 1 focuses on A&E services. The Palliative Care Team regularly receives referrals for patients admitted to A&E, and our ability to respond promptly and effectively is a vital part of the overall A&E service, whether that input is for patients who are actively dying, or for those who need triage, assessment and treatment prior to admission or rapid discharge to a more appropriate place of care.

Recommendation 2 focuses on the care of medical patients – these patients represent a large proportion of our referrals, and Palliative Care Services should be an essential ingredient in the plans for a robust Frail Elderly Assessment service, as well as meeting the needs of other medical patients within the Trust who have End of Life Care needs.

Recommendation 8 looks at the care for surgical patients. We receive high numbers of referrals for surgical patients (both planned and emergency admissions); patients may have had investigations or palliative procedures. If such patients receive their surgical interventions at UHNS or Wolverhampton, it can be extremely difficult to repatriate such patients back home due to the often complex nature of the discharge, the clinical networking required and distances involved.

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Such difficulties might lead to increased numbers of patients deteriorating and dying in neighbouring Acute Care settings, resulting in an increased HSMR for those providers.

Recommendation 11 covers patients at Cannock Chase, with the recommendation that more patients are admitted to step down beds for assessment and rehabilitation. Our Team presently travel across to Cannock to see appropriate patients as required. If patients are for palliative rehabilitation or their recovery is uncertain, the provision of our service to this patient group will potentially increase.
Any plan to transfer palliative surgical patients back to Stafford for post-operative care must include provision of a Palliative Care Team to support timely, well-planned discharges to more appropriate care settings

The nature of our client-group frequently requires the Team to respond within 24hrs of referral [often the same day] and any plan to work across additional sites will significantly impact upon response times. Our service supports patients according to their needs, wherever they are in the Trust.

The Palliative Care Team also provides high quality education and training for Trust staff who do not specialise in Palliative Care but who will, inevitably, care for this patient group within their area of work. This educational role may involve giving specialist advice on a per-patient basis, concerning prescribing or care-planning. We also provide a variety of Training sessions, ½ and whole-day study days which equip Trust staff with confidence and competencies to care for palliative patients. We educate all groups of staff, ranging from Consultants, junior medical and nursing staff, Nurse Specialists from other specialties, and Allied Heath and Social Care Professionals, to any unqualified staff with patient/family contact. This training enhances the skill set of Trust staff and aims to raise the standard of knowledge and patient care across the organisation.

We also provide an important service providing challenge, support and advice to colleagues when considering patient management and treatment planning, particularly when there are issues concerning quality of life, quantity of life, medical ethics and Advance Care Planning. Our Team supports the Mission of the National Council for Palliative Care's Dying Matters Coalition, *"seeking to support changing knowledge, attitudes and behaviors towards death, dying and bereavement, and through this to make 'living and dying well' the norm."*
www. dyingmatters.org

Becausewecare

The true impact which the TSA recommendations will have upon the Trust Palliative Care service remains unclear due to the lack of detail in the report relating to our Speciality. Consequently we remain extremely concerned that the TSA recommendations will not serve the best interests of local patients and their families who have complex needs at end of life. This is an essential area for consideration, particularly as the population survives longer, and with potentially complex combinations of co-morbidities.

The TSA will no doubt be aware of The Department of Health End of Life Care Strategy, which seeks to promote high quality care for all adults at the end of life.
"At present over half (58%) of all deaths occur in acute hospitals. An even larger proportion of patients who die in any one year will have had at least one admission to an acute hospital in the year before death.....Hospitals will almost certainly continue to be the most common place of death in this country for the foreseeable future. It is therefore imperative that actions should be taken to improve the quality of end of life care which they provide."
www.gov.uk/government/.../End_of_life_strategy.pdf

The TSA Recommendations do not appear to reflect any aspects of this important Strategy. The Palliative Care Team would respectfully recommend that this Strategy provide part of the Consultation in order that Palliative Care is included in future recommendations.

To echo the words of Dame Cicely Saunders '*How people die remains in the memory of those who live on.*'

Yours sincerely

Caroline Gilbert
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Macmillan Occupational Therapist
Palliative Care Team

Dr Naseena Methal
MSc; Dip.Anaesth; Dip.Pall Med, MBBS
Locum Consultant in Palliative Medicine
Palliative Care Team

For and on behalf of the Palliative Care Team

Becausewecare

Mid Staffordshire NHS
NHS Foundation Trust

Mid Staffordshire NHS Foundation Trust Critical Care Unit Proposal in Response to the Trust Special Administrators Draft Proposals

29th September 2013

Paper prepared by (on behalf of the Critical Care Unit):

Dr W. J. Hawkins FRCA
Consultant in Critical Care, MSFT

Mr Jake Bolfield PGd
Consultant Nurse and AOS Clinical Lead, MSFT

Mrs Lynne Welham
Information Services Manager, MSFT

Executive Summary:

Mid Staffordshire NHS Foundation Trust currently has a fully functional Critical Care service providing excellent care for patients who require management of their critical illness during their stay. Critical Care has been a part of the Intensive Care National Audit and Research Centre (ICNARC) for sixteen years and has received consistently exceptionally good governance reports. The unit is peer reviewed through the west midland quality review services; it is a popular unit for staff to work within and junior doctors to rotate through and is definitely a valuable part of the West Midlands Critical Care Network. Critical Care have a dedicated fully staffed team of Nurses led by a Nurse Consultant and also have a 24/7 medical staffing model complete with a separate seven Consultant Intensivist rota who are committed to the service. The Critical Care Consultants have an accomplished and sustainable seven-day per week rota and have been separate from the General Anaesthetists rota for circa eight years.

Critical Care are an integrated and high performing team, who provide Critical Care Outreach services to all in-patient clinical areas; currently including Paediatrics, Maternity, Outpatients and Emergency departments 24 hours a day.

From a financial perspective Critical Care historically have not been a major financial pressure, this can be demonstrated by exceeding the financial trajectory by 300k (in-year, end of month four 2013; appendix 15, page 27). It is understood through peer reviews that Critical Care's recurring venue costs are in line with other units of either a similar or larger size (as there is a liner scale, establishment increases or decreases with patient activity). Within this document it will be conversely argued this financial status will actually be put at risk by the TSA's proposals, whilst alongside increasing patient risk. The encouraging financial position does not include the year on year savings made by the department. This has been demonstrated by either contributing towards the 7% Trust achieved cost improvement programme (CIP) or simply aiming to improve efficiencies locally. These savings have equated to efficiencies of circa 200k to 230k each year.

Critical Care currently serves a caseload of circa 200 medical patients per year comprising over 1700 bed days per annum (based on the same timeframe utilised by the Trust Special Administrators, TSA (Appendix 9, page 21)). This workload means at any one time Critical Care may have 4 medical L3 patients within the unit peaking at 6 ventilated patients (appendix 5, page 17), as they present unsystematically and dependent on their presentation may stay for prolonged periods of time (average length of stay equal to eighteen days for a level 3 patient and four days for a level 2 patient, Appendix, 9 page 21).

Through the various monthly governance meetings the team, as a whole, agree and welcome the likely proposal of future Hospital mergers with the University Hospitals of North Staffordshire (UHNS) and that collaborative management would be desirable. Below the new and anticipated Executive and Corporate structures the Critical Care departments at MSFT agree they should merge with the Critical Care Unit at UHNS and this should provide increased training opportunities and sustainability.

What does MSFT currently afford to patients regarding Critical Care?

Critical Care services currently provide immediate specialist care and treatment for the acutely ill or critically ill patient and seamless transition to higher acuity levels of care and advanced life support where necessary. A primary function for Critical Care is to provide an indispensable service for Accident and Emergency Department and for acute medical admissions, regardless of their clinical location. Alongside this significant caseload Critical Care is a vital provision to other clinical disciplines such as (but not exhaustive):

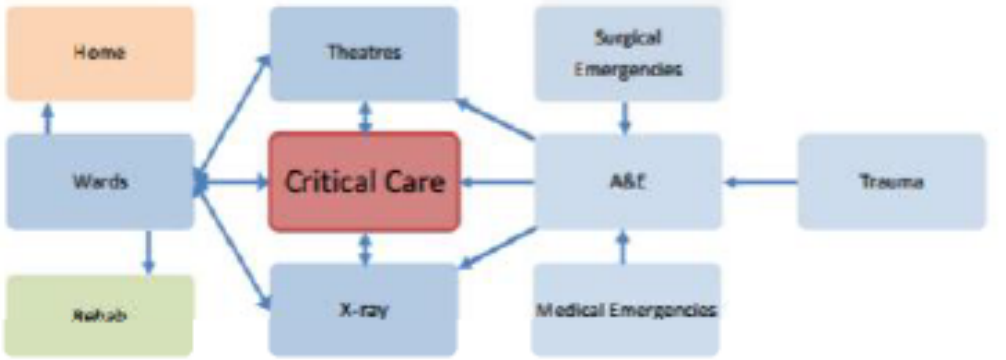
- Surgery
- Endoscopy
- Haematology
- Care of the elderly
- Chemotherapy
- Gynaecology
- Orthopaedics
- Respiratory
- Paediatrics
- Specialist Surgical Departments
- Maternity
- Post-operative areas (theatres and Day Ward; including pre theatre patient optimization)
- All other in and out patient areas

Without the Critical Care provision remaining on site, it produces new and unknown clinical risks to all patients within Stafford hospital and this untested clinical model leads the current MSFT through clinical governance to a new and experimental arena.

One can certainly argue that national quality standards and peer review measures for services listed above point to the availability of Level 3 critical care service provision on site.

So what is Critical Care?

"Critical care is a service provided for some of our sickest patients, who require extensive physiological and psychological support and rely on a highly skilled team to care for them. It is a high cost, low volume, demand lead service, essential to an acute Trust for the delivery of core services such as elective surgery and emergency services."[1]



Critical Interface; the Central Role of Critical Care (Intensive Care Society 2011)

Critical Care consists of:

- Highly trained specialist Nursing Staff
- Highly skilled Medical Staff including Middle Grade SAS doctors and Consultants
- Advance trained Critical Care Outreach Practitioners
- Specialist equipment and facilities
- Availability 24/7, with a requirement to flex in order to meet service demands.

The establishment of staff produces a significant baseline cost to run a critical care service, which is not dissimilar to the majority of acute care services (circa 70 to 80% of overhead costs). It is important to note that the delivery of critical care is interdependent on the specialist personnel above and each element cannot be run separately.

The Critical Care Outreach team (CCOT) are an autonomous practitioner 24/7 service provided by nurses with advanced clinical skills and abilities, such as independent prescribing and their services are a standard component of corporate critical care delivery. It could be argued that without Critical Care Consultants and facility, this practitioner service during the next peer review would conclude the CCOT are at immediate risk due to limited supervision and training.

However their roles within the TSA's proposed future services would remain instrumental via identifying and managing the deteriorating medical patient and hence avoiding admission into the Critical Care in many cases by early recognition. This is fundamental role at risk of functioning safely and remaining sustainable without the Critical Care medical leadership, education and support.

Areas of Concern:

The three areas of concern arising from the TSA draft proposal are:

- Lack of recognition regarding the complexities of recognition and management of the acutely ill medical patients
- The proposed acute critical care stabilisation period
- The increased requirement, unnecessary transferring and increased risk for this large group of patients in their acutest phase of illness. This is converse protocol to that dictated within the care of the acutely ill patient NICE guidelines.[2]

Care of the acutely ill patients:

Early warning track and trigger systems (NEWS or MEWS, PEWS and MEOWS) are now a fundamental part of managing the acutely ill patient. These are well embedded at MSFT and ought to be a standard across all acute trusts. Critical Care Outreach services from Critical Care are a fundamental part of the response to deterioration in a patient when triggered via one of the above tools. The Critical Care Medical team and Nurse Consultant provide the support and first line management of Outreach. It is very important to have early recognition of deteriorating patients so that appropriate measures are put in place to turn around the course of acute illnesses, or escalate the treatment levels rapidly.

Outreach Practitioners currently provide 250-300 telephoned patient referrals per month, this does not include the numerous non-formal referrals i.e. advice or support for ward nursing and medical teams whilst seeing other patients or via providing routine ward visits. The Critical Care Practitioners are a well-established service and perform a significantly more automatous role than peer organisations and therefore to remove it would produce a retrograde and inequitable step for Stafford patients. The presence of Critical Care throughout the whole care pathway through to and including Level 3 intensive care provides a seamless and full patient pathway to safely manage the patient. Another vital service provided to the whole organisation by these Practitioners is education; this involves routine mandatory training, medical education, simulation education, and courses delivered and coordinated by Outreach such as Acute Illness Management and Sepsis Management.

Acute Critical Care period:

The management of the intial acute critical care period is vital to the outcome of the patient. Expertise within critical care management for all organ system failures is required not just "intubation and ventilation" as proposed within TSA documents and consultation. The acutely ill patient with sepsis is a classic and frequent example, where national guidelines drive care[3] to be given quickly, with experts administering and guiding the therapy. These patients are inherently unstable and the majority of grossly acute patients could not be transferred in an ambulance with predicable good outcomes. This stabilisation requires a critical care facility where everything is organised. It is noticed

within clinical practice that the smallest of movements, even minor lateral rotation during a routine turn for pressure areas will result in transient but significantly marked patient deterioration. Sometimes these patients require days of therapy before they could be considered 'stable' enough for a non-clinical transfer.

A facility currently known as the Critical Care Unit and expert staff to manage these patients with the relevant equipment and resources are therefore essential. If that clinical facility is in place then transfer becomes unnecessary unless clinically indicated as below.

Transferring of the acutely ill patients:

Where there is a clinical benefit to the acutely ill patient - Level 3 patient then transfer must be considered. This is well recognised for:

- Paediatric level 3 patients – where expertise is centralised to major centres
- A neurosurgery patient as this is not a specialty available on Stafford site.
- The major trauma pathway is already developed and the extended journey times bypassing MSFT are outweighed by specialist service not available on Stafford site.

Transfer itself is inherent with risk and requires expert personnel in the form of Medical and Nursing Staff trained in the transfer of the Critically Ill. Where expertise and capacity is available locally, there is no benefit, only risk, in a transfer to another unit.

A medical example of this is pneumonia; the commonest medical condition presenting to critical care. These cases are admitted through A&E (Ambulance or ambulatory), they are treated by acute physicians but sometimes deteriorate; requiring Critical Care for advanced respiratory and oxygen therapy, sometimes invasive ventilation. They often require 3 weeks of Critical Care stepping down to Level 2 at some point throughout that journey and then back to ward level care when appropriate. We can safely manage with local respiratory specialty help these cases and have done for many years. This model is recommended through the Intensive Care Society numerous documentations.

A further example that we currently manage, but may need transfer in a future model would be acute pentonitis. Even though we can manage all the critical care elements of the treatment, if there are no surgeons or facility on site the patient after a 'reasonable' duration of stabilisation, may need a transfer to receive the surgical intervention required at the right time. **It is near impossible prior each patient episode to dictate what a "reasonable time frame" for stabilisation would be.**

Transferring critically ill patients introduces new risks to both current organisations. If key personnel are taken out for a transfer they can be absent from their role sometimes for many hours putting other services and patients at risk for which they might have co-responsibilities.

Other inevitable consequences would be the transfer of "potentially acutely ill" patients. Clinically & ethically the medical teams would develop a tendency towards transfer before the patient become a critically unstable patient and not afterwards. This would have two effects; firstly a large increase on demand for beds of medical cases at UHNS and secondly decreases medical cases at Stafford putting the viability of the overall

service and model at further risk. Another significant risk within the proposed model is the stabilisation of Level 2 patients for transfer you would have to make them a Level 3 as a part of safe transfer protocol (National Standards). This would increase the numbers of level 3 patients (circa 137 patients at risk during the last financial years activity) at the receiving hospital and to the detriment of the individual patient overall. One would argue to escalate this significant cohort of patients into level 3 care would be unethical verses todays model.

Absence of Level 3 care at MSFT would limit the evaluation of patients referred to critical care. Currently the Critical Care team see many patients at the request of other consultants to assess their suitability and for many patients Critical Care would not be the appropriate therapeutic pathway. Working collaboratively with other medical team's means improved end of life pathways, improved optimisation prior to theatre (routine and emergency) or to avoid admissions into higher levels of critical care. Under the TSA's model that selection would not be available and therefore a significant number of patients would have to be placed in critical care and transferred without any direct assessment of appropriateness and their risks of survival. This assessment cannot be done adequately over the telephone; there is no telemedicine model available (trialled and tested) for this risky cohort of patients.

The numbers of beds required under the TSA model for HDU is therefore inadequate as it does not take these factors into account. Nor does the report mention coherently what will occur with the level 1 and 2 areas around the organisation, which are currently supported daily by Critical Care (NIV; observation areas for AMU and A&E; level one/PACU on Ward 6 and ACU)

Proactively managing potential changes:

During transition and under a new model there will clearly be changes within the base specialties and capabilities that are provided within the footprint of Stafford Hospital site. Therefore, with UHNS as one combined division, we propose to undertake regular evaluation of which cases can be safely managed at Stafford and which need to be transferred for specialty support. The ambition is to provide the appropriate care as soon as possible with minimal risk to patients.

Key members of the Critical Care team have consulted with our colleagues at UHNS and around the country. They have visited Kent and Canterbury NHS Trust where a merger of Trusts occurred in 2004 and they have had experience similarities of this type of model.

The Canterbury Consultants, Managers and Medical Director were very clear:

The principle should be:

1. That having an Accident and Emergency department and an acute medical take requires a complete critical care service and unit.

2. Critical Care have demonstrated by experience and ICNARC reports (externally validated), that they can deal safely and completely with the presenting medical cases.

3. Critical Care proposes a Unit with five Nurses on duty allowing flexibility of Level 2 and Level 3 care. Suggest a commissioning of 3 ITU and 4 HDU patients, which equates to an establishment of five Nurses per shift.

4. This is modelled from the flow of medical patients seen over the last 18 months which is not estimated to be vastly different within the proposed new model from the TSA. (Appendix 5 parts A and B; 9; 11 & 13)

5. This is a reduction of current services and therefore a transfer or amalgamation to UHNS providing 2 nurses and 3 beds from our current establishment on this site.

Translating a new model for Stafford Site:

This equates to Stafford having 4 HDU beds (as currently proposed by the TSA) and 3 Level 3 beds.

- This would keep the medical patient activity, which can demonstrated to be safely managed, at Stafford

- Allow management of acutely ill patients safely without introducing an increased risk
- Allow management of medically difficult post-operative elective surgical cases (such as PACU)
- Allow management of other specialty needs as outlined above without increased risk
- Allow repatriation and transfer to Stafford of medical and surgical patient's primarily long weaning cases to free up acute beds on the major acute site. Such as rehabilitation or level 3 respiratory cases for Stafford locality patients for cardiothoracic and neurological (currently done on an informal arrangement but project increasing numbers)
- Maintain capacity across more sites in the North West Midlands Critical Care network. It is well recognised that critical care activity is increasing by 5% year on year. This is through the population living longer and medical therapies and interventions improving patient's outcome after acute or critical events. A well-documented intervention causing such increases is primary coronary interventions.
- Additional support for A&E.
- Additional support for Paediatrics (whether this is critically ill patients in a ward environment or ambulatory patients in the A&E).

This proposed alternate model would:

- Minimise the risk and problems of transfer.
- Maintain equality for Stafford residents.
- Minimise disruption for Stafford Patients and Families.
- Improve retention and satisfaction of critical care staff.
- Improve acute utilisation of the Acute UHNS Critical Care site

The financial position would also improve as it would:

- Minimise duplication of resource on two sites. Current proposal: for each Level 3 patient generated in Stafford a resource has to be available here and in UHNS as well for transfer to occur.
- Increase utilisation of staff within Stafford and minimize risk to increase staff required in UHNS.
- Minimise equipment duplication and future capital costs as each clinical bed space requires patient monitor systems, ventilators, pumps, dialysis etc (circa 60-70k, plus VAT and servicing revenue – not including the additional equipment required to increase the number of transfers around the organisation)
- Reduce paramedic ambulance requirements and transfer costs (each patient retained saves a minimum of two journeys). Within the current model there would also need to be a pump prime cost to establish more ambulance at circa 200k each ambulance.
- Reduce patient relatives travel costs & time (each 3 week stay in hospital in UHNS would equate to £250 (bus) to £1200 (taxi) per relative. It is also recognised that relatives of those traveling to see their critically ill patients via buses to UHNS need to firstly travel into Stafford centre and then a one hour bus journey (without any delays)
- Reduced transfer of Level 2 or level 1 patient at risk of deterioration. Better use and occupancy of medical unit in Stafford.

Nurse Staffing:

- The Critical Care Division merged with UHNS would manage both sites and nurses would rotate where applicable to maintain skills and their portfolios.
- The human resources requirements would be collaboratively lead by nursing leads (currently on separate sites) with support from HR.

Medical Staffing:

- A merged division would manage both sites with joint governance arrangements.
- The Critical Care Consultants currently at MSFT would rotate to UHNS to maintain skills and portfolio.
- The on-call cover would be maintained at Stafford with the local critical care and anaesthetic consultants and where applicable advice from the UHNS Critical Care Consultant.
- Critical care cover at UHNS could then be supplemented by the current Stafford Critical Care Consultants.

- Future appointments would be joint appointed to meet the need of both site services.
- Middle grade cover to continue at Stafford, training opportunities can continue at Stafford with joint appointed rotational posts to be considered.

Is "no change" an option?

The team as Mid Staffordshire recognise that a "no change" proposal is not an option. Prior to any TSA processes all members of the Critical Care Team were anticipating changes which in essence would lead to an amalgamation with a peer organisation; this is an option that which the whole of the Critical Care team welcome and have no resistance towards.

However it must be considered that future changes to Critical Care services are unlikely to release the revenue which the TSA suspect it might. If the current Critical Care services (level 3) were to be entirely transposed over to UHNS as implied within the TSA report the revenue expenditure would not reduce significantly. Around 80% of annual critical care expenditure on these budgets relates to establishment to remaining 20 % relates to non-pay costs such as equipment consumables (these are gross approximations as the budgets can be reported in numerous different ways).

Alongside the above are revenue costs which are not currently directly demonstrable within the Critical Care budget but neither the less are as essential for any Critical Care service to function. These minimal costs relate to supporting services such as human resources, infection control teams or occupational health. These are also patient focused costs for laboratory samples (blood tests) and radiology (x-rays and CT scans). We recognise that all these overhead costs services are essential. However, all of the above services, either those directly related for those secondarily related, will still need to exist. It does not matter which locality site the future organisations chooses to situate the Critical Care services current delivered at Stafford. There are possible savings by amalgamating 'back room' staff (as the TSA call them) and perhaps even release some savings through downsizing the estates; but these efficacies are unlikely to provide the financial solvency that shutting level 3 at Stafford is perceived to bring. Also Critical Care Servicers are funded through a process called payment by results (PBr); this means that each payments is paid for via the same national tariff all offer organisations use i.e. we get paid for what we do. Given that all Trust should be working towards the same financial template and structure, it is near ludicrous to perceive any ITU as not being able to function in a clear solvency state.

Conversely increasing patient risk, requirement to physically transport more patients through an already heavily congested motorway and the creation of a whole new adult medical model for transferring the critically ill patient, not only increases risk to the individual (without any testing of such model) it also going to be vastly more expensive than the current safe and sustainable model (with the addendums proposed elsewhere in this report).

In Summary:

This report has demonstrated the proposed TSA document for Critical Care has unfavourable outcomes for patients who require level 3 and level 2 critical illness care.

The TSA's proposals provide an inequality for patients in the south of the region verses the north. However it is recognised that transportation for certain patients such as a road traffic incident or someone having a catastrophic myocardial infarction should be taken from their source (road or home) to the definitive location for treatment, which in these examples might be UHNS. However, this national model was never intended to be superimposed on a district general hospital (or a category 3 Critical Care Unit) who are able to deliver the same quality (or better) of care; measurable by quality outcomes (ICNARC) to specific cohorts of patients. To change the current safe and sustainable model without a considered consultation (i.e. a controlled randomised research trial) to minimise risk would be dangerous and potentially not result in any cost savings as alternate models are likely to be equally expensive.

The proposals within this document aim to provide the TSA with an alternate and safer model; whilst retaining expertise, quality and sustainability. In essence these proposals require an alignment of service with UHNS, which would include the Executive and Corporate teams (highlighted by the TSA as 'backroom staff'), the policies, guidelines and Critical Care management teams. There would be a rotation of nursing and medical personnel, which will retain experience and credibility. Resulting in a commissioned reduction to the overall size of today's in-patient Critical Care services, thus returning better value for money than the TSA's proposals.

This model has been outlined and discussed with colleagues/experts at UHNS leading their Critical Care services and has gained significant support, whilst we recognise UHNS have separate requirements for up scaling their services (current lack of capacity despite a new PFI build, increasing national level 3 activity (5% year on year increase), unrecognised activity during their business planning for primary coronary interventions and trauma caseloads)

By implementing these proposals the experienced Critical Care team believe that both organisations, the local health economy and more importantly our patients will benefit.

Appendix 1:

The new NHS England Document Service Specification D16 2013-14 (currently in Draft) states:

1. Care within Critical Care to be clinically led by a Consultant in Intensive Care Medicine and staffing to satisfy the standards stated in section 3.2 (Domain 1,4,5).
2. To ensure that Critical Care continues to be provided in the discrete traditional locations of Intensive Care and High Dependency Care Units, recognising that in exceptional circumstances it may extend to other high care hospital settings as part of a preplanned and agreed surge framework.
3. The provider must implement a standardised approach to the detection and response to deteriorating health on general wards with reference to NICE 50[12].
4. Admission to Critical Care must be timely and meet the needs of the patient.
5. Admission must be within 4 hours from the decision to admit.
6. The decision to admit a patient to Critical Care must be made by a Consultant in Intensive Care Medicine.
7. The transfer of a level 3 patient for comparable critical care at another acute hospital (Non-Clinical Transfer) must be avoided.

Appendix 2:

[Nice Guidline CG50] [http://www.nice.org.uk/nicemedia/live/11810/35950/35950.pdf]

Operational Standards and Competencies for Critical Care Outreach.
http://www.norf.org.uk/Resources/Documents/NOrF CCCO and standards/NOrF Operational Standards and Competencies 1 August 2012.pdf

7.1. Separately rostered Critical Care Outreach team available 24 hours per day, 7 days a week

7.2. Sufficient staff to deliver 24 hours per day, 7 days per week

7.3. Critical Care Outreach team support by sessional commitment from Consultant Intensivist or consultant in Acute Care Medicine. 24 hr access to assistance by Critical Care Medical Staff and Consultants.

7.4. Shared trainee medical staff with critical care units and acute care who have no responsibilities other than those directly related to providing the graded response

7.5. Senior Physiotherapist with sessional commitment to Critical Care Outreach sufficient to follow up patients discharged from critical care and receive appropriate referrals. NOrF Operational Standards and Competencies for Critical Care Outreach

7.6. Allied health professionals (pharmacy, dietetics, speech and language and occupational therapy) available for Critical Care Outreach referrals

Appendix 3:

Comprehensive Critical Care

The review of adult critical care services published by the Department of Health in England in May 2000. The report outlined a modernisation programme focusing on the organisation and delivery of critical care.

Table 15 ICNARC NATIONAL Commonest primary diagnoses 2008 to 2012 (n=107,905) [in Bold are conditions likely to be managed in Stafford]
Rank order (previous)

1 (1) **Pneumonia non-surgical 8.6%**

2 (2) Aortic or iliac dissection or aneurysm surgical 4.5%

3 (3) Large bowel tumour surgical 4.3%

4 (11) **Acute renal failure non-surgical 2.9%**

5 (5) **Acute myocardial infarction non-surgical 1.9%**

6 (13) **Status epilepticus or uncontrolled seizures non-surgical 1.8%**

7 (7) **Chronic obstructive pulmonary disease with acute lower respiratory infection non-surgical 1.6%**

8 (10) Asthma attack in new or known asthmatic non-surgical 1.5%

9 (14) Non-traumatic large bowel perforation or rupture surgical 1.4%

10 (19) **Acute pancreatitis non-surgical 1.4%**

11 (8) Malignant neoplasm of oesophagus surgical 1.4%

12 (6) **Primary (diffuse) brain injury non-surgical 1.3%**

13 (46) **Rheumatoid or osteoarthritis surgical 1.2%**

14 (12) Non-traumatic subarachnoid haemorrhage non-surgical 1.2%

15 (17) **Chronic obstructive pulmonary disease (COPD/COAD) non-surgical 1.2%**

16 (9) Self poisoning with tri- and tetracyclic antidepressants non-surgical 1.1%

17 (41) Diabetic ketoacidosis non-surgical 1.1%

18 (18) Intracerebral haemorrhage non-surgical 1.0%

19 (21) Intra-oral or pharyngeal tumour surgical 1.0%

20 (15) **Ventricular tachycardia or fibrillation non-surgical 0.9%**

(Evaluation of the Modernisation of Adult Critical Care Services in England)

Appendix 4:

Effect of non-clinical inter-hospital critical care unit to unit transfer of critically ill patients: a propensity-matched cohort analysis

Helen Barratt, David A Harrison, Kathryn M Rowan and **Rosalind Raine (2009)**

In our analysis the difference in mortality between non-clinical transferred and nontransferred patients was not statistically significant. Nevertheless, non-clinical transfers received, on average, an additional 3 days of critical care. This has potential ramifications in terms of distress, inconvenience and cost for patients, their families, and the National Health Service. We therefore need further evidence, including qualitative data from family members and cost-effective analyses, to better understand the broader effects of non- clinical transfer.
http://ccforum.com/content/16/5/R179

Note this was from Critical Care Unit with Critical Care Staff to another Unit with Critical Care Staff.

Our analysis only included patients transferred between critical care units. However, we know that some patients are transferred directly from the emergency department of one hospital to a critical care unit in another hospital [24]. These patients are not captured by the CMP, but this group is likely to be sicker and less stable clinically."

Conclusion:

Organisations including the UK Intensive Care Society have recommended that transfers for capacity reasons should only occur as a last resort, in part because of evidence about the risk of adverse events and the difficulties of delivering care outside the critical care setting

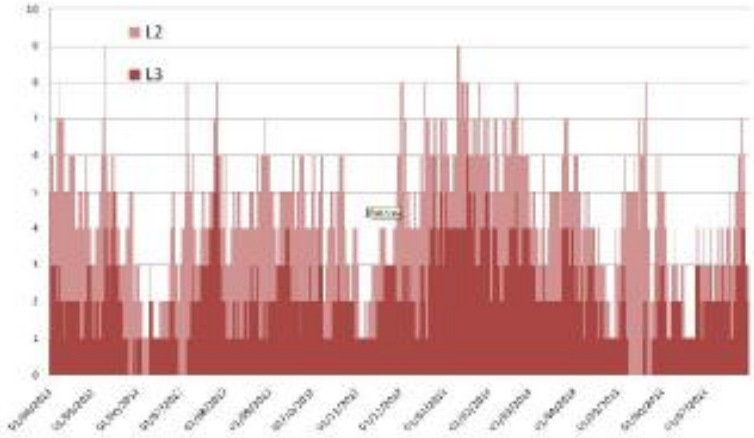
http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1604-133_V01.pdf

Appendix 5

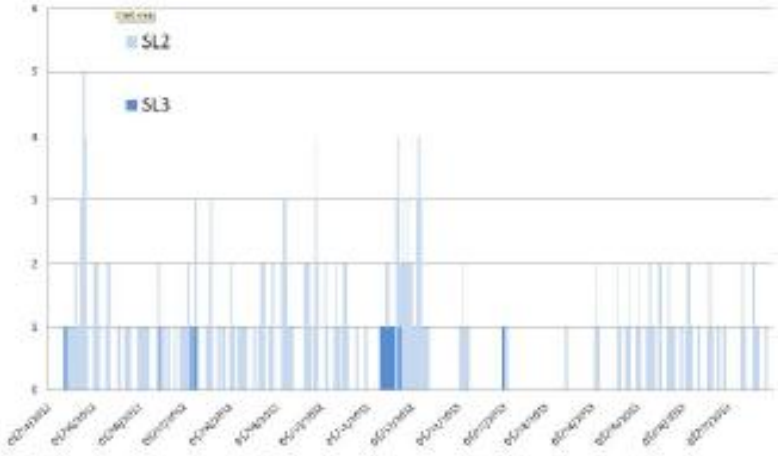
Stafford Data on Medical and Planned Surgical Admissions to Critical Care.

These graphs show Critical Care Unit occupancy - how many beds occupied on a daily basis by type of patient.

L3 & L2 Medical Patients per Day

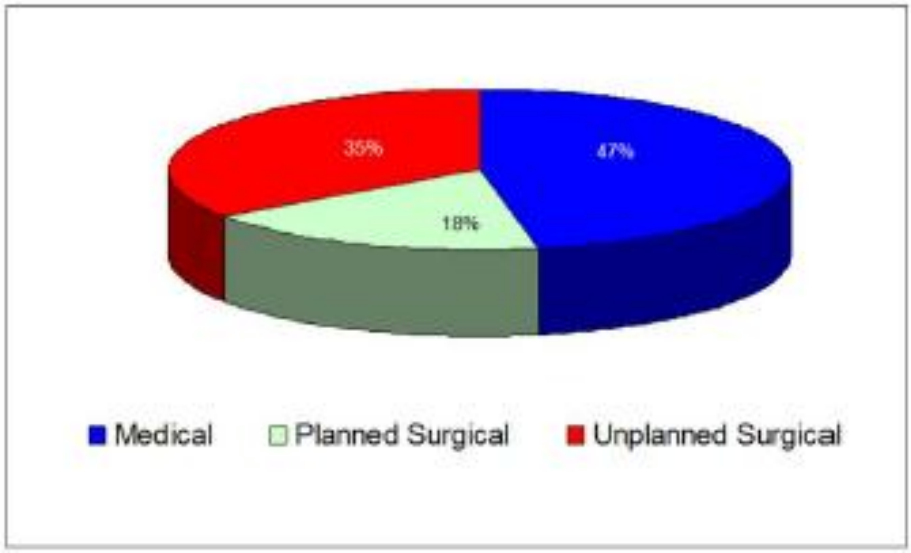


L3 & L2 Planned Surgical Patients per Day



[source CCMDS daily data]

Appendix 6:



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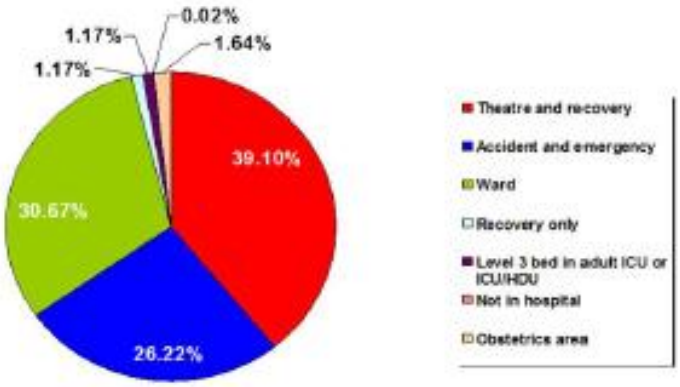
Pie chart demonstrating the split of activity current received through Critical Care at Stafford

Appendix 7:



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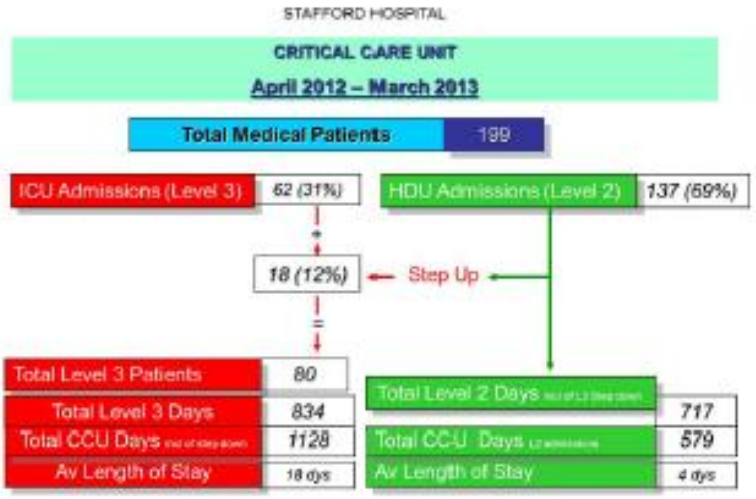
A pie chart demonstrating the source or location for patient admissions. This is the original or primary source and not the secondary source a patient may have been temporarily care for within.

Appendix 8:

Critical Care's financial position during the same period of time the TSA have utilised for their monitor of activity (i.e. 2012-13 financial period)

Appendix 9



Total medical patient activity for during the previous financial year.

You can notice that only a small proportion of level 2 medical patients are converted to level 3 care. This is expected to be greater within the currently proposed new TSA model

A significant proportion of dialog associated with this data is contained within the *main body of this report*

Appendix 10:

Medical Admissions to CCU

Discharged 01/04/2012 – 31/03/2013

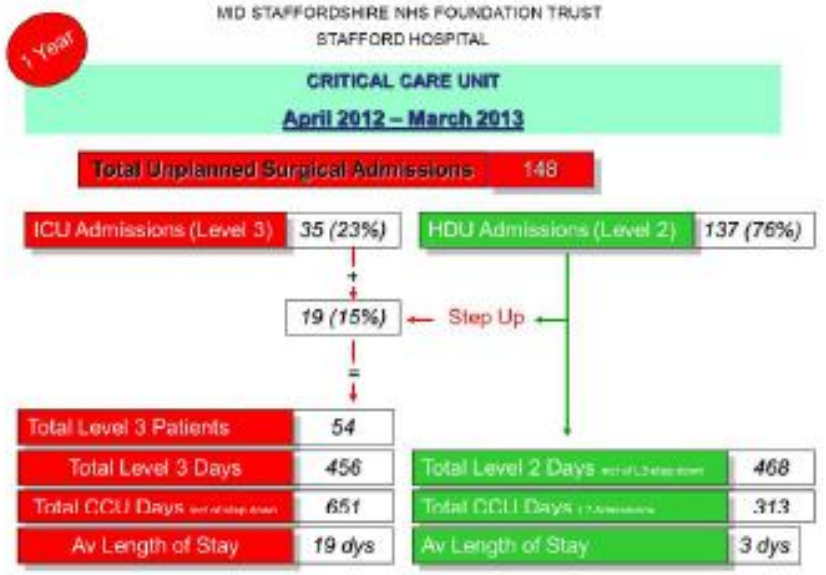
Episode Organs Supported	HRG	Pts	LOS	Tariff	Activity Value
0 organs_L2 monitoring only	XC07Z	90	58	£254.55	£9,672.14
1 organs	XC08Z	180	947	£864.20	£217,480.10
2 organs	XC09Z	92	787	£1,190.85	£903,480.35
3 organs	XC04Z	19	249	£1,985.79	£338,715.82
4 organs	XC03Z	7	124	£2,534.44	£196,270.05
5 organs	XC02Z	0	0	£3,740.45	£0.00
6 +organs	XC01Z	0	0	£3,297.00	£0.00
0 x Organs + 0 x L3,L2 Dys	U2012	0	0	£0.00	£0.00
	Total Pts	199	1364		£1,718,541.07

Medical admissions are admitted to CCU from a variety of Sources A&E; Wards; Obstetrics; Diagnostics etc.

58% of total income

Financial activity associated with appendix 9. This demonstrates the split in activity verses finances.

Appendix 11:



Similar data to appendix 9, however this is unplanned surgical activity not medical activity.

Appendix 12:

Unplanned Surgical Admissions to CCU

01/04/2012 – 31/03/2013

HRG	Definition	Pts	LOS dys	Tariff	Total Value
XC01Z	6 X ORGANS	25	65	264.53	16058.99
XC06Z	1 X ORGAN	70	223	844.3	59278.9
XC05Z	2 X ORGANS	31	255	1135.05	28943.75
XC04Z	3 X ORGANS	14	230	1065.79	31413.1
XC03Z	4 X ORGANS	6	123	1034.44	18873.12
XC02Z	5 X ORGANS	1	15	1743.45	26151.75
XC01Z	6 X ORGANS	0	0	2267.89	0
UZ01Z	UNCLASSIFIED	0	0	0	0
	Total	147	909		£1,022,771.81
L1_L0	Days Lost		55		

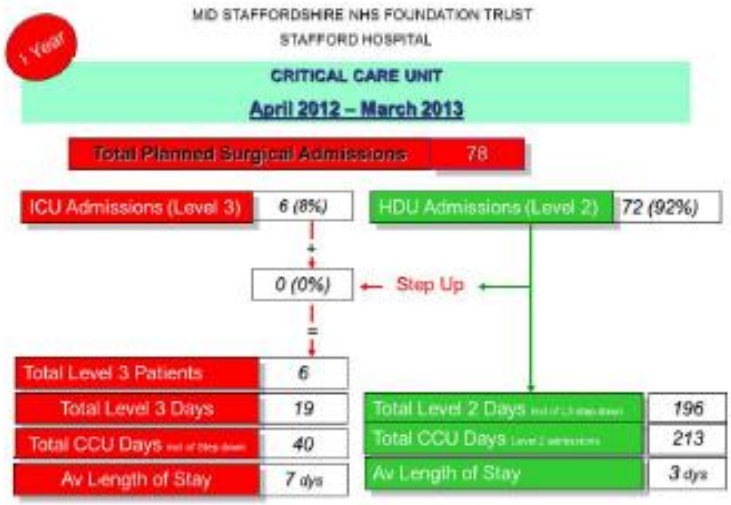
34% of total income

Unplanned Surgical Admissions to CCU originate from a variety of sources

Theatre; Wards & A&E - Admissions direct from theatre does not always indicate that 'emergency' surgery has taken place.

Financial activity associated with appendix 11. This demonstrates the split in activity verses finances.

Appendix 13:



Similar data to appendix 9 & 11, however this is planned surgical activity not medical activity.

Appendix 14:

Planned Surgical Admissions to CCU

01/04/2012 – 31/03/2013

HRG	Definition	Pre	L3/2 days	Tariff	Total Value
XC01Z	0 X ORGANS	50	168	£254.53	£26,725.65
XC02Z	1 X ORGAN	24	75	£804.30	£63,322.50
XC03Z	2 X ORGANS	3	31	£1,135.85	£33,936.05
XC04Z	3 X ORGANS	0	0	£1,300.79	£0.00
XC05Z	4 X ORGANS	1	17	£1,534.44	£26,085.48
XC06Z	5 X ORGANS	0	0	£1,740.45	£0.00
XC07Z	6 X ORGANS	0	0	£2,257.69	£0.00
U20Z	UNCLASSIFIED	0	0	£0.00	£0.00
		Total 78	314		£151,069.68
L1_L0	Days Lost		55		

4.8% of total income

Patients admitted to CCU on a pre arranged basis (>24hrs notice) direct from Theatres, post 'elective' surgery

Financial activity associated with appendix 13. This demonstrates the split in activity verses finances

Appendix 15:

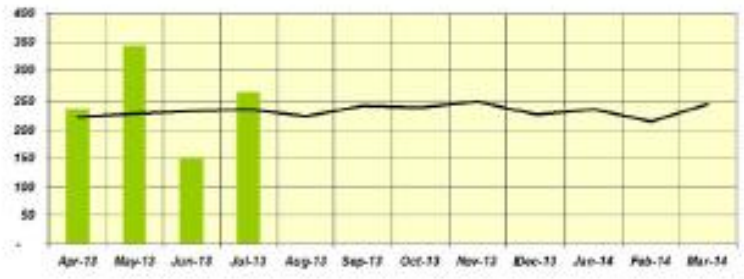
CCU Activity value is derived by the allocation of HRG by Patient determined by the total number of organ systems supported throughout the CCU episode of care. The total number of Level 3 +Level 2 days are multiplied by the agreed HRG daily tariff.

Current financial activity, end of financial month 4 (2013) ahead of expected financial trajectory

Appendix 16:

MID STAFFORDSHIRE NHS FOUNDATION TRUST
STAFFORD HOSPITAL
CRITICAL CARE UNIT

CCU Total Level 3/2 Days by Month
2013 - 2014



End of financial month 4 (2013) patients by activity

Dr Paul Hiley, Consultant Histopathologist, Clinical Lead for Pathology at MSFT, on behalf of the Pathology Managment board for the Trust

Q28

Consultation Response from Pathology Management Board

This is a submission to the formal consultation on the TSA report, representing the views of the Pathology Management Board of Mid-Staffs Trust. It was written by myself and then discussed by the members of the board before submission. The board comprises the medical and operational heads of departments for Haematology, Clinical Chemistry, Microbiology, and Histopathology, as well as parts of the management team of Clinical Support Services.

We do not express a view collectively on the previous questions detailed here, but wish to comment directly on the implications for the delivery of the pathology service to the population of this area. As individuals we clearly have an opinion on the other aspects of this report, and we will respond as individuals to those points, both as employees of the trust and as users of the services of the trust.

Firstly we are disappointed, but not altogether surprised, that pathology is not mentioned once in your main report. We do see that in the Annexes on pages 129 and 145-6 it was assumed that centralisation of pathology would occur, with a 'hot lab' dealing with urgent local work. Where that work would be undertaken, and by whom, is not stated and maybe it would simply be left to the trusts taking over work which generates pathology to sort this out in association with the current staff – which would be a perfectly rational position to take, but it is difficult to see from the report if this is what is being suggested.

These questions are important and do need addressing so as not to end up being discussed at some indeterminate time in the future. The TSAs will be aware that pathology is undergoing substantial reorganisation across the country at present in line with the Carter Reports, and indeed we were heavily involved in creating an 'Alliance' across Staffordshire and Cheshire, although this had been placed on hold due to circumstances beyond our control by the time this Trust had been placed in administration. The aims of the alliance were to produce higher quality pathology services at a (somewhat) lower cost.

Due to the nature of the report into this Trust, these previous plans would now not be suitable, but some of the work done within that project, and the working relationships forged will still be of use. Of most importance is still to come out of this process with pathology of higher quality and sustainability than before – even though these things had never been a problem, and had not been criticised in pervious reports.

We do note within the report, point 312, table 36, detailing the proposed flow of income from work at the various hospitals. In the absence of a proposed patient flow table, we have used this as a starting proxy point to calculate the likely flows of pathology to the trusts delivering the work. This would indicate a flow of 53% to UHNS, 40% to RWT with small amounts going elsewhere. We would like to take this as a form of direction of travel, so we can engage with the surrounding trusts appropriately.

We recognise that no actual decisions can be made until Her Majesty's Sectary of State for Health has approved the proposals, but do feel that we should engage early with surrounding trusts to achieve the outcomes required, and we are concerned that delay will cause further uncertainty and possible staff loss in the interim leading to loss of our current excellent quality.

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at UNHS Maternity Services includes increase in the provision of First Class Chaplaincy Service to ensure First Class Spiritual, Religious and Pastoral Care to especially meet the needs of women whose babies are Stillborn and Miscarried, and the families of babies who require the Neonatal Unit.

Chaplains plan, prepare and deliver for Maternity Services: Baby Naming and Blessing Services for Stillborn and Miscarried babies; Emergency Baptisms for sick babies in the Neonatal unit; and Baby Funeral services. At UHNS in 2012 there were: 66 Baby Naming and Blessing services; 26 Emergency Baptisms; and 91 Baby Funeral services.

The Chaplains and Midwives plan, prepare and deliver an Annual Baby Memorial Service. At UNHS the service is held at Stoke Minster and over 300 people attended the service this year in May.

These activities meet the spiritual, religious and pastoral needs of the parents and families of these babies, as well as meeting some of their bereavement and grieving needs.

Q13

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided for Children and their families from Stafford includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

Chaplains plan, prepare and deliver for Children Services: Blessing Services for sick children; Emergency Baptisms for sick children; and Funeral services.

The Chaplains and Children's Nurses plan, prepare and deliver an Annual Children's Memorial Service, and Bereavement Afternoon. At UNHS the afternoon is held at Holy Trinity Newcastle and over 100 people attended the service last year.

These activities meet the spiritual, religious and pastoral needs of the parents and families of these children, as well as meeting some of their bereavement and grieving needs.

Q15

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at UHNS or some other provider includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

Patients will require spiritual care assessments, to plan and deliver spiritual, religious and pastoral care to the people having Major Surgery. Patients value that their spiritual, religious and pastoral needs are met particularly for pre-operation and post-operation visits. Long term patients appreciate on-going support for the spiritual, religious and pastoral needs. Rehabilitating and

recovering surgical patients' will have on-going spiritual, religious and pastoral needs. They will require on-going support as they prepare for discharge.

Q17

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at Stafford and UHNS or some other provider includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered to Critical Care Patients and their families.

Patients and their families in Critical Care will require spiritual care assessments, to plan and deliver spiritual, religious and pastoral care. Patients value that their spiritual, religious and pastoral needs are met particularly for pre-operation and post-operation visits. Long term patients appreciate on-going support for the spiritual, religious and pastoral needs. Rehabilitating and recovering critical care patients' will have on-going spiritual, religious and pastoral needs. They will require on-going support as they prepare for discharge.

Chaplains are called to provide spiritual, religious and pastoral care to: patients experiencing trauma; to their relatives, families and carers who are waiting; to dying patients and their families when withdrawing treatment and donating organs; and to recently bereaved relatives. Families value having their spiritual, religious and pastoral needs met, especially if they from out of the local area.

Whilst on the unit the Chaplains often provide informal staff support, delivering spiritual and pastoral care to them.

Q19

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at Stafford includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

Q21

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at Cannock includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

Rehabilitating patients' will have on-going spiritual, religious and pastoral needs. They will require on-going support as they prepare for discharge.

Q23

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the

recommendation as long as the Compassionate Care provided at Cannock includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

Surgical patients value that their spiritual, religious and pastoral needs are met particularly for pre-operation and post-operation visits.

Q25

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at Cannock includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

Q27

We are concerned that a First Class Chaplaincy Service will not be provided. Stafford Hospital has been unable to recruit a whole-time Chaplain since September 2012. We will support the recommendation as long as the Compassionate Care provided at Stafford and other providers includes First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care is delivered.

There has been a shortage of permanent Chaplains, whole-time and part-time, willing to work at Stafford Hospital. The current Chaplaincy team provision and resources are not adequate to provide a First Class Chaplaincy Service.

There needs to be consideration how Chaplaincy is to be developed to provide a First Class service to meet all the organisational changes.

Q28

The Compassionate Care provided at Stafford and UHNS or some other provider must include First Class Chaplaincy provision to ensure First Class Spiritual, Religious and Pastoral Care.

The provision of First Class Chaplaincy Service at Stafford and UHNS or some other provider to ensure First Class Spiritual, Religious and Pastoral Care requires reviewing and developing to meet the demand for Compassionate Care for patient care.

The guidance set out in the NHS Chaplaincy: Meeting the religious and spiritual needs of patients and staff (Department of Health 2003), which is currently being reviewed and due to be published in March 2014. The current Chaplaincy resources at Stafford Hospital and UHNS or some other provider requires being reviewed to inform how a First Class Chaplaincy Service at Stafford Hospital and UHNS or some other provider can be developed to provide First Class Spiritual, Religious and Pastoral Care.

The strategy and vision set out Compassion in Practice: Nursing, Midwifery and Care Staff, Our Vision and Strategy (Department of Health & NHS Commissioning Board 2012), to provide compassionate patient care will be enhanced by the provision of a First Class Chaplaincy Service. A Chaplaincy Service adequately resourced to be an integral part of the compassionate patient centred care, enhancing and developing the quality of the patient experience.

A First Class Chaplaincy Service will be a valuable asset to any NHS provider to develop interaction between the hospital and the local community.

11. MSFT Governors

Mid Staffordshire NHS
NHS Foundation Trust

Mid Staffordshire NHS Foundation Trust
Weston Road
Stafford
ST16 3SA

27 September 2013

Dear Mr Bloom,

Maintaining high quality, safe services for the future

I refer to your consultation on your draft recommendations on the future of services for local people using Stafford and Cannock Chase Hospitals and thank you and Dr Mascie-Taylor for meeting with Governors during the consultation period.

Please find enclosed a copy of the Mid Staffordshire NHS Foundation Trust Council of Governors joint response to your draft recommendations. I have also attached a copy of our response by email.

Yours sincerely,

Mike Fowkes
Lead Governor, Mid Staffordshire NHS Foundation Trust.

Becausewecare

MID STAFFORDSHIRE NHS FOUNDATION TRUST

CONSULTATION ON THE TRUST SPECIAL AMINISTRATORS' DRAFT RECOMMENDATIONS ON THE FUTURE OF SERVICES FOR LOCAL PEOPLE USING STAFFORD AND CANNOCK CHASE HOSPITALS

RESPONSE OF THE TRUST'S COUNCIL OF GOVERNORS

1. Introduction

1.1. The Council of Governors of the Mid Staffordshire NHS Foundation Trust (MSFT) has been formally suspended by the Trust Special Administrators (TSAs) as part of the revised governance arrangements to facilitate their review work. Nevertheless the TSAs continue to recognise the Governors, informally, as an identified representative group for consultation purposes.

1.2. Governors include representatives of public constituencies in the Trust's catchment area, of associated institutions such as Local Authorities, Universities and also Trust staff. This response is therefore informed by a degree of knowledge and experience of Trust strategic and operational issues.

1.3. Our overriding concern is for safe, high quality hospital services for the population of mid Staffordshire. We understand the problems associated with maintaining services under the auspices of MSFT. Nevertheless we cannot support proposed solutions involving the transfer of services to neighbouring Trusts which themselves have financial difficulties and/or inferior care quality assessments.

1.4. The TSAs' proposals go some way to ensure services are retained at Stafford and, particularly, Cannock hospitals but we do not believe they go far enough. We are concerned that they may fail to meet the Community's Care Needs, do not resolve Financial Sustainability and do not identify workable Strategies and Structures to implement their plan.

2. Community Care Needs

2.1. Governors welcome the fact that the TSAs' recommendations provide for the retention of hospitals in both Cannock and Stafford. Also that the proposals include a broader range of services at those hospitals than envisaged in the earlier report of the Contingency Planning Team (CPT). These services now include: Consultant led A&E; some provision of acute medicine and critical care; Paediatric Assessment Unit (PAU);

elective surgery; some planned urgent surgery; Frail and Elderly Assessment Service.

2.2. Services which under the TSAs' current model would no longer be provided at Stafford are: emergency surgery, emergency trauma – including broken hip and knee surgery; births; neonatal care; paediatric inpatients; and level 3 critical care.

2.3. We wish to address further some of the underlying issues which have influenced the TSAs' views:

2.4. ***Population***
An important factor in the assessment of MSFT's financial viability has been its perceived size and small number of patients served. We do not however accept the current Public Health Staffordshire 'catchment population' definition adopted by the TSAs which determines population from hospital usage figures – on this basis population is determined to be as low as 200,000. Clearly that reflects a significant decline in recent years as people chose not to attend, or were not referred to MSFT hospitals following the shocking revelations of care standards.

2.5. We believe patient numbers can and will return to previous levels as the current high quality of care at Stafford is increasingly acknowledged by the public, commissioners and practitioners and the hospital is finally out of the glare of negative publicity. The options for existing and future service provision at the hospital should be based on the customer base that is the catchment area population, which is nearer 300,000.

2.6. ***Clinical Commissioning Groups (CCGs) Commissioning Intentions***
The TSAs' proposals have been influenced by the strategies of the two CCGs in the trust area: the Stafford and Surrounds CCG and the Cannock CCG. Governors are very unhappy with the CCGs' lack of commitment to support our hospitals. We believe their lack of consultation and public involvement means that they do not satisfactorily reflect the wishes and expectations of the populations in their areas, or even of the majority of their GP constituents.

2.7. The only Location Specific Services (LSS) the CCGs committed to fund, and therefore protect, at the Cannock and Stafford hospitals are outpatient and diagnostic services, chemotherapy treatments and 'step down' beds. We are disappointed that the TSAs had to negotiate with the CCGs for additional services to be provided at the hospitals. We believe the CCGs should have led this process and included many more services in the LSS lists to satisfy community needs and expectations.

2.8. The TSAs also took into consideration the CCGs' intentions to reduce hospital admissions/stays by increased community based services. We are aware that this has yet to be implemented satisfactorily anywhere. However laudable the concept, we have seen no evidence of how this will be implemented in Cannock and Stafford. It would be wrong to reduce local hospital capacity before alternative provision is in place and validated.

2.9. ***Travelling Times***
The TSAs' analysis of the increased travel requirements arising from the transfer of services to neighbouring Trusts generally suggests modest increases in average travel times. These have been challenged and the TSAs have agreed to revisit the issue of impact on patient visits. One of the mitigating factors submitted is that only 9% of patients will be affected.

2.10. Governors support a reappraisal. Even 9% represents thousands of patient trips and this would be multiplied with family, friends and staff visits. For many the average times do not apply and additional distances involve not insignificant costs and inconvenience. Even the TSAs' own statistics themselves indicate much longer public transport travelling times. We have real concerns about the health inequality implications for the urban populations of Cannock, Stafford and surrounding areas where the distances to other Trust facilities are greatest and access to public transport is problematic.

2.11. ***Children and Babies***
Governors strongly object to the recommendations of the TSAs to move maternity and paediatric services to other providers. Arguably they are at the heart of community health service provision and should be available as locally as possible. We believe these are priority services with an excellent reputation that should be on the CCGs' LSS lists.

2.12. The TSAs have negotiated networking arrangements with adjoining Trusts to ensure some other services remain at Stafford and Cannock cost effectively, such as A&E and other acute services, but not for paediatrics and obstetrics. It is reported that, whilst a consultant led maternity unit at Stafford is feasible on a networked basis no such option was offered by other providers for financial reasons. We do not believe the TSAs have explored the networking for maternity option sufficiently. People in mid Staffordshire have the right to have their babies born there. The TSAs' report talks of providing choice; those choices should continue to include Stafford.

3. Financial Sustainability

3.1. Governors have scrutinised MSFT financial projections and strategic plans since 2008. Therefore, we find it incomprehensible that the TSAs' own projections, after all the negotiations with the CCGs, the networking deals with adjoining Trusts and the stripping out of management and back office costs, forecast an ***£8million*** shortfall after three years. The 'hope' that this can be further reduced is a familiar expression of optimism. The TSAs have been tasked to produce a plan for services 'within budget'. We have little confidence that the future financial position is any more secure than previously.

3.2. It is an irony that one of the factors which causes such a shortfall are the forecast additional costs associated with the TSAs' proposals which involve expenditure at other hospitals to help build their capacity to provide services to the population of mid Staffordshire. The capital costs of the proposed changes at Stoke and Wolverhampton hospitals together with proposed changes at MSFT are estimated to be in excess of £200 million. This money should be spent on helping retain and enhance services at the Cannock and Stafford hospitals. For example, greater efforts should be made to obtain longer term additional support from the CCGs for local services without financial contribution from the funding being allocated to pay for capacity building at other Trusts.

3.3. The refractory nature of the financial position of MSFT points to wider, underlying funding issues within the health service. The nationally set tariffs for services can penalise smaller hospitals such as MSFT. As Governors representing members and patients we want to see services provided locally and not remotely as parts of regional or sub-regional hospitals. We believe the tariff system is prejudicial to local services.

4. Strategies, Structures and Governance

4.1. We support the approach of clinical networking of services, managed by other providers, as a means of reducing costs and countering difficulties with recruitment and retention of staff. Networking was a policy being developed by the MFST Board, supported by the Council of Governors. We are pleased this has been taken further by the TSAs.

4.2. We reluctantly accept the need for change of governance for the MSFT. However, the TSAs' network proposals represent a loose arrangement of mutually beneficial deals – with University Hospital of North Staffordshire (UHNS) running Stafford and Royal Wolverhampton Trust (RWT) running Cannock. We are disappointed that there are no clear proposals, appropriately risk assessed, of how these changes will be implemented.

4.3. It is vitally important that the communities of mid-Staffordshire retain some engagement with and ownership of any new structures in order to benefit patients. Whilst there is no intrinsic objection to a 'new name above the door' it would be completely unacceptable for local hospital services to be managed by organisations established originally to provide services for communities other than mid Staffordshire. Our fear for the longer term sustainability of those organisations is that any future rationalisations of, or reductions in, services would inevitably affect Cannock and Stafford first.

4.4. There is a clear need for new governance structures. We regret that the TSAs were unable to be firmer in recommending new Trust structures for: (i) North and Central Staffordshire; and (ii) Wolverhampton and South Staffordshire. We note that both UNHS and RWT have yet to achieve Foundation Trust status. Any establishment of new Foundation Trusts must incorporate the Stafford and Cannock constituencies for governance of those hospitals. This would ensure strong links to the Stafford and Cannock CCGs. Importantly, this will facilitate Stafford and Cannock communities' involvement and influence in their Trusts' activities.

5. Consultations

5.1. Governors are concerned about the lack of staff consultation within MSFT in relation to the review of services. We understand the TSAs did not have direct discussions to maintain a degree of objectivity in their review work. If that is the case then we believe it to be a mistake.

5.2. Reviewing hospital services was never going to be a purely objective exercise. Not engaging with the staff 'on the ground' and limited contact with Governors has closed off a considerable source of information and experience. This is particularly important given the number of retained services listed in section 10 of the TSAs' report. The credibility of the report has suffered because of this and Staff have had to use time at public meetings to make their views known.

6. Conclusions

6.1. Governors are disappointed with some key aspects of the report. In our opinion the report is not very innovative. For example, it does not give any consideration for a new NHS Trust in South Staffordshire and it does not build on the substantial improvements at MSFT. Despite intensive and expensive analysis, the TSAs draft proposals create

additional costs of £29.1 million. Also the TSAs believe the shortfall at Stafford and Cannock Hospitals at the end of three years will be £8.5 million. Furthermore it has been reported that UHNS and Wolverhampton have identified an estimated capital requirement of £200-£300 million. All of the financial projections are of great concern to Governors.

6.2. On-going reorganisation of the NHS is resulting in widespread financial strain. We are concerned about the potential for erosion of standards and safety of services. We feel the current process of treating Stafford Hospital in isolation could be short term and counter-productive. The ideal of creating fully integrated and seamless healthcare argues for local provision. We believe acute general hospital services should be retained at Stafford and we welcome the additional services suggested for Cannock Hospital.

As a suspended Governor of MSFT, Health & Wellbeing Portfolio Leader at Cannock Chase District Council and therefore obviously a very interested resident, having been born in Cannock and lived here all my life, I have tried to get as involved in the consultation procedure as much as possible and to listen to the comments of the electorate of my area.

If completing your consultation I would be ticking almost all of the "strongly support " boxes, other than I do feel some concern re the figures in population terms that you have used, particularly in view of the amount of new residential properties which both Stafford Borough and Cannock Chase District Councils are required to provide in the next twenty five years by the Government thus swelling the population considerably. Also my own area of Cannock has one of the largest populations of over 65s in Staffordshire, who will hopefully live to a good age but will need help from the Health Service to achieve that. I therefore feel you need to reassure us that your figures are reached, with these factors having been regarded.

I particularly welcome the Elderly Frail Assessment unit proposed at Stafford Hospital. This is something which has been needed for many years. However, we need to be assured that there will be enough "backup" to follow the proposed pathway of care for those receiving assessments. Also, there needs to be more explanation for those being offered help as to costs etc.

I see the necessity for a fit and proper service for our youngsters who become seriously ill and accept that this may need to be at U.N.H.S, but would urge that parents are provided with overnight stay facilities to be with their children for as much time as possible as has been available at Stafford. It is impossible to get public transport in the evening back to our area from Stoke on Trent and there are families who do not have their own means of transport--Cannock & Rugeley still have many areas of deprivation.

Finally --I attended a T.S.A consultation with Cannock Chase C.C.G last week and was very concerned to be informed that, although you are stating that your recommendations are for Wolverhampton and possibly Walsall Manor Hospitals to work in Cannock Hospital, this may not be taken up by the C.C.G. I do not feel that this has been stated at all clearly to the general public at the meetings or in the local media and would emphasise that your final document should very carefully explain the exact situation of the C.C.Gs commissioning who they prefer rather than who you propose. The residents of Cannock will feel very let down if they end up with private companies or local doctors managing the services instead of experienced Hospital Trusts.

Cllr Muriel Davis

To the Trust Administrators.

Subsequent to the reports sent by both Stone Town Council & Stafford Borough Council, as a member of both administrations & a "suspended Governor" of the Hospital I feel strongly that the subjects which feature, above all else, in the eyes of the general public are:-

I The retention of maternity services with adequate consultant cover.

II The retention of all paediatric services.

I understand fully the huge financial stress the hospital is labouring under & that things cannot continue as they are any longer. I also accept & understand that the arrangements for A & E are sadly

inevitable but practical, & must remain as suggested.

However, please give very serious consideration indeed, to the full retention of the afore mentioned departments – even if everything else has to be reluctantly accepted.

The General Public are frightened & feel very insecure, quite rightly so, & added to the fact of the increasing numbers of M.O.D personnel soon to arrive & the several thousand more houses to be built in the pipeline it will be imperative to have these vital facilities within quick & accessable reach.

Yours sincerely

Cllr Joyce Fairhaw M.B.E
J.P

12. Patient Groups

Healthwatch Wolverhampton
16 Temple Street
Wolverhampton
WV2 4AN
Tel: 01902 426 271
Fax: 01902 310270
email address: info@healthwatchwolverhampton.co.uk
web address: www.healthwatchwolverhampton.co.uk

27th September 2013

Mid Staffordshire NHS Foundation Trust Consultation

Response from Healthwatch Wolverhampton

Introduction

Healthwatch Wolverhampton is a new independent service set up under the Health and Social Care Act 2012. Set up to ensure service users of Health and Social Care services are able to articulate their needs within the Wolverhampton locality, the organisation will always work in the best interests of the public. Healthwatch Wolverhampton employs its own staff and has a strong, effective volunteer membership base able to influence and challenge how health and social care services are provided within the Wolverhampton area.

Healthwatch Wolverhampton has a seat on the Health and Wellbeing board, ensuring that the views and experiences of patients, carers and other service users are taken into account when local needs assessments and strategies are prepared, such as the Joint Strategic Needs Assessment (JSNA) and the authorisation of Clinical Commissioning Groups. This will ensure that Healthwatch has a role in promoting public health, health improvements and in tackling health inequalities. The organization will enable people to share their views and concerns about their local health and social care services and understand that their contribution will help build a picture of where services are doing well and where they can be improved. A strong link with the national Healthwatch, Healthwatch Wolverhampton aims to be as inclusive as possible and to reflect the diversity of the community it serves. There is an explicit requirement in the Health & Social Care Act that the way in which a local Healthwatch exercises its functions must be representative of local people and different users of services, including carers.

Recommendation 1

It is essential that an urgent care service is provided in Stafford which includes an accessible Accident and Emergency department. The current arrangement however does increase demand in neighbouring areas. An approach that does not take into account the wider impact on the surrounding areas will create greater challenge for patients both in Stafford and neighbouring geographical areas.

What information has been used in relation to this recommendation? Does demand reduce significantly during the hours of 10pm - 8am? What has been the patient experience of service during this period? Are more vulnerable people e.g. Elderly or young people who may not travel by ambulance disadvantaged? These are all relevant questions that require answers.

Recommendation 2

Agree with the recommendation to continue an inpatient service for adults with medical problems. Local people need access to quality inpatient care as close to home as possible to enable family and carer support which contributes to healing and recovery. It also facilitates effective discharge.

Recommendation 3

Agree with the creation of a 14/7 Frail Elderly Assessment service, which is monitored and has high standards of quality care, is linked closely to primary care or part of an integrated service provision. Care should be based upon care pathways.

Recommendation 4

Agree that beds should be available for recovering patients to be close to their home. This however should be compliant with recommendations from the Francis report in relation to high standards of care. This should be part of an integrated care provision, linked to specialist care for recovering patients.

How will the transfer of patients to the 'recovery' unit be managed? Will this be for all recovering patients? Will this be a provision for adults only? How will this service cater for vulnerable groups e.g. Patients with dementia or Learning Disabilities?

Recommendation 5

All women deserve to have a good level of choice with regards to the delivery of their baby. Maternity care should be provided in a way that it is close to home to support the safe delivery and care for mothers and babies.

There is concern regarding the impact on existing services if maternity provision is moved to other Trusts. Patients need to be assured of a quality service with the range of options in a high performing unit that responds to needs.

Have there been comparisons made with the number of births in other areas?

The public has raised significant concerns regarding the recommendation to not have babies born in Stafford - public protest has been emotive and there is depth of feeling. It is essential that the distance expected to travel is taken into account for women who will travel from an area which is rural. Travel routes may be problematic and could have the potential to increase travel time and therefore risk. Mothers need to have the reassurance that this has been taken into account and that the decision to not provide this maternity service in Stafford does not increase risk.

The recommendation highlights that the defining factor in this issue is due to the low number of births. The number of births in Stafford are comparable to the number of births reported by the Wye Valley NHS Trust within the West Midlands conurbation. Other Trusts across the country have reported similar numbers of births; if these units remain open and not considered for future closure this challenges the argument posed by the Trust Special Administrators (TDA). The focus should be on high quality and safe care and accessibility of services taking into account the transport links across the area.

Agree with the recommendation of locally accessible pre and post- natal care. An important component of maternity care is the ability to develop effective relationships with those providing the care for mothers e.g.

Midwives, local specialists. Local provision of this level of care is regarded as the best for women. It is evidenced that pre natal and post natal care provides the best start for babies and reduces infant mortality. This service will need to link effectively with care provided in hospital.

Recommendation 6/7

Agree that there is paediatric assessment unit at Stafford that operates the same time frame as the Accident and Emergency unit. It is essential that very sick children are transferred to specialist care where they can access the highest quality care and that they are in a stable condition to be transferred and that distance is considered.

The recommendation not to provide inpatient care for children in a local setting is of concern as this does not conform with the format of providing care close to home, however it is essential that the public are clear that the service provision is accessible and they have the assurance of support that is required when caring for a sick child, especially out of area.

The public should understand what action has been taken in relation to recruiting paediatric consultants. Is there a national shortage?

Recommendation 8

Previous consultation undertaken in 2012 regarding the Trauma network identified Stafford Hospital as a provider of emergency care. Will this decision have a significant impact on the network and therefore put local people at greater risk? The delivery trauma care was identified to be provided at Royal Wolverhampton NHS Trust and major trauma at North Staffordshire NHS Trust therefore this is set to continue. We support this process. We are concerned that no longer will there be the provision of emergency surgery in Stafford and this may impact adversely residents in the receiving areas. It is essential that these localities have investment to allow them to expand to accommodate safely the additional demand and not put local people at risk in relation to increased pressure on services.

We agree that to maintain skill and access to other diagnostic and clinical care that centres, which are able to respond effectively are used to provide care. It allows staff to grow and maintain skills.

It is essential that the public has the assurance that the extra distance will not increase risk to life when surgery is required in a timely fashion, as this is indicating.

Recommendation 9

Agree with the retention of a small critical care unit at Stafford but concerned how this will continue to be feasible if significant specialist care is not undertaken at the Trust. Agree with the link with a clinical network to retain staff, skills and development.

Recommendation 10

Agree that the best use of resources should be taken; this means undertaking elective and day care surgery in Stafford will be important for local people and for the Trust to remain viable. It also allows staff to retain skills and expertise. However, will this be affected by Patient choice, and also the decisions to move other services out of Stafford to other areas? Will there be sufficient activity to ensure skills are retained and quality is maintained?

Recommendation 11

Agree that beds should be available for post- inpatient activity recovery for patients at Cannock, which will provide access to support rehabilitation closer to home. This is in line with the focus of providing care within close proximity to home and would facilitate improved healing with support from family and carers. This follows the recent implementation of the vascular service which is provided on a sub- regional basis in specialist centres with post inpatient care undertaken at a local hospital.

Recommendation 12

Agree with the retention of elective surgery at Cannock as long as there is sufficient activity to ensure quality, skills and expertise to reduce risk to patients. All decisions to retain services should be considered by ensuring critical mass is achieved for the service under discussion. Any potential changes to this must be undertaken with patient involvement and with appropriate level public consultation aided by significant stakeholder engagement.

Recommendation 13

Agree with the retention of day care procedures at Cannock as long as there is sufficient activity to ensure quality, skills and expertise to reduce risk to patients. Again decision-making should bear in mind critical mass for the service under discussion.

Agree with scoping the possibility to increase the range of activity available where possible; however any potential changes to this must be undertaken with patient involvement and with appropriate level public consultation with significant stakeholder engagement.

Recommendation 14

We support decisions made to ensure the safety of local people and the provision of high quality care accessible to all.

However we have concerns about the local impact of decisions being taken in the future of these provisions. Proposals for local Trusts including the Royal Wolverhampton NHS Trust have the potential to have a negative impact on local people and we would want the assurance that any future decisions made by the receiving Trust to change provision is undertaken with full and public 12 week consultation with extensive stakeholder engagement. Any reorganisation of service with the focus for improved management and realisation of savings must be undertaken in such a way as to not impact current patients in Wolverhampton.

If a decision to reorganise outpatient clinics across the 2 sites means that local people will have to travel where they haven't previously, this will be considered as having a negative impact on current patient profile. However, if a decision to make changes results in improved quality of care, good access and service enhancements and is undertaken in partnership with local people and Healthwatch as a key stakeholder this will be considered appropriate action.

All changes must be undertaken with the patient in mind, enabling support and care to be accessible locally. Services must be built around the patient and there should not be a plan to make the patient fit the service. All decisions must be undertaken with a view to the NHS Constitution to ensure the offer is clear in respect of responsibilities and pledges.

As with this consultation any future plan or consultation must be in line with the focus of 'no decision about me without me' patients must be consulted on decisions that affect them. Healthwatch Wolverhampton will work in partnership with the local Healthwatch network to ensure this is the case.

In agreeing to undertake this and any future development this must not in any way affect the financial standing of the trust. The Royal Wolverhampton NHS Trust has challenges with the delivery of emergency care which has already suffered an impact from the changes at Stafford hospital A and E department. This has not been included in the financial assistance recently made available to Trusts who have experienced increased demand on their services, whilst approaching a critical period in the year - the winter period, where there will be significant demands on services.

The Trust is currently subject to in-depth inspection and we would want the hospital to emerge with positive results as they focus on providing high quality clinical care. Distractions have the potential to create added challenges.

Carol Lamyman, Healthwatch Wolverhampton Manager
Maxine Bygrave, Healthwatch Wolverhampton Chair.

engaging communities
Staffordshire

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Trust Special Administrators
Mid Staffordshire NHS Foundation Trust

Dear Mr. Bloom and Professor Mascie-Taylor,

Further to our recent meeting with you, we are writing to outline our response as Healthwatch Staffordshire to your draft recommendations on the future of the Mid Staffordshire NHS Foundation Trust.

Firstly, we should be clear that as an independent organisation, representing the views of all service users across the county, we do not see our role as being either to support or not your individual recommendations. Rather, having listened carefully to the issues and concerns flagged up by the public attending your consultation meetings and through our own community engagement channels, we have focussed our response on the key areas we feel need to be considered by yourselves and Monitor in taking forward your draft proposals:

- **Process:** Whilst we appreciate the thorough nature of your work, and the efforts you have put into the public consultation exercise, we feel there were missed opportunities to involve staff at the hospitals and the public at a much earlier stage. We would urge such involvement in any future case both prior to the appointment of administrators, but then that any administrators should work with the public and staff in co-designing solutions. We also feel there needs to be a much stronger role in any future similar situation for the local Health and Well Being Board, which has a statutory role and constitution.

- **Methodology:** We understand the TSA's methodology of undertaking in effect a tendering and procurement exercise to identify practical and workable solutions. However, there is a concern that this mitigated against a strategic look at what services are needed in the area, and how these should be delivered. Again, for the future we see that this should be a role for the Health and Well Being Board.

- **Maternity**: Clearly, this has been the most contentious of the draft recommendations, and is leading to a lot of public anxiety which we are picking up in all our work. What is unclear from both the consultation report and full report is that all options have been thoroughly explored, including the potential for a midwifery led unit. A true public engagement on options might have helped identify how realistic this would be for Stafford and surrounds, and involving the public in decision making like this could have helped people understand the very real financial and clinical issues you are grappling with.

- **Paediatrics**: We are picking up a great deal of public concern about the draft recommendation not to have any more paediatric in-patients at Stafford, particularly from parents of children with long term conditions or disabilities. Aside from the travel and well being issues associated with ease of access for visiting, there is also concern that there is not a smooth patient pathway, with assessment and admissions being in different places. Given that your recommendations include a step down facility for repatriating frail, older patients to Stafford once their immediate treatment needs are met, could not a similar approach be given to children who require extended stays?

- **A&E and critical care**: As you are aware, there is still concern that A&E will remain closed overnight, although we have picked up good support for the idea of networked staff to create greater sustainability. Overall, however, there appears to be more concern that critical care will mainly be provided at Grade 2 rather than Grade 3, with many patients concerned that in their own cases this could have endangered their lives.

- **Impact on other hospitals**: There are major public concerns that the other hospitals identified to take on work from Mid Staffordshire such as maternity and paediatrics, are already over-stretched and experiencing difficulties. As a public that had to endure the experiences of when care goes badly wrong as it did at Stafford, understandably, local people are now very concerned that additional pressures on these other hospitals will cause care to go badly wrong there too. The assurance you have given that transition will not happen until capacity is built in the other hospitals is not succeeding in combating this worry, and we share this concern as we are aware there is much to do to firm up this capacity. There are also concerns about the impact of people flow on these alternative facilities, and in particular on car parking.

- **Impact on other services**: Whilst we have picked up a lot of support for those parts of your recommendations that relate to care closer to home or in the home wherever possible, there is also concern that the current inequities in the availability and accessibility of community services will mitigate against this. Your recommendations, therefore, need to be supported by a more comprehensive commissioning strategy.

- **Finances**: We also have grave concerns that the finances still do not add up, that there is a large capital cost, and that given changes to healthcare there are no guarantees these solutions will outlive the time period of that capital cost. Whilst it was clearly outwith the TSA remit to make recommendations relating to integrated and community based care, the inability fully to bridge the financial gap illustrates how important it is to have a process that does so, backed up by an honest public debate on the future of our health and social services.

At our very constructive meeting, we spoke of the situation of Mid Staffordshire as being in effect a forerunner, or test bed for many other similar sized hospitals and trusts. At the heart of this debate are the respective weightings we give to clinical excellence versus access. We feel this is a debate that needs to had nationally and locally, with full public involvement, and we would wish as Healthwatch Staffordshire to facilitate that in any way we are able.

Robin Morrison
Chair

healthwatch
Stoke-on-Trent

Response from Healthwatch Stoke on Trent to the proposals for Mid Staffordshire NHS Foundation Trust

Introduction

This response is written to raise the concerns of the patients and service users of Stoke-on-Trent who may be impacted by the transfer of services from MSFT to UHNS

It urges the Trust Administrators, Monitor, the TDA and the Secretary of State for Health to consider this response alongside the responses it receives from people of Staffordshire. Whilst it is understood that Staffordshire patients and users have the right to express views about the retention of services at Stafford Hospital, it is, in our view, equally important to have the views of the residents of Stoke on Trent considered in the light of the potential impact on UHNS and the service it provides.

Healthwatch Stoke on Trent held a public consultation event in the city on the 17th September to enable questions and concerns to be raised with UHNS senior staff. Assurances are sought that all of the factors, which we believe will have an impact on UHNS services, are equally considered in the process of agreeing a way forward.

Recipients of this document are asked to ensure that these views are taken into account in the way that proposals are implemented to minimise the risk of a deterioration in service in the longer term.

Access – Parking and Disabled access to parking

It is clear from the number of questions raised in the public consultation, and the significant feedback Healthwatch Stoke on Trent has received directly through other routes, that there is a real concern to be addressed around the improvement of the current access to the UHNS site. The senior management of UHNS admit that their patient parking provision, disabled parking provision and general staff parking is wholly inadequate for the current usage of the site. It is causing patients to be late for and even miss appointments, and residents in the immediate vicinity of the site are growing every more frustrated by the inappropriate parking on surrounding streets and in residential areas.

In addition the large increase in costs of parking imposed by the private contractor on the site is beginning to cause hardship for patients and visitors who are unable to afford rates

which can mean charges of £8 for a four hour stay. The assumption that any additional parking provision promised the UHNS administration will be managed privately and thus result in similar high prices for patients being treated on site, and relatives visiting in patients, gives Healthwatch significant cause for concern.

Recommendation 1: Local Healthwatch ask that assurances be made that UHNS are required to have adequate parking in place before any proposals for transfer of services are permitted.

Recommendation 2: It also asks that the use of private companies to build the car parks and handle the fees be reviewed in the light of the evidence of excessive charges for patients who cannot predict how long their visit to the site may last

Financial Implications

It is clear from the debate in the press and at the consultation event that there are real concerns over the current deficit that UHNS has in its financial position, and in particular there are questions about the motivation of the UHNS to take on additional costs and burdens when it is already financially at some risk. The meeting heard a number of times that the income that would be generated by taking on the additional capacity, would provide some further financial stability. However, the income that was mentioned appears to cover only the extensions to the buildings and equipment to accommodate additional patients and services and income over and above this will be only what is paid for the delivery of commissioned services. This does not address the current deficit, will not guarantee cost coverage for additional building and equipment provision, and could result in further higher levels of deficit in the UHNS budget.

Recommendation: Healthwatch Stoke on Trent wishes to ensure that the TSA's, TDA and NHS England and implementers of any proposals to move services from Stafford will guarantee to the current Trust service users that they will factor in any financial risk and ensure that UHNS does not become a hospital which has the same financial challenges as MSFT within a very short period of time.

Recommendation: Healthwatch Stoke on Trent asks the TSA's, NHS England and the TDA to ensure that UHNS is wholly ready, financially, clinically, medically and environmentally, to take on the additional patients from Stafford BEFORE any transfer of services is agreed and that there is a demonstrable, measurable model setting out this statement of assurance which is used to test this readiness.

Transformational Change

It is widely accepted that transformational change in service delivery, moving to a more preventative, community based model, and away from inpatient and acute service provision, is the way forward. UHNS has publicly committed to supporting this model and working closely with SSOTP and the Stoke and North Staffs CCG's to support this transition. However there must be a similar commitment to this transition from the Staffordshire CCGs who will, under the proposal, be contracting services from UHNS. How will the TSA's ensure that all parties are working with similar assumptions to reduce pressures to admit patients to UHNS in line with the established Stoke on Trent based strategies? How will they ensure that the timelines for this to happen are synchronised to avoid any unreasonable pressures from Stafford based CCGs to retain bedspace, and to ensure that community facilities are being developed to minimise admissions from Staffordshire?

Recommendation: That any proposal for transfer of services includes an absolute provision of demonstrated community based service delivery, on the same timescale as Stoke and North Staffs CCG's, for all Staffordshire based CCG's who will be contracting services from UHNS. Without this the UHNS will be unable to fulfil its proposals to support the transition to the community based model and capacity issues will be a constant concern.

Capacity

UHNS's performance around achievement of waiting times in A&E is being called into question again and they are at high risk of not being able to fulfil their obligations, indeed they may, if performance does not improve incur some penalties. Additionally there are concerns being expressed around the quality measures with some suggestions that measures to address concerns are not producing the required results.

There are clearly some concerns around this and yet UHNS propose maintaining an A&E service which is greatly extended to cover the needs of around 50% of current Stafford Hospital patients. The mitigation for this appears to be the proposed intention to reduce bed occupancy from 100% to 95% thereby freeing up more beds in the day for transfers from A&E. However, no clear proposal as to how this 5% reduction is to be achieved has been put forward. In addition, no assumptions can be made that the transformation to the community based model of care is achievable in the same timescale that is proposed for service transfer from Stafford which is the most obvious way of achieving the proposed reduction.

What guarantees will be given to assure patients and service users in Stoke on Trent, that there will be contingency plans in place if the provision of high risk services at UHNS fails or community services are unable to cope?

Recommendation: If the bed occupancy rate is a key factor in reducing the waiting times in A&E to comply with national guidelines, Healthwatch Stoke-on-Trent would wish for an assurance that the proposed reduction to 95% be achieved and maintained consistently for an agreed period of time to ensure that capacity is sufficient for this service.

Conclusion

Any decision to transfer services for Staffordshire residents must be made with regard to the likely impact on the new service provider, in this case UHNS. The concerns about the proposals raised by Stoke-on-Trent Healthwatch will, if not addressed, have an impact on Staffordshire residents too. It would be unreasonable to implement a proposal which put those patients at risk a second time without being fully confident that all risk assessments, quality impact assessments and options appraisals indicated the highest possible chance of a successful transfer.

Healthwatch Stoke-on-Trent would ask that the TSA receive and consider its comments and recommendations to help to ensure that the future patient experience of residents of Staffordshire, as well as Stoke-on-Trent is assured going forward.

Lloyd Cooke

Chair of Healthwatch Stoke-on-Trent

99986

Steve Shilvock, Head of Environmental Health on behalf of

The Health Scrutiny Committee

Cannock Chase District Council

Q2

The clinical safety reasons for the recommendation to retain an 8 am to 10 pm A&E service and not reinstate a 24 hour service are understood. However there is understandable public concern that the loss of a local facility will lead to extended journey times to alternative A&E facilities. The extent to which journeys will be increased varies considerably according to where someone lives, and some areas will be particularly disadvantaged. A well organised publicity and information campaign will be needed to convince residents of the clinical benefits of this recommendation.

Furthermore, residents need to be encouraged to use the facilities that are available otherwise they could be cut even more.

Q7

The proposals for an enhanced Frail Elderly Assessment service are particularly welcomed. This service will need to work in tandem with Social Care & Health services much more closely than at present.

There is a general theme of patients with more serious or complex conditions being taken straight to, or transferred to, more specialist units elsewhere. The increasing centralisation of specialist units and the clinical reasoning behind this is understood. However, a well organised publicity and information campaign will be needed to explain the clinical benefits of this recommendation to patients. The return of patients to more local hospitals for recovery needs to be emphasised, particularly due to the travel distance to specialist units for many local residents.

Q9

The issues caused by Stafford being one of the smallest consultant delivered maternity units in the country are understood. However, the loss of child birth facilities at Stafford will cause transport difficulties for some women and their families.

The continuation of routine pre and post natal care is welcomed.

Q13

The clinical safety and resource reasons for the recommendations are understood.

There are concerns about the downgrading of the Paediatric Assessment Unit (PAU) from a 24 hour to an 8 am to 10 pm service.

The loss of an inpatient facility for children will cause travel problems for some families. Consideration should be given to the provision of facilities to allow parents to stay overnight with their children in the specialist centres.

The extension of the Paediatric Hospital@Home service to the south of the county would be welcomed.

Q15

At certain times of the day traffic conditions may make patient transfer more difficult.

Q17

At certain times of the day traffic conditions may make patient transfer more difficult.

Q21

The provision of step down beds to allow patients to recuperate closer to home is welcomed. It is essential that proper arrangements are in place for discharge to home. Patients should be discharged at an appropriate time of day and only where any necessary home support arrangements have been put in place.

Q23

The provision of more elective surgery at Stafford Hospital will impact on Cannock Chase Hospital. Accordingly, the proposed increase in the scope of elective inpatient surgery at Cannock Chase Hospital would be strongly supported. It is appreciated that this is subject to resolving the issue of safe overnight staff cover.

Q25

The potential increase in the range of conditions dealt with would improve the service available and assist the viability of the hospital.

Q27

The clinical and financial viability reasons for the recommendation to dissolve the Mid Staffs Hospital trust are understood.

There has been a prolonged period of uncertainty over the future of the Trust and the process should be concluded as soon as possible.

To secure the future viability of Cannock Chase Hospital a wide range of services needs to be provided, supported by the Cannock Chase CCG and local GPs.

Q28

The proposals consulted on maintain the provision of services at both Stafford and Cannock Chase Hospitals, and this outcome is fully supported.

There has been considerable concern for some time now concerning the gross under utilisation of Cannock Chase hospital. The recommendations being consulted on will hopefully see greater utilisation of the facilities. The consultation document does caution that the proposed expansion of services still may not fully utilise the available space. The Trust Special Administrators are urged to identify arrangements that will secure the future of Cannock Chase hospital. In pursuit of this, the proposals for the Royal Wolverhampton Hospitals NHS Trust to deliver services in Cannock Chase hospital are fully supported. We would also support further negotiations with Walsall Healthcare NHS Trust. They can offer a different range of services that would take up further spare capacity and complement the other services being provided.

There are concerns at the loss of local A&E, critical care, maternity and paediatric services. The clinical reasons for these recommendations are understood, but a well organised publicity and information campaign will be needed to explain the clinical benefits of this recommendation to local residents.

Stafford and Cannock hospitals are well served by public transport. Local residents may find some hospitals further afield difficult and/or expensive to reach on public transport. There have been suggestions made of the provision of a shuttle bus between Cannock and New Cross hospitals. This should be further explored. Discussions also need to take place with public transport planners and providers with a view to improving public transport links to the other hospitals that will become more involved in local healthcare services. There are still many, often vulnerable people who are reliant on public transport. Rugeley and some of the outlying areas of the District will be most affected by transport issues.

The importance of proper, well co-ordinated arrangements for discharge of patients from hospital cannot be overstated. Patients should be discharged at an appropriate time of day and only where any necessary home support arrangements have been put in place.

Report on the TSA's Recommendations for the PCC of MSFT as Requested

The Trust Service Administrator has requested the views of the Patient Carer Council of the MSFT on the current consultation into proposals for the future of the Trust entitled;

Maintaining high quality, safe services for the future. Having your say.

The Patient Carer Council (PCC) have considered the 14 recommendations and would respond as follows.

1. A & E.

1. Stafford Hospital should continue to have a consultant-led Accident and Emergency (A&E) department between the hours of 8am and 10pm daily.

The reasons for the proposal are understood. The Council would wish to see an effective and thriving A & E service in the future that local people can access with ease.

2. Inpatient Services.

2. An inpatient service for adults with medical problems will continue to be provided at Stafford Hospital for those who need to be in hospital.

The Council support this recommendation.

3 & 4. Frail Elderly & Step Down Facilities.

3. As well as retaining the present inpatient service, a 14/7 Frail Elderly Assessment service is created to provide a one-stop assessment for older people and to take referrals from a wide range of sources. The unit should be staffed by geriatricians to ensure greater links with the community. The Frail Elderly Assessment service should have clear referral systems in place so older people get the most appropriate care.

4. Beds should be available at Stafford Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.

The Council fully support these two recommendations and suggest that further work is undertaken to ensure that they are turned into reality swiftly.

5. Maternity.

5. No babies should be born at Stafford Hospital's consultant-led delivery unit as soon as other local hospitals have the capacity to deliver a service for more pregnant women. The TSAs' plan is designed to ensure there is sufficient capacity at neighbouring hospitals so that mothers-to-be have a choice of where they have their baby.

Consultant led pre- and post-natal care should be delivered in partnership with UHNS so that local patients can still attend routine appointments at Stafford. Women will have the choice to go elsewhere if they prefer.

The PCC believe that the best interests of patients would be served by retaining a maternity unit at Stafford. Should a home birth take place and complications set in there is a great risk if the unit was at UNHS that the long journey could result in the baby's death and also the mother's, we feel this has not been considered. You can't stop the process of giving birth at such a late stage in the labour.
There should be a programme for the encouragement of the local population and those of surrounding areas to use the service so that it is viable in the future.

6 & 7. Children.

6. Children should no longer be admitted as inpatients to Stafford Hospital and the service should stop as soon as other local hospitals have the capacity to accept them safely. Patients should be transferred to larger specialist hospitals for appropriate inpatient care.

7. Children will continue to be assessed at Stafford Hospital's existing Paediatric Assessment Unit (PAU) during its present opening hours of 8am to 10pm every day. The PAU will be led by specially trained nurses who will consult with paediatricians from UHNS. Referrals will either be through A&E, GPs or other health care professionals as they are now.

The PCC consider that some paediatric inpatient provision should remain at Stafford to cater for less serious cases and that the wholesale removal of inpatient facilities for Children from Stafford is rather draconian.

If the recommended changes are pursued then the PCC consider that the Paediatric Hospital Home Service model referred to should be quickly turned into reality.

8. Major Surgery & CCU.

8. Major emergency surgery should no longer be carried out at Stafford Hospital with the exception of minor surgical procedures which can be dealt with by A&E or where the patient can be stabilised by A&E and scheduled to return to Stafford Hospital for minor surgery. Most major emergency surgery would instead be provided by a local larger hospital such as UHNS or The Royal Wolverhampton Hospitals NHS Trust. The TSAs have already had initial positive discussions with UHNS about this.

   This means there will no longer be a surgical assessment unit on-site. A&E consultants at Stafford Hospital will be able to consult surgeons remotely at larger hospitals about patients' surgical needs. Patients would then be transferred to another hospital for surgery where required.

9. A small critical care area should be retained at Stafford Hospital so that very ill patients who come to A&E or inpatients who become very unwell can be kept stable prior to urgent transfer to a larger specialist hospital.

   Current staff on the critical care unit should work as part of a clinical network established with a neighbouring hospital. UHNS has proposed offering these services and the specialist staff to network with Stafford.

   An urgent transfer service should be established for very ill adults which is the same as the approach already used successfully across England to transfer sick children to regional centres.

The PCC has concerns over the extra travel for patients and carers that implementation of the recommendation would result in, particularly the elderly and young families. The CCU proposal is welcomed in principal.

10. Elective Day Care.

10. Elective care and day cases should remain in Stafford. This would include orthopaedic surgery.

The PCC support this recommendation.

11. 12 & 13. Cannock Services.

11. Beds should be available at Cannock Chase Hospital for recovering patients, following a spell of inpatient treatment at a specialist hospital, to rehabilitate nearer to home.

12. Elective surgery is retained at Cannock Chase Hospital. There should be new surgical specialities introduced, enhancing the current range of elective inpatient services for Cannock patients. This recommendation assumes that the ongoing discussions with the National CAGs regarding safe overnight staff cover can be successfully resolved.

13. The current range of day case procedures (surgical and medical), including rheumatology services, should continue at Cannock Chase Hospital and the range be increased where possible.

The PCC strongly support all three recommendations. The Council particularly wishes to see and encourage the development of rheumatology and orthopaedic services at Cannock Hospital and bring in extra revenue.

14. Organisation.

14. To allow for the TSAs' draft recommendations to work in a way that does not negatively impact the safety at other hospitals or their financial position, it is recommended that MSFT as an organisation be dissolved.

The PCC wish to see safely delivered local services with a local identity and local accountability. Any organisational change should have this end as its prime objective.

The Trust is already networking with UNHS and has been very successful. Open Heart Surgery as been at UNHS for more than a decade and is a fine department. Vascular and Head and Neck have also been dealt with over the last years. Urology is in the process of merging so why can't we carry on networking giving better relationships with both patients and staff.

I trust that you will find these observations of the PCC of assistance and that any revised recommendations will incorporate their aims.

I should be grateful if you could acknowledge receipt of this consultation reply.

Patient carer Council, Mid Staffordshire NHS foundation Trust. 29/09/13

Dear sirs,

NCT North Staffordshire cannot support the proposals put forward by the Trust Special Administrators. Closing the maternity provision at Stafford Hospital would see a significant increase in women attending the maternity service at UHNS. This service is already stretched, with temporary closures to new admissions. As branch Maternity Representative I regularly receive feedback that staff are overworked, taking a long time to answer buzzers and rushing off when they do. I have recently had reports of new families being discharged in the early hours of the morning, presumably to free up the space for the next labouring woman. There are frequently delays at the MAU and appointments run late for scans and in the EPU. Community midwives are run ragged with too many appointments and not enough time. It is a credit to the hard work and dedication of everyone who works for the North Staffordshire maternity services that the quality of care they provide is as high as it is in difficult circumstances. Adding the extra burden of families from the Stafford area would see the quality of care within the hospital and the community dropping and would raise concerns over safety.

We also support our friends in NCT Stafford, Chase & District in their concerns for the families of Stafford. These families will see significantly increased journey times and those without a car will find the journey especially difficult by public transport and prohibitively expensive by taxi. For some, travelling to hospital in labour might be impossible without an ambulance.

We at the NCT support the right to patient choice. The NHS has pledged to offer four different options for birth in the woman's local area. The proposals for maternity care to cease at Stafford Hospital go directly against this pledge. We also believe that continuity of care and a personal service can make an enormous difference to the birth experience. A significant amount of feedback I have collected from local parents backs this up. The feedback repeatedly talks of staff who were too busy to spend any time getting to know the women in their care or putting them at ease. There is plenty of research to show that anxious women are more likely to have difficult labours or require interventions, which can be both upsetting for the woman and costly to the service.

The proposals represent a reduction in the services offered. As such we believe that the current services should remain as they are. If the proposals do go ahead, it will be essential that significant improvements are made to UHNS and other neighbouring services so that standards of patient care and safety are maintained. As a minimum, Stafford Hospital should at least retain midwife-led care so that the additional pressure on neighbouring services is mitigated and the expenditure required at other hospitals is kept to a minimum.

Yours sincerely,

Jen Phillips
Maternity Representative
NCT North Staffordshire

Sear Sirs, In looking at the proposals put forward by the Trust Special Administrators, it is the belief of NCT Stafford, Chase and District that whilst we are grateful to have been offered a meeting on 28 August 2013 to discuss our concerns, we cannot support the proposals for the maternity and paediatric inpatient services being decommissioned. Neither can we support the suggestion for the PAU to be open 14/7 rather than the current 24/7. This would take vital choice away from local people and the loss of high-performing maternity and paediatric services would do the local population a great disservice. Our branch members and other local parents have expressed great concern about the increased travel time to hospital, which in some cases has led those with a history of rapid labour to decide against having an additional child on the grounds that this would put them at an unacceptable risk. We are concerned that the decisions are being made on a financial rather than clinical basis or on the grounds of patient safety.

As well as those in mid-Staffordshire, patients who fall under the remit of the University Hospital of North Staffordshire (UHNS) and New Cross Hospital in Wolverhampton are also likely to be adversely affected due to the additional strain on already overstretched services. Temporary closures of maternity wards at both UHNS and New Cross suggest that they are clearly struggling to meet current demand. This is only likely to increase should these proposals go ahead.

At the meeting on 28 August, it was stated that the proposals would be implemented over a transition period of two to three years to ensure that safe standards are maintained. However, further clarification of which services will remain at Stafford Hospital during this time is needed. We are also concerned that the TSA's were unable to provide confirmation of where community midwives will be managed, or where student midwives would be based during their placements. Furthermore, while it was stated that home labouring would be taken into consideration, it is currently unknown what provision will be put in place for those wishing to give birth at home.

It appears that whilst some statistics have been examined, the effects on the local community have not been scrutinised in depth. For example, the work of the health and inequality impact group on travel times and transport planning will not be complete until shortly before the consultation ends, meaning that people may not have all the facts to make a decision about how they feel towards the proposals before responding to the consultation.

The proposals would make it harder for families, particularly those reliant on public transport, to visit new mothers at a very vulnerable time in their life, and for mothers-to-be to reach the hospital quickly if they have any concerns regarding their pregnancy and birth. Families could also be left stranded if they need to visit the PAU and are discharged after 11pm without access to a car.

The trend towards centralising births in fewer maternity units, each handling a higher number of births, is likely to increase the risk of a more impersonal service. The NCT believes that it is important for parents and children to receive continuity of care and to have met the health practitioner who will be tending to them during labour (whether midwife, doctor or other specialist).

We fully support the right to patient choice, and the right of prospective parents to choose where they receive their care. We do not believe that these proposals support that view. Research by the NCT and the National Federation of Women's Institutes (Support Overdue: Women's experiences of maternity services (Burke, 2013)) stated that, "Despite the NHS pledge offering four different options [for birth] in their local area, many women still are denied a choice on a daily basis." The proposals put forward by the TSAs would not be in keeping with this pledge, and would further restrict patient choice, as well as making it less likely that mothers will know their midwife when giving birth due to the increased demands placed on maternity services.

If the proposals do go ahead, it will be of great importance to ensure that substantial effort and expenditure is devoted to extending and improving local public transport and taxi services and to building up capacity at other hospitals to ensure that optimum standards of patient care and safety are maintained. As a minimum, we would support at least the retention of a midwife-led unit at Stafford Hospital.

We would ask the TSAs to reconsider their proposal to dissolve the maternity and paediatric services, and would like to see the PAU kept open 24/7. The future service must be better than or equal to the service that offered by Stafford Hospital, and we do not believe that the proposals meet that. As such we believe that the current services should remain as they are.

Signed,
Sarah Burgess
Bernardette F.
Catherine Thompson
Nichola Todd
NCT Stafford, Chase & District
29th September 2013

Dear sirs

Further to the below email from NCT Stafford, I would like to add our support to their comments below on behalf of NCT Wolverhampton branch. We concur with their concerns, particularly around the strain on Wolverhampton New Cross maternity unit. We have serious concerns about how this will impact on the choice of Wolverhampton parents.

Sarah Fellows
Parent Support Coordinator, NCT Wolverhampton

Sear Sirs, In looking at the proposals put forward by the Trust Special Administrators, it is the belief of NCT Stafford, Chase and District that whilst we are grateful to have been offered a meeting on 28 August 2013 to discuss our concerns, we cannot support the proposals for the maternity and paediatric inpatient services being decommissioned. Neither can we support the suggestion for the PAU to be open 14/7 rather than the current 24/7. This would take vital choice away from local people and the loss of high-performing maternity and paediatric services would do the local population a great disservice. Our branch members and other local parents have expressed great concern about the increased travel time to hospital, which in some cases has led those with a history of rapid labour to decide against having an additional child on the grounds that this would put them at an unacceptable risk. We are concerned that the decisions are being made on a financial rather than clinical basis or on the grounds of patient safety.

As well as those in mid-Staffordshire, patients who fall under the remit of the University Hospital of North Staffordshire (UHNS) and New Cross Hospital in Wolverhampton are also likely to be adversely affected due to the additional strain on already overstretched services. Temporary closures of maternity wards at both UHNS and New Cross suggest that they are clearly struggling to meet current demand. This is only likely to increase should these proposals go ahead.

At the meeting on 28 August, it was stated that the proposals would be implemented over a transition period of two to three years to ensure that safe standards are maintained. However, further clarification of which services will remain at Stafford Hospital during this time is needed. We are also concerned that the TSA's were unable to provide confirmation of where community midwives will be managed, or where student midwives would be based during their placements. Furthermore, while it was stated that home labouring would be taken into consideration, it is currently unknown what provision will be put in place for those wishing to give birth at home.

It appears that whilst some statistics have been examined, the effects on the local community have not been scrutinised in depth. For example, the work of the health and inequality impact group on travel times and transport planning will not be complete until shortly before the consultation ends, meaning that people may not have all the facts to make a decision about how they feel towards the proposals before responding to the consultation.

The proposals would make it harder for families, particularly those reliant on public transport, to visit new mothers at a very vulnerable time in their life, and for mothers-to-be to reach the hospital quickly if they have any concerns regarding their pregnancy and birth. Families could also be left stranded if they need to visit the PAU and are discharged after 11pm without access to a car.

The trend towards centralising births in fewer maternity units, each handling a higher number of

births, is likely to increase the risk of a more impersonal service. The NCT believes that it is important for parents and children to receive continuity of care and to have met the health practitioner who will be tending to them during labour (whether midwife, doctor or other specialist).

We fully support the right to patient choice, and the right of prospective parents to choose where they receive their care. We do not believe that these proposals support that view. Research by the NCT and the National Federation of Women's Institutes (Support Overdue: Women's experiences of maternity services (Burke, 2013)) stated that, "Despite the NHS pledge offering four different options [for birth] in their local area, many women still are denied a choice on a daily basis." The proposals put forward by the TSAs would not be in keeping with this pledge, and would further restrict patient choice, as well as making it less likely that mothers will know their midwife when giving birth due to the increased demands placed on maternity services.

If the proposals do go ahead, it will be of great importance to ensure that substantial effort and expenditure is devoted to extending and improving local public transport and taxi services and to building up capacity at other hospitals to ensure that optimum standards of patient care and safety are maintained. As a minimum, we would support at least the retention of a midwife-led unit at Stafford Hospital.

We would ask the TSAs to reconsider their proposal to dissolve the maternity and paediatric services, and would like to see the PAU kept open 24/7. The future service must be better than or equal to the service that offered by Stafford Hospital, and we do not believe that the proposals meet that. As such we believe that the current services should remain as they are.

Signed,
Sarah Burgess
Bernardette F.
Catherine Thompson
Nichola Todd
NCT Stafford, Chase & District
29th September 2013

STAFFORD STROKE SUPPORT GROUP

SECRETARY
Mr Martyn Reed
Tel:01889 661905

CHAIRPERSON
Mr Kevin Murcott
Tel: 01785 242113

TREASURER
Mr Barry Clark
Tel 01785255667

Dear Sir,

In connection with the consultation on the draft recommendations on the future services of Stafford and Cannock Chase Hospitals the Group would like to express their wishes on the treatment of stroke patients

While it would be desirable to have specialist acute stroke treatment at all local hospitals it is understood that that is not an option within the recommendations. Therefore, given that UHNS and New Cross Hospitals are likely to be the locations for the initial, urgent treatment of stroke victims we would address the question of ongoing, longer term care for stroke patients. We feel that, as soon as initial, acute care has been provided and it is safe to do so, then stroke patients should be moved to Stafford or Cannock Chase Hospitals (whichever is most appropriate to their home address) for ongoing rehabilitation/recovery. This is a most important consideration for the patients ease of mind and for relatives and friends to visit. Neither UHNS nor New Cross hospitals are easy to get to if you have a car, but to try and access them via public transport is not an uncomplicated nor short process. To be at a local hospital would therefore be very preferable and give peace of mind to the patient.

It is also worthy of note that these local wards should be specifically for stroke patients and staffed by stroke trained nursing staff. They should not be utilised as general wards for stroke and general geriatric patients, the care of stroke survivors being much different and more specialised in our opinion. While this latter point may not be within your immediate purview with regard to the published recommendations we would wish for our comments to be passed to the hospital which will oversee the future running of Stafford and Cannock Chase hospitals, when that is finally decided.

As previously stated this letter concerns the specific care of stroke patients and is not intended to cover all of the recommendations made. Members have been encouraged to respond individually on the overall recommendations.

Yours faithfully

Kevin Murcott
Charman

#32

Mid Staffordshire NHS
NHS Foundation Trust

Office of the
Trust Special Administrator
of MSFT

30 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

6 August – 1 October 2013

Your response to the consultation

As part of the *Maintaining high quality, safe services for the future* consultation, we want to make sure that those in Mid Staffordshire have the chance to give their views and comments. We are asking people to give us their views by reading the consultation document and completing this response form. Alternatively, you can complete the same response form online at www.tsa-msft.org.uk.

We are keen to hear your views to help inform our final recommendations that go to Monitor and the Secretary of State for Health. Please bear in mind this is a consultation, not a 'vote'. We will take responses into account along with a wide range of other information. We are interested in the overall responses to the tick box questions, and your reasons for your views. If you don't have any views on a specific question, please leave the boxes blank. You do not need to answer every question. **Please only write within the boxes provided in this response form. If your comments do not fit in the box, please send your comments on a separate sheet of paper, clearly stating which question they refer to.**

We have asked Ipsos MORI to undertake the analysis of the response forms on our behalf. The findings will help to inform the Trust Special Administrators' (TSAs) final recommendations to Monitor and the Secretary of State for Health. Please read the consultation document all the way through, then give us your answers to the questions in this response form. In the response form we have shown which pages of the consultation document cover the issues raised by each of the questions. Please refer back to the relevant pages as you answer the questions. You can download a full copy of the consultation document at www.tsa-msft.org.uk.

If you want to explain any of your answers, or you feel the questions have not given you the chance to express your views fully, or if you think there are options we have not considered that we should have done, please say so in the box for question 28.

Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send it to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

You do not need a stamp. **Any responses received after midnight on Tuesday 1 October 2013 will not be accepted or considered. The envelope is second class, so please return your response form in plenty of time to reach us.**

If you require a large print copy please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk.

Page No. 1

1000022223

Ipsos MORI

13-020881-01 - Response Form - FINAL - v4 - 250713 - PUBLIC

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

We do not intend to publish or disclose any personal information that could identify any individual. A document summarising all consultation responses we receive will however be attached to the TSAs' final report and will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide whether as an individual, an organisation or group, may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☑	☐	☐	☐	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Keep A. & E OPEN 24 HOURS

Page No. 2

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Waiting time reduced in A & E
Get more staff.

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 4

Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Keep Maternity in Stafford,
To Far to travel to other
Hospitals
Being a Staffordshire it is a
shame for my family & grand
children.

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Keep open.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.
If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.
Please do not include details that could be used to identify any individuals.

stroke Keep at Stafford

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 8

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Cannock Hospital does not need improvements.
Nurses and Doctors are very good. you feel so safe and they help yona lot.
Disabled Parking could be better

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Elective. Surgery Keep at Cannock
Nurses Very Good. Ward Very
Clean Staff Cant do enough for
you. nothing is to much trouble

Page No. 10

Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Day Care Ward very good.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 11

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Page No. 12

Background Information

Q29 Are you:
Please tick ✓ one box only

☑ Providing your own response or responding on behalf of another individual?
Please go to Q30

☐ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

Christina Hornsby Cannock & District Arthritis Care at Cannock Hospital WE WANT TO KEEP GROUP GOING

Page No. 15

30 SEP 2013

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Mid Staffordshire NHS
NHS Foundation Trust

Office of the
Trust Special Administrator
of MSFT

30 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

6 August – 1 October 2013

Your response to the consultation

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If you require a large print copy please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk.

10000030641

13-020881-01 - Response Form - FINAL - v4 - 250713 - PUBLIC

Ipsos MORI

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

We do not intend to publish or disclose any personal information that could identify any individual. A document summarising all consultation responses we receive will however be attached to the TSAs' final report and will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide whether as an individual, an organisation or group, may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☑	☐	☐	☐	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

24 Hour A/E Services are vital to communities for outlying areas especially the Elderly.
Public Transport is not available during the hours 11 p.m, until 6 00 am.
More ambulance crews and fully trained Paramedics are needed

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

There is not enough full time staff employed at the Trust relying on Bank staffs and agency staff is false accounting. Patients want staff who do not change everyday as they rightly consider establishing a patient/nurse relationship is vital for their recovery. Different Bank staff, agency staff everyday is detrimental to their well being

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

The travelling distances between Rugeley and Wolverhampton, Burton, where there is NO Direct bus service, Walsall & Stoke is not in the best interest of patient care. + Relatives without a car face huge travelling costs and unacceptable time journeys.

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 6

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 8

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

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Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 11

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

The Goverment imposed financial cuts are hitting vital patient care, and this Consultation Document is geared to cut public services to meet the financial targets.

How Can Patient services be protected when at the moment £40m is cut from the Mail/Staffs Budget. This is why patients care is NOT being helped by Draconian financial restraints

Page No. 12

Background Information

Q29 Are you:
Please tick ✓ one box only

☐ Providing your own response or responding on behalf of another individual?
Please go to Q30

☐ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

C. BENNETT
CHAIR
DISTRICT PATIENTS REVIEW GROUP
RUGELEY / ARMITAGE, STAFFORDSHIRE

Page No. 15

Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☐ Charity / voluntary sector group
- ☐ National patient group
- ☑ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☐ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

EIGHTEEN

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

TWO PATIENT GROUPS WHO MEET FREQUENTLY AND DISCUSS PATIENT CONCERNS AS WE DID ON THIS DOCUMENT.

Thank you for your comments.
Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG
You do not need a stamp. **The envelope is second class, so please return your response form in plenty of time to reach us.**

If you need help to complete this form, or if you would like to complete it in another language, please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk. The telephone number is freephone from landlines, but charges may apply for calls from mobile telephones.

If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

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Office of the
Trust Special Administrator
of MSFT

#34

Mid Staffordshire NHS
NHS Foundation Trust

23 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

Your response to the consultation

6 August – 1 October 2013

As part of the *Maintaining high quality, safe services for the future* consultation, we want to make sure that those in Mid Staffordshire have the chance to give their views and comments. We are asking people to give us their views by reading the consultation document and completing this response form. Alternatively, you can complete the same response form online at www.tsa-msft.org.uk.

We are keen to hear your views to help inform our final recommendations that go to Monitor and the Secretary of State for Health. Please bear in mind this is a consultation, not a 'vote'. We will take responses into account along with a wide range of other information. We are interested in the overall responses to the tick box questions, and your reasons for your views. If you don't have any views on a specific question, please leave the boxes blank. You do not need to answer every question. **Please only write within the boxes provided in this response form. If your comments do not fit in the box, please send your comments on a separate sheet of paper, clearly stating which question they refer to.**

We have asked Ipsos MORI to undertake the analysis of the response forms on our behalf. The findings will help to inform the Trust Special Administrators' (TSAs) final recommendations to Monitor and the Secretary of State for Health. Please read the consultation document all the way through, then give us your answers to the questions in this response form. In the response form we have shown which pages of the consultation document cover the issues raised by each of the questions. Please refer back to the relevant pages as you answer the questions. You can download a full copy of the consultation document at www.tsa-msft.org.uk.

If you want to explain any of your answers, or you feel the questions have not given you the chance to express your views fully, or if you think there are options we have not considered that we should have done, please say so in the box for question 28.

Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send it to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

You do not need a stamp. **Any responses received after midnight on Tuesday 1 October 2013 will not be accepted or considered. The envelope is second class, so please return your response form in plenty of time to reach us.**

If you require a large print copy please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk.

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1000052795

Ipsos MORI

13-020881-01 - Response Form - FINAL - v4 - 250713 - PUBLIC

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We do not intend to publish or disclose any personal information that could identify any individual. A document summarising all consultation responses we receive will however be attached to the TSAs' final report and will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide whether as an individual, an organisation or group, may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☐	☑	☐	☐	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Page No. 2

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on maternity services in Stafford

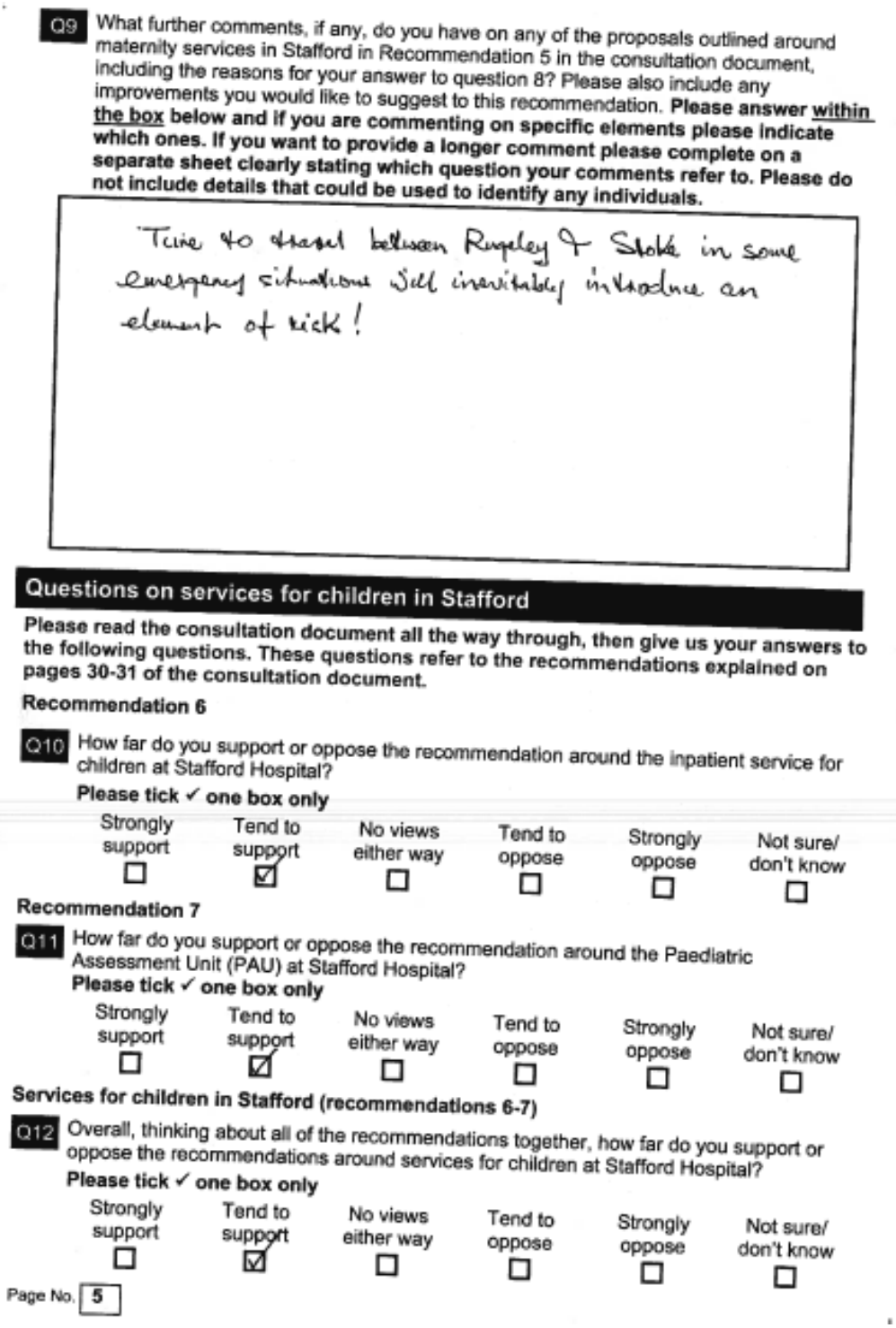
Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☑	☐	☐



Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Time to travel between Rugeley & Stoke in some emergency situations will inevitably introduce an element of risk!

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

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Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

To the extent that finances permit, the provision of overnight accommodation for visiting family members should be investigated.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

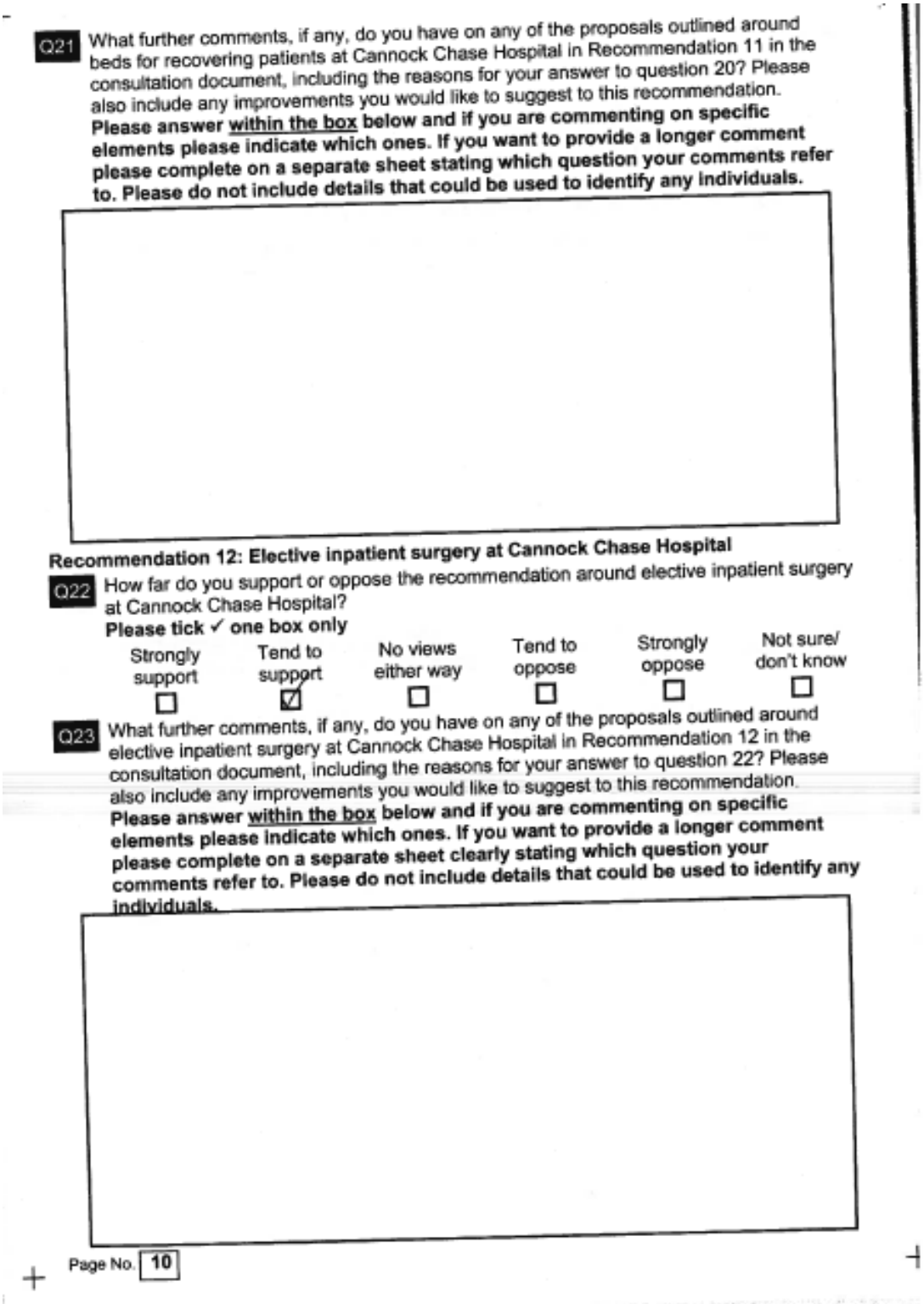
Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Page No. 9



Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Page No. 10

Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☑	☐	☐

Page No. 11

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Once all the corrective measures have been implemented throughout the organisation, & at every level, to avoid any repetition of the failures so apparent in recent years at Stafford, what is to be gained by transferring responsibilities to another management structure? Better to concentrate management in one body responsible for Stoke, Stafford & Cannock to support their proposed integrated services!

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Distance, & hence travelling costs & logistics, to say nothing of time-associated risks involved in emergency situations, clearly dominates the concern of people living in the Rugeley area & having to attend the North Staffs hospital!

Anything more therefore, that can be done to alleviate this problem whether in terms of the placing & provision of services &/or provision of visitors accommodation would help towards making the overall recommendations acceptable.

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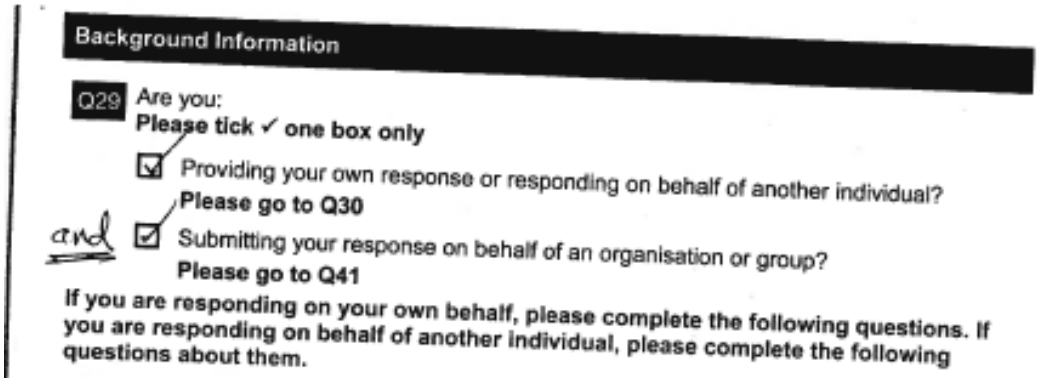

Background Information

Q29 Are you:
Please tick ✓ one box only

☑ Providing your own response or responding on behalf of another individual?
Please go to Q30

and ☑ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

MR. D. F. WILLBOND. Chairperson –
Rugeley District Stroke Club.

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Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☑ Charity / voluntary sector group
- ☐ National patient group
- ☐ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☐ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

23 Stroke Patients plus 6/7 Voluntary Carers.

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

See responses from Stroke Club Leader/Organisers & individual Stroke Patients.

Thank you for your comments.
Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG
You do not need a stamp. **The envelope is second class, so please return your response form in plenty of time to reach us.**

If you need help to complete this form, or if you would like to complete it in another language, please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk. The telephone number is freephone from landlines, but charges may apply for calls from mobile telephones.

If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

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Office of the
Trust Special Administrator
of MSFT

#35

Mid Staffordshire NHS
NHS Foundation Trust

25 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

Your response to the consultation

6 August – 1 October 2013

As part of the *Maintaining high quality, safe services for the future* consultation, we want to make sure that those in Mid Staffordshire have the chance to give their views and comments. We are asking people to give us their views by reading the consultation document and completing this response form. Alternatively, you can complete the same response form online at www.tsa-msft.org.uk.

We are keen to hear your views to help inform our final recommendations that go to Monitor and the Secretary of State for Health. Please bear in mind this is a consultation, not a 'vote'. We will take responses into account along with a wide range of other information. We are interested in the overall responses to the tick box questions, and your reasons for your views. If you don't have any views on a specific question, please leave the boxes blank. You do not need to answer every question. **Please only write within the boxes provided in this response form. If your comments do not fit in the box, please send your comments on a separate sheet of paper, clearly stating which question they refer to.**

We have asked Ipsos MORI to undertake the analysis of the response forms on our behalf. The findings will help to inform the Trust Special Administrators' (TSAs) final recommendations to Monitor and the Secretary of State for Health. Please read the consultation document all the way through, then give us your answers to the questions in this response form. In the response form we have shown which pages of the consultation document cover the issues raised by each of the questions. Please refer back to the relevant pages as you answer the questions. You can download a full copy of the consultation document at www.tsa-msft.org.uk.

If you want to explain any of your answers, or you feel the questions have not given you the chance to express your views fully, or if you think there are options we have not considered that we should have done, please say so in the box for question 28.

Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send it to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

You do not need a stamp. **Any responses received after midnight on Tuesday 1 October 2013 will not be accepted or considered. The envelope is second class, so please return your response form in plenty of time to reach us.**

If you require a large print copy please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk.

1000090971

Ipsos MORI

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

We do not intend to publish or disclose any personal information that could identify any individual. A document summarising all consultation responses we receive will however be attached to the TSAs' final report and will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide whether as an individual, an organisation or group, may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☐	☐	☐	☑	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

SHOULD BE OPENED 24 HOURS A DAY

Page No. 2

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

IT WILL BE WRONG IF PEOPLE HAD TO STAY IN HOSPITAL WHICH IS NOT NEAR TO HOME CAUSE THEIR VISITORS WILL HAVE A LONG WAY TO TRAVEL.

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

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Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 6

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

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Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Page No. 10

Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

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Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 11

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Background Information

Q29 Are you:
Please tick ✓ one box only

☑ Providing your own response or responding on behalf of another individual?
Please go to Q30

☐ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

MENCAP SELF ADVOCAY GROUP

Page No. 15

Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☑ Charity / voluntary sector group
- ☐ National patient group
- ☐ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☐ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

Thank you for your comments.
Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG
You do not need a stamp. **The envelope is second class, so please return your response form in plenty of time to reach us.**

If you need help to complete this form, or if you would like to complete it in another language, please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk. The telephone number is freephone from landlines, but charges may apply for calls from mobile telephones.

If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

Page No. 16

13. Community Groups

South Staffordshire ageUK

Observations & feedback to the Office of the Trust Special Administrators of MSFT regarding their recommendations on the future of healthcare services at Stafford and Cannock Hospitals

About Age UK South Staffordshire

As one of the largest voluntary sector providers of social care in the region, Age UK South Staffordshire employs 180 staff and utilises around 300 volunteers who support a wide range of our activities. Age UK SS provides specialist day care for people with varying levels of dementia and /or complex needs in a number of key locations across the county, offers care and help at home, information and advice and trading services. Our other community support services include an 'eat well' nutrition project, falls prevention, befriending and intergenerational projects all of which provide a variety of volunteer opportunities. A significant project in our community service pantheon is a well established Ward Support Service where we work on some of the elderly care wards at both Stafford and Cannock Hospitals. Largely volunteer based, we provide a range of support to patients that aim to make their experience of being in hospital more comfortable. Our Ward Support volunteers not only complement the work of hospital staff they add value to it by undertaking those 'little' tasks (for example, helping at meal or tea times, spending time with lonely or distressed patients, hairdressing, hand massage) that can make such a difference to a patient's stay in hospital.

Statement re form of response

Age UK South Staffordshire's main constituents are those aged 55 years or over and a significant number of these are in the later years of their lives. Although we recognise there are many views from the wider community, the focus of this response is primarily how older people and – where relevant - their carers could be affected by the proposals for the future of Cannock and Stafford Hospitals.

We do recognise the TSA have had to make some difficult decisions and many of the recommendations are controversial in respect of plans for paediatric and maternity services at Stafford Hospital. We are therefore however somewhat heartened by the commitment to retaining as many services as are possible for older people at Stafford and Cannock Hospitals, extending these to incorporate step down facilities as well potentially introducing a greater range of provision, particularly at Cannock.

Despite this recognition, there will be some commonality in our views with those expressed by others through the consultation events, particularly with regard to issues such as:

- transport
- increased journey times, complexity of journey
- the potential for patients to have decreased contact with relatives, friends and carers whilst at a very acute and critical phase of trauma or illness

With proposals to shift focus towards specialist centres and with no plans to extend SGH's A&E's current open hours, concerns regarding transport have been a common theme throughout the consultation events.

Age UK SS acknowledges these in terms of increased journey times, added complexity of journeys, increased costs of transport. Whether the patient themselves or informal carer of a patient, for older people resident in outlier areas of the county a trip to Stoke or Wolverhampton may require multiple bus journeys if there are no other available means of transport or relatives/friends to support them. This will be an added stress if someone is in poor health, frail or with mobility issues - one that could prove detrimental in the longer term. And for people with cognitive impairments complex journeys or a variety of transport could disable abilities further, increasing risk factors.

Whilst welcoming the TSA's commitment to the provision of increasing the available 'step down' facilities at both Cannock & Stafford, a stay in hospital outside the locality potentially denies older people access to friends and family during a vital stage of their recovery. For older people whose next of kin may be elderly themselves, where family are dispersed or with social networks that have become limited by aging & circumstance, the opportunities for someone to visit by 'popping into' the hospital may be lessened. Our Ward Support Service volunteers evidence regularly how not having someone known and trusted visiting on a regular basis affects patients by causing lowness in mood, feelings of isolation and can detract from improvements in wellbeing – potentially impeding the recovery process.

Furthermore, the report commissioned by the Royal College of Physicians 'Future Hospitals: Caring for Medical Patients' (September 2013) highlights how detrimental the impact can be on older patients when faced with multiple moves between 'beds, care settings and teams'[1]. Those with cognitive or sensory impairments can be particularly affected and if systems are not in place to support such patients - including access to those who can assist, reassure or advocate for them (whether family, friends etc) – recovery may well be hindered and general well-being affected, despite access to specialist care. Therefore, although the argument that specialist centres for acutely ill patients provide better quality of care may have merit, we need to be assured movements of patients within the care settings can be minimised to ameliorate the potentially negative and harmful impact of excessive change.

Frail Elderly Assessment Unit:

The recommendation that a Frail Elderly Assessment Unit be formed for patients at Stafford Hospital is welcome, although we would have liked to have seen the proposal given more 'flesh' as to what this will constitute. The TSA's recommend adequate referral systems be implemented to ensure patients receive the care they need. We need to be assured there are sufficient (and appropriate) 'take up' facilities, whether these are within the hospital setting or within the community to ensure this. Elsewhere in the country systems such as 'virtual wards',

[1] Future Hospitals Commission report, : 'Future Hospitals - Caring for Medical Patients', Executive Summary page 3 © Royal College of Physicians, 2013

'community enablement schemes' have been reasonably successful in supporting elderly, frail patients upon return from hospital. Again the issue of investment is raised – these cannot work unless there is an adequately resourced infrastructure through health and social care budgets.

Proposals for Cannock Hospital, in our view, are potentially less contentious than those for Stafford, although the previously stated issues regarding transport and movement of patients remain. Recommendation 12 commits to enhancing present elective inpatient services but with the caveat that the outcomes of discussions with CAGs are positive. How assured can we be that they will be successfully resolved - but raises the question as to what happens to the future of the hospital should they not.

Financial viability:

Concerns have been raised about the financial viability of the neighbouring NHS Trust, University Hospital North Staffs, which is itself in financial deficit. At the consultation events, assurances were given by the Trust Administrators that UHNS will be making every effort to reduce its deficit to enable the proposals to go ahead. If so doing requires a reduction in services and overall provision there are fears:

- There will be insufficient provision to absorb additional numbers of patients transferring from MSFT
- Patient safety will be compromised further

These potential results are counter to the arguments in the TSA's draft recommendations that a key issue for MSFT is the future safety of its patients.

Destabilising the local health/social care economy:

Ironically, the TSA's report acknowledges some of the costs associated with disinvestment of MSFT include an element of reinvestment in capital build at the local hospitals, and also at the hospital trust's proposed to take on patients from MSFT. This will include provision of capital loans to enable this work to be undertaken (which must be paid back ultimately). There are higher costs needed for the Ambulance Service to enable increased cover for patients to other hospitals, as well as usual increases in costs (medicines budgets etc).

Although the TSA's perceive these can be ameliorated by cost sharing across the trusts, greater use of space at Cannock Hospital, earlier discharge etc. the draft recommendations do not include an acknowledgement that greater investment across a wider area will be required to ensure patients receive continuity of care and their safety can be assured.

Earlier discharge and reductions in bed spaces do not necessarily save costs overall, simply defray them to other areas of provision, i.e. social care, where there are also significant cost pressures. We would have liked to see greater consideration given to the development of / impact on a wider infrastructure to the proposals.

Although the aims of the proposals are said not to destabilise organisations associated with or deliver services to MSFT, the recommendations show little awareness of the range of smaller third sector organisations that provide services to patients within the hospitals. How assured can these be that they will still have a role should management of the hospitals transfer to a n /

other trusts? There may not be the infrastructure within these smaller groups to raise the profile of their work or negotiate contracts with more than one managing body. There is – therefore – the potential loss of provision that gives a great deal of added value to the patient experience.

Conclusion:

The foregoing encapsulate our key observations regarding the TSA's draft recommendations for the future of Stafford and Cannock Hospitals. As stated many are not so dissimilar from the themes identified by the health impact assessments currently being undertaken and consultation events. We hope these comments have shown a measure of objectivity in recognising some of the potential benefits for the care of older people in the county whilst highlighting a number of the factors we feel may be detrimental to them.

Our major concerns remain that older people (indeed all residents) in the areas served by Stafford and Cannock Hospitals receive the best quality health care possible in settings that are both fit for purpose and accessible.

Nick Maslen, Chief Executive
Age UK South Staffordshire

Lesley Harrison, Ward Support Service Co-ordinator
Age UK South Staffordshire

Office of the
Trust Special Administrator
of MSFT

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Mid Staffordshire NHS
NHS Foundation Trust

30 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

6 August – 1 October 2013

Your response to the consultation

As part of the *Maintaining high quality, safe services for the future* consultation, we want to make sure that those in Mid Staffordshire have the chance to give their views and comments. We are asking people to give us their views by reading the consultation document and completing this response form. Alternatively, you can complete the same response form online at www.tsa-msft.org.uk.

We are keen to hear your views to help inform our final recommendations that go to Monitor and the Secretary of State for Health. Please bear in mind this is a consultation, not a 'vote'. We will take responses into account along with a wide range of other information. We are interested in the overall responses to the tick box questions, and your reasons for your views. If you don't have any views on a specific question, please leave the boxes blank. You do not need to answer every question. **Please only write within the boxes provided in this response form. If your comments do not fit in the box, please send your comments on a separate sheet of paper, clearly stating which question they refer to.**

We have asked Ipsos MORI to undertake the analysis of the response forms on our behalf. The findings will help to inform the Trust Special Administrators' (TSAs) final recommendations to Monitor and the Secretary of State for Health. Please read the consultation document all the way through, then give us your answers to the questions in this response form. In the response form we have shown which pages of the consultation document cover the issues raised by each of the questions. Please refer back to the relevant pages as you answer the questions. You can download a full copy of the consultation document at www.tsa-msft.org.uk.

If you want to explain any of your answers, or you feel the questions have not given you the chance to express your views fully, or if you think there are options we have not considered that we should have done, please say so in the box for question 28.

Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send it to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

You do not need a stamp. **Any responses received after midnight on Tuesday 1 October 2013 will not be accepted or considered. The envelope is second class, so please return your response form in plenty of time to reach us.**

If you require a large print copy please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk.

1000006842

Ipsos MORI

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

We do not intend to publish or disclose any personal information that could identify any individual. A document summarising all consultation responses we receive will however be attached to the TSAs' final report and will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide whether as an individual, an organisation or group, may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☑	☐	☐	☐	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

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Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No 4

Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

* We would wish to see some facilities i.e. Midwifery led unit, or other, to enable women in Stafford to have their babies born at Stafford if it is their wish.

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☒	☐	☐	☐	☐	☐

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

* We fully support Specialised units for Specialised Surgery, but would look forward to convelescent services in Stafford.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☑	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 8

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 9

Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Page No. 10

Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 11

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

* We would wish to see on an appropriate site in Stafford, a purpose built Community Hospital that will meet the needs of healthcare for the population of Stafford.

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

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Background Information

Q29 Are you:
Please tick ✓ one box only

☐ Providing your own response or responding on behalf of another individual?
Please go to Q30

☑ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

* Colin Wilkinson
Chairman
Stafford & Cannock league of Hospital Friends
New Burton House
Burton Bank Lane
Stafford ST17 9JW

Page No. 15

Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☑ Charity / voluntary sector group
- ☐ National patient group
- ☐ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☐ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

* 14 Staff, 12 Trustees, 70 Volunteers

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

* We Summarise the views by Personal Canvassing and address the document at our Council of Management Meeting on 23/09/13 where this document is Canvassing reflective canvassing and views of our Trustees.

Thank you for your comments.
Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG
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If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

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Office of the
Trust Special Administrator
of MSFT

#38

Mid Staffordshire NHS
NHS Foundation Trust

30 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

6 August – 1 October 2013

Your response to the consultation

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We are keen to hear your views to help inform our final recommendations that go to Monitor and the Secretary of State for Health. Please bear in mind this is a consultation, not a 'vote'. We will take responses into account along with a wide range of other information. We are interested in the overall responses to the tick box questions, and your reasons for your views. If you don't have any views on a specific question, please leave the boxes blank. You do not need to answer every question. **Please only write within the boxes provided in this response form. If your comments do not fit in the box, please send your comments on a separate sheet of paper, clearly stating which question they refer to.**

We have asked Ipsos MORI to undertake the analysis of the response forms on our behalf. The findings will help to inform the Trust Special Administrators' (TSAs) final recommendations to Monitor and the Secretary of State for Health. Please read the consultation document all the way through, then give us your answers to the questions in this response form. In the response form we have shown which pages of the consultation document cover the issues raised by each of the questions. Please refer back to the relevant pages as you answer the questions. You can download a full copy of the consultation document at www.tsa-msft.org.uk.

If you want to explain any of your answers, or you feel the questions have not given you the chance to express your views fully, or if you think there are options we have not considered that we should have done, please say so in the box for question 28.

Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send it to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

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10000073266

Ipsos MORI

13-020881-01 - Response Form - FINAL - v4 - 250713 - PUBLIC

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

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Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☐	☐	☐	☐	☑	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

THERE HAVE BEEN SERIOUS ISSUES WITH RUGELEY MALL, NEW CROSS, UNIVERSITY HOSPITAL WITH REGARDS TO PATIENT CARE, FINE FOR NON COMPLIANCE. HOW CAN THESE A&E UNITS COPE WITH SERIOUS OUTBREAKS OF FLU &T AND THE ADDITIONAL PRESSURE OF SNOW & BLOCKED DURING A SEVERE WINTER.

ONE DEATH DUE TO A CONVOLUTED JOURNEY TO FIND AVAILABLE EMERGENCY CARE IS ONE TOO MANY

Page No. 2

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☑	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓, one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 4

Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

THE DECISION TO MOVE THE MATERNITY UNIT IS FLAWED, AS THE NUMBER OF BIRTHS RECORDED IS HIGHER THAN GIVE BY THE TSA

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 6

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.
If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.
Please do not include details that could be used to identify any individuals.

NO CLEAR RISK ASSESMENT WAS BEEN CARRIED OUT.
DO NOT ACCEPT THE REASONS GIVEN BY THE TSA
FOR NOT DOING SO.
DELAYS BY TRAFFIC PROBLEMS, ALREADY EXIST AND
COULD RESULT IN A LOSS OF LIFE.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 8

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 9

Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Page No. 10

Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Page No. 11

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

HAS ANY THOUGHT BEEN GIVEN TO TRANSPORTING PATIENTS TO STOKE, NEW CROSS, WALSALL?
IT WILL BE A 2 BUS JOURNEY TO THE ABOVE WITH A 10 MIN WALK TO UNIVERSITY HOSPITAL.
HOW ARE PEOPLE WHO ARE UNABLE TO ACCESS PUBLIC TRANSPORT DUE TO INJURY, FRAILTY OR NO BUS SERVICE.
TAXI FARES RANGE FROM £30 - £50 EACH WAY.
STAFFORD HAS NO VOLUNTARY CAR SCHEME OR STOKE.
GRANDPARENTS COULD WELL BE PREVENTED FROM VISITING THEIR GRANDCHILDREN. OR PARENTS WITH YOUNG CHILDREN WILL BE UNABLE TO VISIT RELATIVES

Background Information

Q29 Are you:
Please tick ✓ one box only

☑ Providing your own response or responding on behalf of another individual?
Please go to Q30

☐ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

KEITH BURTON. PENRIDGE & ACTON TRUSSELL VSCS
COORDINATOR/ VOLUNTARY DRIVER

Page No. 15

Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☑ Charity / voluntary sector group
- ☐ National patient group
- ☐ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☐ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

16.

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

WE PROVIDE TRANSPORT TO THE PEOPLE OF PENKRIDGE ACTON TRUSSELL WHO ARE UNABLE TO ACCESS PUBLIC TRANSPORT. THERE IS NO REAL LIMIT TO DISTANCE, EXCEPT WILLINGNESS OF DRIVERS TO DRIVE 60/70 MILES EACH WAY.

Thank you for your comments.
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If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

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#39

Mid Staffordshire NHS
NHS Foundation Trust

Office of the
Trust Special Administrator
of MSFT

30 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

6 August – 1 October 2013

Your response to the consultation

As part of the *Maintaining high quality, safe services for the future* consultation, we want to make sure that those in Mid Staffordshire have the chance to give their views and comments. We are asking people to give us their views by reading the consultation document and completing this response form. Alternatively, you can complete the same response form online at www.tsa-msft.org.uk.

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Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

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1000076435

Ipsos MORI

13-020681-01 - Response Form - FINAL - v4 - 250713 - PUBLIC

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

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Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☐	☐	☐	☐	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Page No. 2

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Page No. 10

Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.
If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.
Please do not include details that could be used to identify any individuals.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☐

Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

ALTHOUGH AGE UK STAFFORD & DISTRICT WELCOMED THE OPPORTUNITY TO PARTICIPATE IN THE PUBLIC MEETINGS AND WORK WITH OUR LOCAL MP AND A SENIOR ADMINISTRATOR TAKING TIME TO MEET WITH US, WE STILL HAVE CONCERNS ON THE IMPACT OF THESE CHANGES TO THE OLDER PEOPLE OF STAFFORD, IN PARTICULAR THE ISSUES OF TRANSPORT AND BEING ADMITTED TO A HOSPITAL OUTSIDE OF THE AREA MAKING IT DIFFICULT FOR FAMILY, CARERS TO VISIT AND THE IMPACT THIS MAY HAVE TO THE RECOVERY OF THE PERSON - WE WILL CONTINUE TO REPRESENT OLDER PEOPLE IN THIS REGARD TO WHAT WE HOPE WILL BE THE BEST OUTCOME FOR THE PEOPLE OF STAFFORD

Page No. 12

Background Information

Q29 Are you:
Please tick ✓ one box only

☐ Providing your own response or responding on behalf of another individual?
Please go to Q30

☑ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

Alison Montgomery
Chief Executive
Age UK Stafford & District
Bradley House
Weston Road Stafford ST16 3RS

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Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☑ Charity / voluntary sector group
- ☐ National patient group
- ☐ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☐ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

CLIENT GROUP 1500

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

REPRESENTS OLDER PEOPLE 50+ IN STAFFORD BOROUGH

Thank you for your comments.
Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG
You do not need a stamp. **The envelope is second class, so please return your response form in plenty of time to reach us.**

If you need help to complete this form, or if you would like to complete it in another language, please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk. The telephone number is freephone from landlines, but charges may apply for calls from mobile telephones.

If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

Page No. 16

Staffordshire Learning Disability Partnership Board, including voluntary sector, health and Social Care

Q28

Thank you for giving us the opportunity to comment on the Mid Staffordshire NHS Foundation Trust Consultation as part of the "Maintaining high quality, safe services for the future consultation".

Whilst we do not wish to comment on specific recommendations around future service provision, we would want to be assured that people with learning disabilities will continue to get the right kind of support and effective treatment during their stay in hospital. Each person with learning disabilities will have different needs and requires different levels of support to help them have the best experience possible from their hospital stay.

We would wish to be assured that the Trust will continue to ensure "reasonable adjustments" are made to meet the needs of the disabled person, including easy read information and other communication processes to ensure patients understand treatment plans, complaints procedures and appointments.

We hope that the outcomes for people with learning disabilities will continue to improve as the changes materialise.

14. Other

Mid Staffordshire NHS
NHS Foundation Trust

Organ Donation Committee
Add Life• Give Hope• Donate

Please reply to: Terence Foster, Chairman
Ashgate House, Weeping Cross, Stafford ST17 0DG
01785 661155 ashgatehouse@btinternet.com

To: The Mid Staffordshire Trust Administrators

2 August 2013

Sirs,

Details announced on Wednesday will create a certain response in due time, but I want to question whether a broader span of thinking might not produce an alternative consideration when it comes to casualty services through Accident & Emergency which clearly struggles now and will do so in the future based on history and recruitment issues.

Accompanying this brief note is a suggestion that might not have crossed people's minds and may offer a way forward because it takes the 'bad' and, supported by investment and commitment, could create the 'good' within area communities looking for strength going forward.

Yours faithfully,

Terence Foster

Becausewecare

CREATING BETTER LOCAL EMERGENCY SERVICES FOR THE STAFFORD AREA Thinking differently	❑ Plans to operate Emergency Services at Stafford Hospital for 14 hours every day fall short of a total service offered elsewhere but outside the town ❑ Problems with recruitment and a reluctance among the medical profession to have Stafford Hospital on a cv limit the ability to find specialist staff ❑ Stafford Hospital's recent history carries long-term problems in creating patient confidence despite renewed efforts to correct matters
MOVING FORWARD IN PHASES Creating a state-of-art new specialist centre	❑ Plans to create a new **central emergency centre** – CEC - with no history baggage, at Cannock Hospital should be examined ❑ A new title under new management with new specialist staff would boost local confidence and create a 21st century benchmark for treating accident and emergency cases ❑ A 'no Stafford links' tag would encourage recruitment of emergency treatment professionals wanting to join a new venture where the focus is on emergency practices
SHARING KNOWLEDGE AND BEST PRACTICE A centre of learning	❑ A new CEC of the type envisaged would also have the role of becoming a Midlands training centre for emergency service skills inside the county and across the region. ❑ There is a call already to alter the way accident and emergency patients are treated away from the traditional add-on or subset departmental thinking which has operated for decades ❑ Creating a CEC as a centre for excellence using the best knowledge and practices makes sense in terms of patient care and raised professional standards
KEEPING SERVICES LOCAL A key aim achieved	❑ Stafford Hospital and area others would support the work of a CEC by admitting patients for recovery after emergency treatment is completed ❑ Work by the CEC in conjunction with district hospitals would mean a full 24/7 'local' service remains in place, operating at high standards with a concentrated focus. *Information by Terence Foster – ashgatehouse@btinternet.com* *Issued: 2 August 2103*

Office of the
Trust Special Administrator
of MSFT

Mid Staffordshire NHS
NHS Foundation Trust

25 SEP 2013

Maintaining high quality, safe services for the future – Consultation on the Trust Special Administrators' draft recommendations on the future of services for local people using Stafford and Cannock Chase hospitals

6 August – 1 October 2013

Your response to the consultation

As part of the *Maintaining high quality, safe services for the future* consultation, we want to make sure that those in Mid Staffordshire have the chance to give their views and comments. We are asking people to give us their views by reading the consultation document and completing this response form. Alternatively, you can complete the same response form online at www.tsa-msft.org.uk.

We are keen to hear your views to help inform our final recommendations that go to Monitor and the Secretary of State for Health. Please bear in mind this is a consultation, not a 'vote'. We will take responses into account along with a wide range of other information. We are interested in the overall responses to the tick box questions, and your reasons for your views. If you don't have any views on a specific question, please leave the boxes blank. You do not need to answer every question. **Please only write within the boxes provided in this response form. If your comments do not fit in the box, please send your comments on a separate sheet of paper, clearly stating which question they refer to.**

We have asked Ipsos MORI to undertake the analysis of the response forms on our behalf. The findings will help to inform the Trust Special Administrators' (TSAs) final recommendations to Monitor and the Secretary of State for Health. Please read the consultation document all the way through, then give us your answers to the questions in this response form. In the response form we have shown which pages of the consultation document cover the issues raised by each of the questions. Please refer back to the relevant pages as you answer the questions. You can download a full copy of the consultation document at www.tsa-msft.org.uk.

If you want to explain any of your answers, or you feel the questions have not given you the chance to express your views fully, or if you think there are options we have not considered that we should have done, please say so in the box for question 28.

Important: Please do not provide the names of any individuals in the feedback boxes. Please do not include in your response any other information that could identify individuals.

Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send it to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG

You do not need a stamp. **Any responses received after midnight on Tuesday 1 October 2013 will not be accepted or considered. The envelope is second class, so please return your response form in plenty of time to reach us.**

If you require a large print copy please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk.

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1000053532

Ipsos MORI

13-020861-01 - Response Form - FINAL - v4 - 250713 - PUBLIC

Unless you are responding on behalf of an organisation, this form does not ask you to supply us with your name or other contact details. You will, however, be asked to supply details of your postcode and your personal circumstances; you do not have to give these details if you do not want to. This information is only being collected in order to help us analyse responses to the consultation by Clinical Commissioning Group (CCG) area and key groups of the local population. It will not be used to identify specific individuals. Any personal data that you do supply will be handled by the TSAs in accordance with their obligations under the Data Protection Act 1998. When you complete the response form please do not include any information that could identify other individuals.

We do not intend to publish or disclose any personal information that could identify any individual. A document summarising all consultation responses we receive will however be attached to the TSAs' final report and will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide whether as an individual, an organisation or group, may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Thank you for your feedback.

Questions on emergency and urgent care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 24 of the consultation document.

Recommendation 1: Emergency and urgent care at Stafford Hospital

Q1 How far do you support or oppose the recommendation around the Accident and Emergency (A&E) department at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/don't know
☐	☐	☐	☐	☐	☐

Q2 What further comments, if any, do you have on any of the proposals outlined around emergency and urgent care at Stafford Hospital in Recommendation 1 in the consultation document, including the reasons for your answer to question 1? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

The availability of consultant led A&E close to Stafford is invaluable and reassuring for both service personnel and more especially their families. However, degradation/removal of other services within the Stafford Hospital site may undermine the longer term viability of this unit. The service community are concerned that the solution is an enduring one.

Questions on inpatient services for adults at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 26-27 of the consultation document.

Recommendation 2

Q3 How far do you support or oppose the recommendation around the inpatient service for adults with medical problems at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Recommendation 3

Q4 How far do you support or oppose the recommendation around a Frail Elderly Assessment service at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Recommendation 4

Q5 How far do you support or oppose the recommendation that beds should be available at Stafford Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Inpatient services for adults at Stafford Hospital (recommendations 2-4)

Q6 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around inpatient services for adults at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☑	☐	☐	☐	☐

Page No. 3

Recommendations 2, 3 and 4: Inpatient services for adults at Stafford Hospital

Q7 What further comments, if any, do you have on any of the proposals outlined around inpatient services for adults in Recommendations 2, 3 and 4 in the consultation document, including the reasons for your answers to questions 3, 4, 5 and 6? Please also include any improvements you would like to suggest to these recommendations.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

The detail of these proposals is key - the wording in the consultation document is vague. Clearly organisation and coordination between health and social care providers will be critical. It would therefore seem sensible to keep as much of that care as local as possible as local interactions are more likely to be successful than with more remote hospitals.

Questions on maternity services in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 28 of the consultation document.

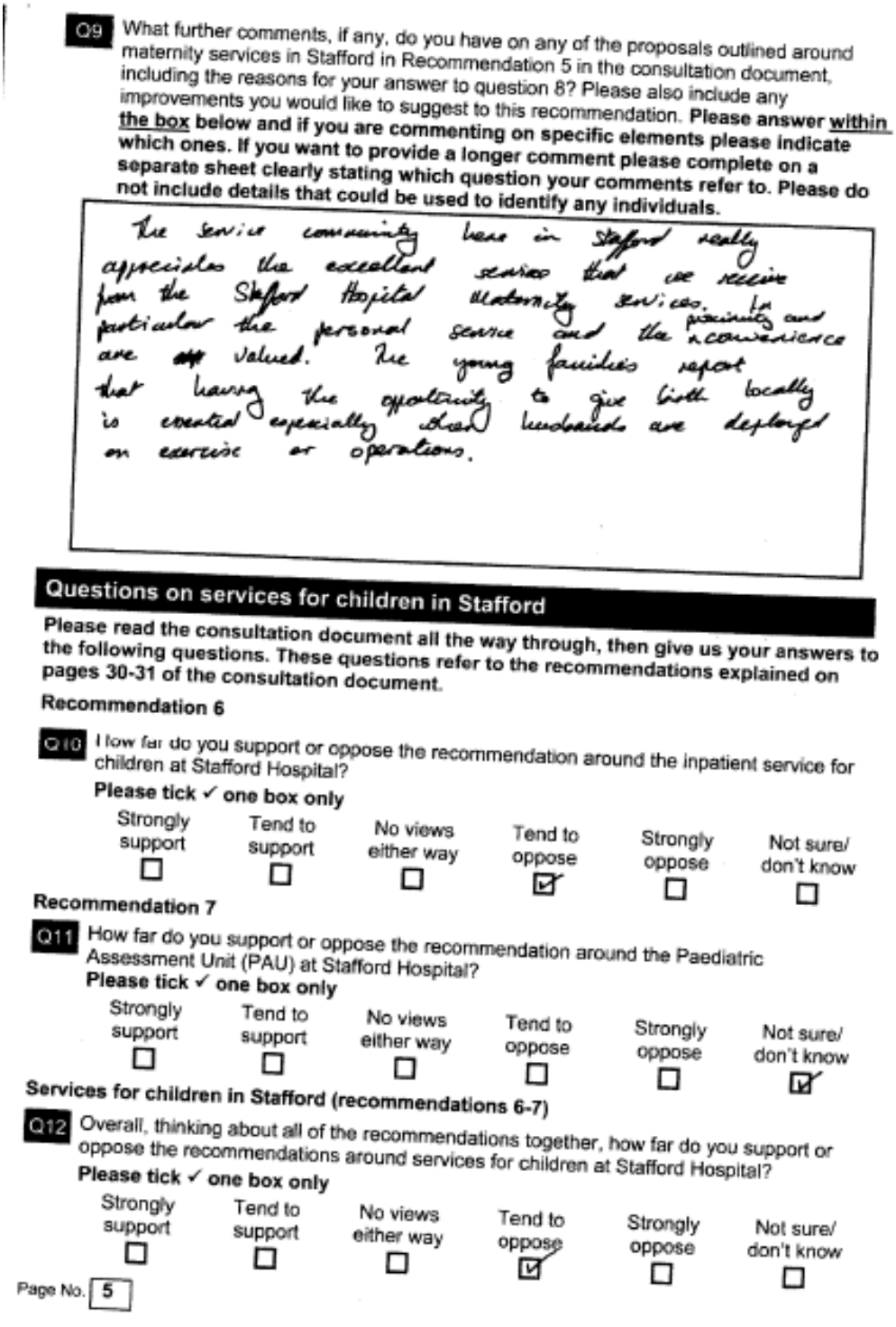
Recommendation 5: Maternity services in Stafford

Q8 How far do you support or oppose the recommendation around maternity services in Stafford?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☑	☐

Page No. 4



Q9 What further comments, if any, do you have on any of the proposals outlined around maternity services in Stafford in Recommendation 5 in the consultation document, including the reasons for your answer to question 8? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

The service community base in Stafford really appreciates the excellent service that we receive from the Stafford Hospital Maternity services. In particular the personal service and the proximity and convenience are very valued. The young families report that having the opportunity to give birth locally is created especially that husbands are deployed on exercise or operations.

Questions on services for children in Stafford

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained on pages 30-31 of the consultation document.

Recommendation 6

Q10 How far do you support or oppose the recommendation around the inpatient service for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☑	☐	☐

Recommendation 7

Q11 How far do you support or oppose the recommendation around the Paediatric Assessment Unit (PAU) at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

Services for children in Stafford (recommendations 6-7)

Q12 Overall, thinking about all of the recommendations together, how far do you support or oppose the recommendations around services for children at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☑	☐	☐

Page No. 5

Recommendations 6 and 7: Services for children in Stafford

Q13 What further comments, if any, do you have on any of the proposals outlined around services for children in Stafford in Recommendations 6 and 7 in the consultation document, including the reasons for your answers to questions 10, 11 and 12? Please also include any improvements you would like to suggest to these recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones.**

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

The proposals on a PAU in Stafford are not clear in the document.

Our community is mainly young families and so children's services are important to us. Whilst acknowledging that children with specific specialist complaints could benefit from treatment in specialist units, less serious but chronic conditions that require a stay in hospital should remain in Stafford. Service wives are often left to cope with their children alone for long periods.

Questions on major emergency surgery at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 32 of the consultation document.

Recommendation 8: Major emergency surgery at Stafford Hospital

Q14 How far do you support or oppose the recommendation around major emergency surgery at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☐	☐	☑

Q15 What further comments, if any, do you have on any of the proposals outlined around major emergency surgery at Stafford Hospital in Recommendation 8 in the consultation document, including the reasons for your answer to question 14? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on critical care at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 34 of the consultation document.

Recommendation 9: Critical care at Stafford Hospital

Q16 How far do you support or oppose the recommendation around the critical care unit at Stafford Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☐	☑	☐	☐

Page No. 7

Q17 What further comments, if any, do you have on any of the proposals outlined around critical care at Stafford Hospital in Recommendation 9, including the reasons for your answer to question 16? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

It is not clear why a network with neighbouring hospitals could not support a large critical care unit in Stafford.

Questions on elective care and day cases at Stafford Hospital

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained on page 36 of the consultation document.

Recommendation 10: Elective care and day cases at Stafford Hospital

Q18 How far do you support or oppose the recommendation around elective care and day cases at Stafford Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☑	☐	☐	☐	☐	☐

Page No. 8

Q19 What further comments, if any, do you have on any of the proposals outlined around elective care and day cases at Stafford Hospital in Recommendation 10 in the consultation document, including the reasons for your answer to question 18? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Minimising the time taken out of work is vital to maintaining our services given limited manpower. Therefore keeping these elective and day cases in Stafford would be very useful.

Questions on Chapter 7 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendations explained in Chapter 7 of the consultation document (pages 38-40).

Recommendation 11: Step down care and rehabilitation at Cannock Chase Hospital

Q20 How far do you support or oppose the recommendation that beds should be available at Cannock Chase Hospital for recovering patients?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☑	☐	☐	☐

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Q21 What further comments, if any, do you have on any of the proposals outlined around beds for recovering patients at Cannock Chase Hospital in Recommendation 11 in the consultation document, including the reasons for your answer to question 20? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

Recommendation 12: Elective inpatient surgery at Cannock Chase Hospital

Q22 How far do you support or oppose the recommendation around elective inpatient surgery at Cannock Chase Hospital?
Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☑	☐	☐	☐

Q23 What further comments, if any, do you have on any of the proposals outlined around elective inpatient surgery at Cannock Chase Hospital in Recommendation 12 in the consultation document, including the reasons for your answer to question 22? Please also include any improvements you would like to suggest to this recommendation.
Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.

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Recommendation 13: Day cases (surgical and medical) at Cannock Chase Hospital

Q24 How far do you support or oppose the recommendation around day case procedures at Cannock Chase Hospital?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☑	☐	☐	☐

Q25 What further comments, if any, do you have on any of the proposals outlined around day case procedures in Recommendation 13 in the consultation document, including the reasons for your answer to question 24? Please also include any improvements you would like to suggest to this recommendation.

Please answer within the box below and if you are commenting on specific elements please indicate which ones.

If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to.

Please do not include details that could be used to identify any individuals.

Questions on Chapter 8 of the consultation document

Please read the consultation document all the way through, then give us your answers to the following questions. These questions refer to the recommendation explained in Chapter 8 of the consultation document (pages 42-43).

Recommendation 14: Organisational plans for Mid Staffordshire NHS Foundation Trust

Q26 How far do you support or oppose the recommendation for Mid Staffordshire NHS Foundation Trust (MSFT) to be dissolved, with the services at Stafford and Cannock Chase hospitals managed and delivered by another organisation or organisations in the future?

Please tick ✓ one box only

Strongly support	Tend to support	No views either way	Tend to oppose	Strongly oppose	Not sure/ don't know
☐	☐	☑	☐	☐	☐

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Q27 What further comments, if any, do you have on any of the proposals outlined around Recommendation 14 in the consultation document, including the reasons for your answer to question 26? Please also include any improvements you would like to suggest to this recommendation. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

The MOD community are concerned that local services are maintained. The organisation clearly needs to be optimised but is outside of our remit.

Final comments

Q28 Is there anything else you want to say about the consultation or the issues it covers? If you want to explain any of your answers, or you feel the questions have not given you the chance to give your views fully, or if you think there are options we have not considered that we should have done, please say so here. Please also say if there are any improvements you would like to suggest to the recommendations. **Please answer within the box below and if you are commenting on specific elements please indicate which ones. If you want to provide a longer comment please complete on a separate sheet clearly stating which question your comments refer to. Please do not include details that could be used to identify any individuals.**

The proposals are necessarily sketchy as described in the consultation document which makes it difficult to comment on the detail. However, it is unnecessarily simplistic in some areas such as the presentation of statistics and costs which undermines confidence in the overall recommendation.

MOD staff at Stafford Hospital depend upon many of the services currently provided and the community is impressed by the professionalism and warmth of the staff

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Background Information

Q29 Are you:
Please tick ✓ one box only

☐ Providing your own response or responding on behalf of another individual?
Please go to Q30

☑ Submitting your response on behalf of an organisation or group?
Please go to Q41

If you are responding on your own behalf, please complete the following questions. If you are responding on behalf of another individual, please complete the following questions about them.

Personal information redacted

Personal information redacted

Personal information redacted

Details of your organisation or group

If you are sending us a response on behalf of an organisation or group, please complete these questions.

If you are responding on your own behalf or on behalf of another person, please go to the end of this response form.

Please be as detailed as you can. For example, if you are responding on behalf of a group or organisation, please record the name of the group or organisation. Your personal details will be handled by the TSAs in accordance with their obligations under the Data Protection Act and will not be made public. Please remember, however, that information summarising the overall response to the consultation will be attached to the TSAs' final report which will be published on the TSA website. **Submissions made by or on behalf of organisations and groups may be published in full on an attributed basis.** You should also be aware that the information you provide may be subject to publication or disclosure under the Freedom of Information Act 2000 or the Environmental Information Regulations 2004.

Q41 What is your name, job position and the name and address of the organisation or group on whose behalf you are submitting this response? The name and details of your organisation or group may appear in the final report.

Lt Col L C Westerman
Station Commander
HQ D Stafford
Beacon Barracks
Beacon side STAFFORD ST18 0AQ

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Q42 What category of organisation or group are you representing?
Please tick ✓ as many boxes as apply

- ☐ A professional body (e.g. a Royal College)
- ☐ An NHS trust (provider of services)
- ☐ Charity / voluntary sector group
- ☐ National patient group
- ☐ Local patient group
- ☐ Local Authority
- ☐ Trade union
- ☐ Trade body
- ☐ Academic organisation
- ☐ Political party / Political group
- ☐ Clinical Commissioning Group
- ☐ Other NHS body
- ☐ Regulatory body
- ☑ Other
- ☐ Don't know

Q43 Please write in the total number of members in your organisation or group.

Local force: 800 military in 2015 + 415 civilian rising to 1837 and 430 civilian 990 family houses rising to 580 in 2015

Q44 Please tell us who the organisation or group represents and, if it applies, how you gathered and summarised the views of members.

Army and RAF personnel currently based in Stafford and their families.
Views gained through verbal consultation.

Thank you for your comments.
Please return your completed response form by midnight on **Tuesday 1 October 2013** in the envelope supplied, or send to: Freepost Plus RSGR-CRGE-EHLE, MSFT-TSA Consultation, Ipsos MORI, Research Services House, Elmgrove Road, Harrow, HA1 2QG
You do not need a stamp. **The envelope is second class, so please return your response form in plenty of time to reach us.**

If you need help to complete this form, or if you would like to complete it in another language, please telephone 0800 408 6399 or email TSAconsultation@midstaffs.nhs.uk. The telephone number is freephone from landlines, but charges may apply for calls from mobile telephones.

If you have any queries or complaints regarding the consultation process or consultation documentation content, please contact: The Trust Special Administrators, Mid Staffordshire NHS Foundation Trust, Stafford Hospital, Weston Road, Stafford, ST16 3SA
Please note that any queries or complaints submitted via this process cannot be counted as part of the formal consultation.

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74000034
30 SEP 2013

Her Majesty's Coroner
Staffordshire (South) Coroner's Jurisdiction

01 SEP 2013

Private and Confidential
Freepost Plus RSGR-CRGE-EHLE
MSFT-TSA Consultation
Ipsos MORI
Research Services House
Elmgrove Road
Harrow HA1 2QG

Please note that our reference must be included on all correspondence

Date: 27 September 2013
Our ref: AAH/ah
Your ref: ---

Andrew A Haigh
Senior Coroner

Margaret J Jones
Richard G M Hughes
Louise A McCabe
Assistant Coroners

Coroner's Office
No 1 Staffordshire Place
Stafford
ST16 2LP

DX 712320 Stafford 5

Tel No: 01785 276127
Fax No: 01785 276128

www.staffordshire.gov.uk
ssco@staffordshire.gov.uk

Dear Sirs

Re: Mid Staffs Trust

I must maintain my independence and I do not feel it is appropriate to respond to the specific issues raised in your consultation document. Suffice it to say that I will be very concerned if lengthy transit of patients to distant centres following cessation of services at Mid Staffs is a factor in their deaths.

There is however one specific practical matter which I can raise with you. At the moment my funding authority (Staffordshire County Council) makes a significant payment to the Trust for mortuary facilities in order for Coroner's autopsies to be performed at Stafford. I am anxious that this service is maintained and of course the payment will cease if it is not.

Yours faithfully

Andrew A Haigh
HM Senior Coroner

99988

Ruth Moore

Network Manager/Lead Nurse

Staffordshire, Shropshire & Black Country Newborn & Maternity Network (SSBCNMN)

Q9

If the recommendations within the consultation document are approved and no babies are to be delivered at Stafford there is a choice of maternity services in the surrounding area for women who currently book at Stafford to access including Consultant services at Stoke on Trent, Burton on Trent, Walsall, Wolverhampton and from September 2014 Telford. In addition most if not all have along side midwifery led units and stand alone midwifery led units are available in Lichfield, Walsall and Shropshire.

The future service that replaces the current maternity service in Stafford needs to ensure that robust community services are available to women in the Stafford area to facilitate early booking, routine antenatal and postnatal care at/close to home and to ensure home birth remains a real choice for women in the Stafford area.

The current medical staff (Consultants and Trainees) and midwifery staff in the maternity service at Stafford will need to be redeployed in the region which will facilitate the development of sustainable high quality maternity services for all to access and ensure their expertise is not lost.

Q13

If the recommendations for the paediatric services at Stafford within the consultation document are approved the removal of in patient paediatric services will enable the current paediatric medical (Consultants and Trainees) and nursing staff at Mid Staffs to be redeployed in the region which will facilitate the development of sustainable high quality in patient paediatric services for all to access

Q28

The Staffordshire, Shropshire and Black Country Newborn and Maternity Network comments relate to the impact of the recommendations for Maternity and Children's services at Mid Staffs on premature and sick newborn babies currently cared for in the special care unit at Mid Staffs.

The current special care unit provided 1,850 special care cot days last year (2012/13) equating to approximately 6 special care cots at 80% occupancy. This special care activity will need to be redeployed in the network as there is insufficient capacity in the network to absorb this activity within the current neonatal units. This additional special care cot provision will need to be split across a few centres to reflect where women from Stafford choose to book once the maternity service at Mid Staffs is closed.

There will also be implications for paediatric/ neonatal community service provision in the Stafford area when the special care activity moves to other acute Trusts in the surrounding area, this will be necessary to support the early discharge home of babies admitted to neonatal services.

In addition there were 2,513 Transitional care cot days provided last year (2012/13) at Mid Staffs equating to approximately 9 Transitional care cots at 80% occupancy, again this activity will need to be redployed and split between the centres where Stafford women choose to book.

Both newborn and maternity colleagues in SSBC have recognised the workforce issues in terms of being able to staff neonatal and maternity services to the required standards to deliver high quality sustainable services and have previoulsy considered the impact of reducing the number of centres to develop sustainable services in the future.

In the event of considering maternity services continuing without in patient paediatric services; it is not possible to support a stand alone special care unit because even if babies are well at birth some will require paediatric assessment and support in various situations such as Jaundice, developing sepsis and undiagnosed congenital abnormalities which even with excellent antenatal screening and care it is not possible to detect/predict all babies who may be sick at birth. This model of a special care unit with Consultant maternity service but without in patient paediatrics has been tried previously in the region at Solihull, but it was not sustainable and deemed as unsafe for babies by an external multidisciplinary panel review.

Debbie Emmitt

Director of Neighbourhood Services

Stafford and Rural Homes

Q2

It would seem sensible to stabilise patients and then send them to specialist facilities were trained staff and consultants who are used to working in a particular field can expertly treat patients. Staff recruitment and retention due to job satisfaction aslo a factor. A and E units across the country have maybe become to accessible for trivial cases and these need to be dealt with by GP,s or paramedoicscs attending an incident.

Q9

an emotive issue will require good public reassurance about the quality of care and expertise available at other hospitals