

## AGENDA

### Public Assurance Forum

**Date** Monday 3<sup>rd</sup> April 2023

**Time** 2pm-5pm

**Location** Microsoft Teams

#### OPENING MATTERS AND PROCEDURAL ITEMS

Item No.	Agenda Item	Paper No / Verbal	Lead	Required Action	Time
2023/12	Welcome and apologies	Verbal	Chair	For noting	14:00
2023/13	Minutes of previous meeting	Paper 1	Chair	For noting	14:05
2023/14	Matters Arising/Actions	Paper 2	Chair	For approval	14:10
2023/15	Annual review of Terms of Reference	Paper 3	Chair	For approval	14:15
2023/16	Joint Chair of PAF	Verbal	Chair	For approval	14:20
2023/17	Update on HTP Update on HTP Comms & Engagement and next steps	Presentation	HTP team  Sophie Stevens-Jones	To discuss	14:25
2023/18	Update on Service Developments: <ul style="list-style-type: none"> <li>• Echo-cardiology</li> <li>• Mobile Breast Screening</li> <li>• Renal Dialysis</li> </ul>	Paper 4 Paper 5 Paper 6		To discuss	14:45
2023/19	Partner's updates	Verbal	Forum Members	To discuss any SaTH involvement opportunities described in s2 and s3	15:05

2023/20	<p>SaTH Divisional updates on key issues:</p> <ul style="list-style-type: none"> <li>• Women &amp; Children</li> <li>• Medicine &amp; Emergency</li> <li>• Clinical Support</li> <li>• Surgery, Anesthetics &amp; Cancer (SAC)</li> <li>• Patient Experience</li> </ul>	<p>Paper 8 Paper 9</p> <p>Paper 10 Paper 11</p> <p>Paper 12</p>	Divisional Directors	To discuss - any partner involvement opportunities described in s2 and s3	15:20
2023/21	SaTH Improvement Hub and Public Involvement	Presentation	James Owen  Deputy Director of Education and Improvement	To discuss - any partner involvement opportunities in current & future work	15:45
2023/22	“The Big Conversation” – ICS update	Presentation	Kate Manning  Head of Communications and Engagement	To discuss	16:00
2023/23	Social Inclusion Report	Paper 13	Kate Ballinger (Community Engagement Facilitator) Mike Crawshaw (Public Participation Facilitator)	To discuss	16:15
2023/24	Any Other Business	Verbal	Chair		16:25
2023/25	Dates for the Forum for 2023 and close of meeting	Paper 14	Chair	To note	16:30

## Public Participation Forum

Held on Monday 9th January 2023  
14:00 – 17:00hrs via MS Teams

### MINUTES

#### Present:

David Brown	Non-Executive Director SATH (Chair)
Julia Clarke	Director of Public Participation SATH (Deputy)
Hannah Roy	SATH Head of Public Participation
Angela Loughlin	Maternity Voices
Anna Martin	Acting Divisional Director of Operations – Clinical Support Services Division
David Bell	Healthwatch Telford & Wrekin
Ed Rysdale	HTP Clinical Lead
Graham Shepherd	Shropshire Patient Group Representative
Jane Randall-Smith	Powys Community Health Council representative
Jennifer Fullard	Chief Communications Officer
Cllr Joy Jones	County Councillor of Newtown East Ward
Kate Ballinger	Community Engagement Facilitator
Linda Cox	VCSA Deputy
Liz Florendine	Communication & Involvement Officer at Healthwatch Shropshire
Nigel Lee	Interim Director of Strategy & Partnership
Richard Steyn	Co Medical Director
Ruth Smith	Head of Patient Experience
Sally Hodson	Centre Manager
Terry Gee	Chief Executive Officer for Stay
Tina Kirby	Care Group Business Manager

#### In attendance:

Rachel Fitzhenry	Senior Administrator (Minute taker)
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Item No.	Agenda Item
2023/01	<b>Welcome and Introduction</b>
	David Brown opened the meeting by welcoming the group to the MS Team meeting. David also asked for any volunteers from the public members to act as co-chair and asked for expressions of interest to be sent to Julia Clarke.
	<b>Action: Nominations for co-Chair to be sent to Julia Clarke from public members.</b>

2023/02	<b>Minutes of previous meeting (3<sup>rd</sup> October 2022)</b>
	The Minutes of the previous meeting on 3 <sup>rd</sup> October 2022 were approved as an accurate reading.
2023/03	<b>Matters Arising/Actions</b>
	Separate sheet attached.
2023/04	<b>Update on HTTP: Draft HTP Engagement / Involvement</b>
	<p>Nigel Lee (Director of Strategic Partnerships and HTP), Ed Rysdale (HTP Clinical Lead) and Jennifer Fullard (Chief Communications Officer) presented the Update on Hospital Transformation Programme and updated the group on key areas included within the slides:</p> <p><u>Vision</u> The team are developing plans for everyone in Shropshire, Telford &amp; Wrekin and mid Wales so that there are two thriving hospital sites – the Royal Shrewsbury Hospital and the Princess Royal Hospital in Telford – providing better care, experience and services not only for now, but for the future of local health and care.</p> <p>This winter, more than ever, shows that in the long-term a new way of working delivering two thriving hospitals and maximising the resources available are needed.</p> <p><u>Journey so far</u></p> <ul style="list-style-type: none"> <li>• In September 2022 work started to develop more detailed proposals in an Outline Business Case (OBC).</li> <li>• It is a significant task and it need everyone’s support in developing detailed plans/designs by Spring/Summer 2023.</li> <li>• The third stage will be a Full Business Case (FBC) which will go to the Treasury in Autumn 2023.</li> <li>• Following Treasury approval, £312m can be invested in the Princess Royal Hospital and the Royal Shrewsbury Hospital to deliver a new clinically led model of care.</li> <li>• Resource needs to be used in the best possible way, especially with rising inflation, to provide the best care for patients.</li> <li>• This new model of care is being designed, led and supported by clinicians and we need to open this up to our staff and communities.</li> </ul> <p><u>A phased approach</u> There are a number of critical phases that need support from a communications and involvement perspective:</p> <p><b>Phase one: Listening and awareness</b> – December 2022 to March 2023 specific focus groups will be developed with service users and interested groups to help inform the development of the Outline Business Case.</p> <p><b>Phase two: Development of the Outline Business Case</b> – Current – June 2023. The development of the detailed Outline Business Case will be informed by engagement activity with key stakeholders ahead of the draft of the Outline Business Case being reviewed by April 2023.</p> <p><b>Phase three: Development of the Full Business Case</b> –Summer - Autumn 2023</p> <p><b>Phase four: Implementation phase</b> – Autumn 2023-2025. Informing and involving people as detailed plans are developed and put in place to reconfigure services, including building works and service movements.</p>

**Phase five: Launch of new service configuration – 2025.** Formally communicating the changes and how patients will access services. Supporting ongoing communications to understand the difference the new services are making.

#### Involving people

The team will work to ensure all our stakeholders are informed and involved in the development of our detailed plans.

Internally (clinical and non-clinical teams): Ongoing workshops, briefings, roadshows and physical presence across our hospitals.

System colleagues: Attending briefings, providing updates, joining existing and planned engagement forums.

Patients, public and the community (including seldom heard groups): We will utilise existing mechanisms, including existing patient, carer and public forums across Shropshire, Telford & Wrekin as well as developing bespoke focus groups directly linked to each of our workstreams.

#### Raising awareness

- Continue to raise awareness of the programme via:  
Working with the media.
- Issuing regular updates in existing channels and a bespoke email update that is being developed.
- Collateral/physical presence in the hospitals: posters, awareness boards, leaflets.
- Social media and community mail-outs.
- Videos, animations and an updated web presence.
- Our system colleagues across Shropshire, Telford & Wrekin and partner organisations (GPs, ambulances, community care).
- Attending existing meetings/community groups.

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- Attending existing meetings/community groups.

Jennifer Fullard informed the Forum of the next key event called 'About Health' held on 24<sup>th</sup> January, which will be an update on Hospital Transformation Programme. This has been promoted but it would be helpful for the Forum members to get the message out there. It will be a chance for people to get an update as to where the HTP are up to with the programme and answer any questions or views people might have. Julia Clarke requested that Forum members share the 'About Health' event with their groups and communities.

Kate Ballinger informed the Forum that the team are also compiling an engagement calendar of the places that the team will be going to and if there are any other events that the Forum think would be helpful. Members were asked to

	<p>email Kate Ballinger (Kate.Ballinger@nhs.net) with the date, time, whether its face to face or virtual and the expected number of attendees.</p> <p>Nigel Lee, Ed Rysdale and Jennifer Fullard left the meeting.</p>
<b>2023/05</b>	<b>Update on Service Developments</b>
	<p>Julia Clarke gave a brief update on Service Developments included within the slides:</p> <p><u>PRH Renal Service – Hollinswood House</u></p> <ul style="list-style-type: none"> <li>• The Renal Unit in Hollinswood House is progressing on schedule.</li> <li>• The 1<sup>st</sup> floor walls and partitions are now complete.</li> <li>• The Mechanical and electrical installation is now underway.</li> <li>• The external Energy Centre is under construction with connections now being made to the building.</li> <li>• The window replacement, fire-stopping and bed lift works have now commenced.</li> <li>• Completion is scheduled for the beginning of June 2023. Still awaiting Lease agreement from Telford &amp; Wrekin which has been signed by the trust.</li> </ul> <p><u>Section 242 – Echocardiography (outpatients) Ruth Horner (Cardiology Service Manager) also updated on this item</u></p> <ul style="list-style-type: none"> <li>• Echocardiography (an ultrasound on your heart) is a diagnostic test within Cardiology.</li> <li>• The main cardiology inpatient service is currently centralised at PRH.</li> <li>• The Shrewsbury and Telford Hospital NHS Trust (SaTH) currently provides echocardiography services for outpatients and inpatients on both sites (Royal Shrewsbury Hospital and the Princess Royal Hospital) for residents of Shropshire, Telford &amp; Wrekin and Powys.</li> <li>• The current outpatient service: <ul style="list-style-type: none"> <li>• Operates 9am-5pm Monday to Friday.</li> <li>• 13,686 patients access the service annually as outpatients (approximately 263 patients per week).</li> </ul> </li> </ul> <p><u>Background</u></p> <p>Until May 2022, SaTH were meeting the 6-week national access target and upheld as a national example of good practice. Currently there is an 11 week wait for this outpatient service.</p> <p><u>Reasons for change</u></p> <ul style="list-style-type: none"> <li>• This is due to staffing issues within the cardiorespiratory team which include: <ul style="list-style-type: none"> <li>• one full time vacancy</li> <li>• staff sickness</li> <li>• one full time member of staff commencing Scientist Training Programme.</li> </ul> </li> <li>• Recruitment is complete and awaiting a start date in the new year, which will require a period of induction.</li> <li>• Sickness is being actively managed.</li> </ul> <p><u>Options</u></p> <p>The cardiology service has reviewed the current position and due to the current backlog to see new patients which is currently at 11 weeks and growing due to staff shortages is proposing the following temporary changes to restore the 6-week waiting list for echocardiography.</p>

The service has developed 3 potential options:

**Option 1:** Keep services as they currently are across both sites (do nothing).

**Option 2:** Temporarily (until end of April 2023) move all outpatient echocardiography to the Royal Shrewsbury site.

**Option 3:** Temporarily (until end of April 2023) move all outpatient echocardiography (except Powys) to the Princess Royal Hospital (preferred option).

#### Option 3 – Our preferred option

Temporarily (until end of April 2023) move all outpatient echocardiography (except Powys) to the Princess Royal Hospital (preferred option).

- Transfer all outpatient echocardiography to the Princess Royal Hospital where the majority of cardiorespiratory services are already provided and where the cardiology specialist service is provided and the Trust's only cardiac catheterisation lab.
- Continue to provide a daily inpatient echocardiography service at the Royal Shrewsbury Hospital (no change to current service provision).
- Offer dedicated appointments to Welsh patients at the Royal Shrewsbury Hospital until backlog is cleared, initially weekly and then fortnightly.

#### Implications of implementing Option 3

The temporary move of outpatient echocardiography services to PRH will:

- Create additional appointments through the use of staff flexibly and additional resource on site at PRH. An office will be converted in PRH to a clinic room to create additional capacity (35 per week).
- There will be two clinic rooms at PRH and this will enable a double list with staggered appointments (an additional patient will be scanned whilst another technician is reporting on previous scan). Each room currently scans 11 patients a day (22 through two rooms) and therefore will enable an additional 55 patients/week and reduce the waiting times.
- This will enable us to get back to the 6-week target by end of March 2023, when the service will return to being provided on both hospital sites. The positive impact will result in patients waiting less time to be seen over the next four months.
- This temporary change will impact on 1500 patients who for geographical reasons would normally access the Shrewsbury service (a clinic will be put on fortnightly for Powys patients).
- Facilitate flexibility in the workforce to maintain all echocardiography services and reduce the possibility of cancelled appointment as a result of staffing issues until new staff are recruited, inducted and in place.

#### Key benefits and issues

The temporary move to provide all outpatient echocardiography on the Princess Royal Hospital will:

- Ensure patient waiting times are reduced from the current 11 to 6 weeks by April 2023 (based on a December start).
- There is physical space to accommodate this temporary move.
- Will remove the backlog of 300 patients who are currently waiting over 6 weeks.
- Powys patients will be unaffected as clinics will be provided at the Royal Shrewsbury Hospital with 24 slots per week.
- Inpatients in all specialties on both the Shrewsbury and Telford sites will be unaffected.

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	<ul style="list-style-type: none"> <li>• Enable staff to work together as a centralised team to deal with the backlog and manage capacity.</li> <li>• Pool the echocardiography team temporarily together to allow a flexible approach to service delivery and allow patients quicker access to the service.</li> <li>• Increase support and mentoring of new and training staff.</li> <li>• Enable recruitment to vacancies to be implemented.</li> </ul> <p>Ruth Horner (Cardiology Service Manager) informed the Forum the start date for the transfer will go ahead on Monday 26<sup>th</sup> January. A trajectory has been provided by the analytics colleagues, which reassures, providing the team are able to maintain the capacity by the end of April, waiting times should be back within six weeks and then the service will move back to being a two-site service. Patients who do have individual issues with travelling to Telford, will be assessed on an individual basis to see how it can be accommodated in Shrewsbury if necessary.</p> <p>David Brown thanked Ruth for the detail. Ruth Horner left the meeting.</p>
<b>2023/06</b>	<b>Partner Updates</b>
	<p><b>i) Shropshire Patient Group</b></p> <p><u>Key updates</u> Graham Shepherd informed the Forum members still feel the same from the last meeting with the view that the Forum is more of an informing group than an involving group.</p> <p>They are expecting to have representation, on the project teams, as per COVID.</p> <p><u>Items for discussion</u> It is now a year since this group was formed, and there has not been any progress in patient involvement in the core projects. In view that NHSE/CCG has advised that Acute Health Service in Shropshire are inadequate, and patient lives are at risk, there are obviously an abundance of projects underway, none of which have patient input at any level. It was agreed Julia Clark would discuss involvement with Rhia Boyode as Director lead for the Transformation team.</p> <p><b>Action: Julia Clarke to discuss public involvement with Rhia Boyode.</b></p> <p><u>Action update from previous meeting</u> Senior Consultants have been vocal in the press, emphasising that the HTP is the major activity which will help resolve the crisis. This group has been active for over 12 months, making many decisions.</p> <p><b>ii) Healthwatch Shropshire</b></p> <p>Liz Florendine informed the Forum members the GP Referral Survey has had a high response rate of around 300 is now closed. The team are now in the process of writing up and analysing the data.</p> <p>The Ambulance Report will be published soon, there are just a few responses that the team are awaiting on before this can be done. The main themes that are coming out from the report are delays and the affects this has had on people. There has been some positive feedback on the quality of staffing and paramedics.</p> <p>The team have been doing some work on finalising the report on Accessible Information Standards which should be published soon. Some of the key findings</p>



are on communication needs not being shared across services, issues around privacy when people are reliant on their careers and relatives when reading their personal information. There will also be an easy read version of the report.

### **iii) Healthwatch Telford & Wrekin**

David Bell informed the Forum members there was a very good public event which went ahead at the Arleston Community Centre, Telford. The theme was based on the cost of living whilst working with one of the local councillors. A large number of voluntary organisations came along to talk about the work their doing in that area and also with homelessness in the area.

There has been a whole new series of Network meetings, working with local community centres and getting members of the voluntary services involved, which has been largely welcomed.

The Enter & View Programme has gone from strength to strength. The team visited around 10 homes within the last quarter which is the biggest total the team have done in the recent period which started back up again after COVID, it made visiting homes very difficult.

Healthwatch T&W have recently team visited A&Eat PRH. The Chair has been working with the local MPs around their concerns with elements of the health service such as ambulance waits, A&E and discharge issues.

The team are working with the MVP (Maternity Voices Partnership) which the team host to train the volunteers and help them on their work programme.

The next Public Board meetings in Community Centres are being planned.

### **iv) Powys Community Health Council**

Jane Randall-Smith informed the Forum there has been an update today about the question of the month for January which is based around people's experiences of waiting for NHS planned care and treatment as the waiting list in Wales is much longer than in England. It will be interesting to see what comments are received from that. In December the question was based around people using NHS 111 in Wales and only a disappointing 31 responses were received.

The big concern at the moment is ambulance services and the proposed closure within Wales Air Ambulance of two bases which will be going down to one base in North Wales. The team are awaiting and expecting a period of formal public engagement as there is much concern for what this means for the people of rural Wales.

The CHC (Continuing Healthcare) will be wound up at the end of March. The citizen voice body will have an operational name which will help people understand more about what it does. This has not been made public knowledge yet. The team are unsure how the volunteering structure will work out. It's very clearly an All-Wales body, but it will have a regional and local structure. Although we're already in January its unsure what the future will look like. There will be some consultation about access to premises and how it's actually going to work on the ground. The team will be responding to that, but there are still a lot of unknowns. It's unsettling for volunteers, but it's very concerning for the staff at the moment not knowing exactly what the model will be.

Cllr Joy Jones informed Forum members there has been assurance that there will be more public consultations The proposal will become live from February and

	<p>decisions will be made later in the year. There is a desperate need for more services in the area.</p> <p>David Brown reminded the Forum this is not just Shropshire or Powys it's a national problem which is going on at the moment.</p> <p><b>v) Maternity Voices</b></p> <p>Angela Loughlin informed the Forum that MVP had been supporting SaTH with maternity improvement work. There has been a focus on maternity complaints and how the letters are formulated, as feedback from patients is that there is unhappiness around the wording. The team have done some work with the service users to create softer templates which have now been adopted across the whole complaints team for the trust, not just in maternity. Bereavement letters have been worked on which are sent to parents once they've had a child bereavement to make the letters a bit softer.</p> <p>A Celebration Survey has just gone out on our social media pages where service users have been invited to nominate staff for excellent care that they have received, 125 nominations were submitted, which was fantastic. The Chair has personally written every single certificate and over the next few weeks is going to be going into SaTH to recognise all those Midwives, Healthcare Assistants and all the staff that have provided that excellent care which is really important to highlight. This will be put on MVP social media as there is a lot of good work going on with the MVP (Maternity Voices Partnership) and with maternity, which is not being highlighted enough, especially after the recent negative bad press.</p> <p>The team are getting involved with the education of maternity staff over the forthcoming months. The MVP Chair has now been given a slot to speak to preceptor midwives on the importance of the MVP (Maternity Voices Partnership) and involving service users. The MVP is encouraging staff to let them know of any developments and service improvements so that patients can get involved at an early stage.</p> <p><b>vi) Stay Telford</b></p> <p>Terry Gee informed the Forum from a COG (Clinical Oversight Group) perspective, the team were successful in getting a small amount of funding from the ICS (Integrated Care System) to support the sector through a VCSE (Voluntary, Community and Social Enterprise) Engagement Lead. The team have been successful in appointing an individual who will sit under Edna Boamong's (Director of Communications and Engagement, ICS] team at the ICS to support engagement.</p>
<b>2023/07</b>	<b>SATH Divisional Updates on Key Issues</b>
	<p>The divisions gave a brief update on their key issues:</p> <p><b>i) Women &amp; Children's</b></p> <p>Tina Kirby gave the Key updates from the Division:</p> <p><u>Gynaecology</u></p> <ul style="list-style-type: none"> <li>• The team continue to receive a high number of referrals for gynaecology outpatient appointments. Work is being undertaken with primary care to review referral pathways in an effort to increase the increase in activity.</li> </ul>

- Compliance with the 2 week wait cancer standard remains low. The primary issue is access to ultrasound capacity. The team are working with our colleagues in Support Services to allocate this limited resource to priority patients.
- Same day Total Laparoscopic Hysterectomy (TLH) protocol is up and running (this is an operation to remove the uterus (womb) and cervix with the aid of a small operating telescope, called a laparoscope).

#### Paediatrics

- The paediatric service has been exceptionally busy for the last few weeks, largely due to an increase in attendances for respiratory infections and other seasonal infections. Some planned surgery has had to be cancelled as a consequence.
- The ward continues to have a number of admissions relating to children and young people presenting with mental health needs admitted.

#### Neonates

- A review of neonatal nurse staffing levels has been undertaken. This has identified that while the number of nurses we have is in line with the required standard, we have shortfall in the number of staff who have the required 'specialty in training' qualification. A plan is now in place to address this.

#### Maternity

- Delivery against the Ockenden action plan is on track – last formal reported position as of 8<sup>th</sup> November:
  - 46/52 (88%) actions from the first report are now 'delivered' and of these, 42/52 (81%) are 'evidenced and assured'.
  - 77/158 (49%) actions from the final report are now 'delivered' and of these, 55/158 (35%) are 'evidenced and assured'.
- Midwifery staff vacancies have been addressed; our new staff members are in the process of completing their preceptorship programme.
- 'Saving Babies Lives' standards have been achieved for 2022/2023.

#### **Update on any current or future service developments or changes:**

- HTP planning continues – led by clinical directors and midwifery/nursing colleagues.
- Public facing Facebook page launched for maternity services.
- Development and implementation of APP for paediatric services to access patient advice literature.

#### **How is the Division going to involve patients/public in the next quarter?**

- Implementation of actions following '15 steps' process for maternity service.
- Development of paediatric PACE group.

Angela Loughlin informed the Forum the '15 steps' is a rolling programme and the next '15 steps' event will go ahead next week. All the actions will be implemented from the last '15 steps', which is a program that will be going forward in all of the areas and the team will work closely with the consultant midwife to make sure the actions are taken forward.

There is one piece of work coming up that the team are excited about that's not on the report which is around the new competency framework for midwives. SaTH have been chosen as a pilot site and the MVP will be involved in producing the training package, what it looks like and how service users are involved in educating the midwives of the future.

**Action: Julia Clarke advised Tina Kirby to ask Carol McInnes to update at the next Forum meeting on the competency framework.**

## **ii) Medicine & Emergency**

The Division has opened a new Acute Floor at RSH. This floor provides a dedicated assessment and treatment area for medical patients referred by their GP. Prior to opening of the Acute floor this group of patients would have had to be seen in our Emergency Department.

Our Emergency Departments remain under considerable pressure in terms of volume of attendances coupled with high levels of flu and COVID.

### **Update on any current or future service developments or changes:**

Work continues to prepare the relocation of the PRH renal dialysis unit to Hollinswood House.

Patients/public will continue to be involved in the ongoing renal dialysis unit relocation.

## **iii) Clinical Support Services**

Anna Martin gave the Key updates from the Division:

### Workforce:

The previously reported challenges due to vacancies, sickness, and COVID sickness continue to be evident in all Centres within Clinical Support Services with the particularly challenged areas remaining as Pharmacy, Radiology and Inpatient Therapy.

Significant work has taken place across the Division to aid recruitment in these key areas including international recruitment, apprenticeships, “golden tickets” for final year students, recruitment events, reviewing the use of recruitment specialists and recruitment & retention premia and introducing new roles and ways of working e.g. Pharmacy Technicians and Cross Trust rotations for Occupational Therapists and Physiotherapists.

However, many of these appointments will not come into post until Spring to Summer 2023 therefore our service provision remains challenged during this winter period.

### Pharmacy Integrated Workforce Project:

HEE (Health Education England) is providing £50k for each ICS (Integrated Care Systems) to establish a Pharmacy Faculty to support the development of integrated working across primary and acute care.

A system wide ICS Pharmacy Workforce Plan is being finalised to submit to the ICS Investment Panel in December to establish a Pharmacy Faculty / Workforce Development Team and if successful may support the longer-term recruitment and retention of pharmacy staff.

This is required because the Pharmacy workforce has been adversely affected by the development of PCNs (Primary Care Networks) across the system resulting in a significant increase in vacancies within SaTH now and predicted for the future as the PCNs have an ambition to recruit up to 55 Pharmacists by 2024. The recently published national benchmarking report for Pharmacy cites 83% of acute trusts reporting Pharmacists leaving to join PCNs and 76% reporting Pharmacy Technicians are leaving to join PCNs.

Blood Science Workforce Plan (BSWFP) approved by the Trust's Investment & Innovation Committee to address the current and future workforce challenges within Blood Sciences (Biochemistry, Haematology, and Transfusion) with an additional 9.3wte staff over 5 years. The case is now awaiting funding approval from Finance & Performance Committee.

Meanwhile the current workload is very challenging and staff are under unsustainable workload pressures meaning the stability of the service is at risk. It is proposed that an additional 6 staff (3wte B4 Associate Practitioners, 2wte B6 Specialist Biomedical Scientists, and 1wte B7 Assistant Operational Manager) are being appointed at risk as an interim measure with negligible impact on the Pathology Centre budget due to an underspend position.

DM01 (Diagnostic Management Standard 01) position:

Current actions to achieve 100% performance by March / April 2023 include:

- The Nuffield are continuing to provide 10-15 MRI scans per week.
- Additional outsourcing reporting provider wef 01.12.22 – additional 200 reports / week in addition to continuation of Everlight.
- Significant reduction in Plain X-ray reporting backlog as a result of Reporting Radiographer waiting list initiatives.
- Development of Advanced Practice team – film reporters and clinical roles is ongoing and proving very popular with staff (band 6 development programme).
- NHSE capital funding of £140k for 8 home reporting general workstations and 4 home reporting breast screening stations in capital planning approval process.
- Business Cases for additional mobile CT and MRI scanners for 6 to 12 months whilst awaiting additional capacity from the Community Diagnostic Centre (CDC).

Temporary move of Breast screening services for Market Drayton and Bridgnorth has now been completed with all women from Market Drayton, Hodnet and Bridgnorth offered appointments. There has been no adverse feedback from the women with many commenting they are happy to travel in order to be screened. A learning the lessons session was held with the team and the Public Participation team.

The RSH mobile scanner has been refurbished and moved to Newport. Round length (the percentage of eligible women whose first offered appointment is within 36 months of their previous screen against a target of 90%) continues to improve from a position of 0.8% in January 2022 to 65% in November.

National shortages of Medicines and Blood Supply Shortage continue and is remaining difficult to sustain with over 800 medicines on the list including critical care medicines, immunoglobulins, opiates, fertility medicines, bowel preparations, Entonox, monoclonal used to treat Covid, liquid antibiotics for Strep A in children, and several hundred medicines at any time are now subject to ongoing shortages. Molybdenum have now been added to the list and impact on Nuclear Medicine. Radiology is managing this supply shortage in through the same well-developed process that is used for contrast investigations.

The Midlands Regional Blood Transfusion Committee has written to all hospitals in the region to thank them for their support which has helped stabilise the national blood stocks to a safer level.

**Update on any current or future service developments or changes:**

RJAH on-call Blood Sciences

Service remains temporarily withdrawn (wef 05.09.22) as previously notified, due to lack of staff to maintain an on-site service at RJAH and all tests continue to be processed at RSH and TATs (Turnaround times) remain unaffected. Once there are sufficient BMS (Biomedical Scientist) staff available, service will be restored in the mornings at weekends and further discussions are being held about the future requirements of the RJAH on-call service.

CDC:

As previously advised, the project is a development of a Community Diagnostic Centre at Hollinswood House, in Telford. It forms part of a national programme of work to increase the accessibility of diagnostic tests in the community. There is a significant back log of diagnostic tests due to the pandemic and part of the measures to address the back log is the CDC. The expected operational date for the CDC is from March 2023 dependent upon enabling estates work and the installation of CT and MRI scanners. Recruitment to the CDC posts is ongoing and making good progress.

Pathology Network:

The Pathology Centre is working with their Network partners to set up a single 'N8' Network Governance Board. Its primary roles will be to agree the membership, the governance structure, and to review the operating model options, before making their recommendations for future integrated Pathology service provision. Engagement sessions are held monthly with the Pathology Networking Steering Group, including staff representatives for SaTH. There are regular Network meetings and Dr Angus McGregor, Interim Medical Director for CSS has recently been appointed to the post of Pathology Network Medical Director.

Musculo-skeletal (MSK) Transformation Programme:

This programme involves the 3 local NHS providers (SaTH, RJAH and SCHAT) in developing an integrated pathway from GP referral to surgery if required, including post-operative care.

The first phase will be the introduction of a single Referral Centre and triage process leading to conservative management via Physiotherapy and Occupational Therapy which will have a soft start launch from 01.02.23.

The programme is led by the ICS (Integrated Care System) who have an engagement strategy encompassing staff and patients.

**How is the Division going to involve patients/public in the next quarter?**

Since the last meeting of the Patient Assurance Forum, Clinical Support Services Division has established a Patient Experience Group reporting to the Patient and Carer Engagement Panel and chaired by the Acting Deputy Divisional Director with membership from across all 4 Centres and a patient representative in attendance at the first two meetings.

A recruitment campaign is underway to recruit more patient representatives for future meetings.

The early work of this new group is to develop a patient and carer involvement and engagement strategy specifically for CSS and this will be available for the next meeting of the Patient Assurance Forum.

**iv) Surgery, Anaesthetics & Cancer (SAC)**

Sally Hodson gave the Key updates from the Division:

- Successful recruitment into vacant ENT consultant posts – start date January 2023.
- Funding secured from LOF for wide field camera Ophthalmology.
- Successfully appointed NHS Locum (2 days per week) for 12 months into Paediatric Ophthalmology.
- Additional funding from Cancer Alliance approved to go to the next stage 97k
- Additional capacity secured to support 2WW Head and Neck.
- Weekend Vanguard lists still underway to support skin cancer, aiming to run Ophthalmology lists January 2023.

**Current or future service developments or changes:**

- Introduction of aqueous shunts or Glaucoma drainage services pending approval by commissioners.
- Electronic triage due to start January for Otology patients.
- New 2WW proforma for Head and Neck approved via ICB/ICS go live date January 2023.

**Action: Julia Clarke asked Sally Hodson to ask the Division to focus on updating the Forum on sections 2 & 3, involvement and engagement which is so important for the reports at the next meeting.**

**vii) Patient Experience**

Ruth Smith gave the Key updates from the Division:

Patient Led Assessments of the Care Environment (PLACE) assessments took place across the Trust during October and November 2022, as part of a national programme reviewing the environment through the patient's perspective. National reporting closed at the end of November 2022, with feedback anticipated to be published in February/March 2023. Initial themes are being identified and a task and finish group is to be established in January 2023 to review preliminary findings and priorities.

The Trust recognised Men's Health Week, raising awareness of prostate cancer symptoms, abdominal aortic aneurism screening and mental health awareness, hosting sessions within the Trust for staff, and within the local community.

The Chaplaincy Team supported patients and colleagues across the Trust in celebrating Diwali (October 2022), Armistice, Interfaith Week (November 2022) and Advent (December 2022). During Interfaith Week the team hosted a range of speakers to support staff in learning about a diverse range of faiths and beliefs, developing an improved understanding to support their practice. Sessions were delivered on: Chaplaincy, Roman Catholic, Muslim, Baha'i, and Humanist beliefs.

A number of Speciality Patient Experience Groups have been established and are meeting to identify workstream priorities. The Trust continues to seek to recruit additional patient representatives to support groups in the improvement work, if patient and carer representatives have accessed services within the Trust during 2022 are interested in supporting the Trust, information is available on the Trust website: [Speciality Patient Experience Groups - SaTH](#)

Ruth Smith informed the Forum a new Lead Chaplain (Patrick Aldrid) was appointed last week with this role being vacant for a while.

2023/08	<b>Public Participation Plan 2022/23 Action Plan Update</b>
	<p>Julia Clarke gave a brief update on the Public Participation Plan included within the slides:</p> <p><b>SaTH Charity Development &amp; Action Plan</b></p> <ul style="list-style-type: none"> <li>• To raise funds that provide equipment and workforce training not normally funded through normal NHS channels.</li> <li>• To provide engagement opportunities for local people, businesses and organisations</li> <li>• To work alongside the Volunteer Team to encourage support and giving whether its money or time—both are valuable to the Trust.</li> <li>• To develop and implement corporate fundraising priorities which are aligned to the Trust’s strategic objectives.</li> <li>• To encourage utilisation of funds to support identified need.</li> <li>• To raise awareness of the Trust’s activities with our staff, patients, their families and stakeholders to encourage their engagement, to build and develop SaTH and SaTH Charity brand.</li> <li>• To work with and support existing charitable partners which include but not limited to; NHS Charities Together, League of Friends of RSH, Friends of PRH and Lingen Davis.</li> </ul> <p>Julia Clarke informed the Forum SaTH Charity is continuing to increase in its visibility and offer grants to areas for improvements</p> <p><b>SaTH Community Engagement Action Plan</b></p> <ul style="list-style-type: none"> <li>• <b>INCLUSION:</b> To increase the number and diversity of people involved with SaTH, ensuring that they are provided with meaningful and timely involvement opportunities.</li> <li>• <b>RESPONSIVE:</b> Build greater public confidence, trust and understanding by listening and being responsive to our local communities.</li> <li>• <b>DECISION-MAKING:</b> To introduce a public and community perspective to decision making and wider work at SaTH, including, recruitment, strategic planning, training and service development and delivery.</li> <li>• <b>GET INVOLVED:</b> Ensure our communities feel better informed and able to Get Involved if they choose too. Develop a range of involvement opportunities that are rewarding, meaningful and enable individuals from a diverse range of backgrounds to get involved.</li> <li>• <b>COMMUNICATION:</b> SaTH will communicate with our communities directly to ensure they are kept informed and update about what is going on at the hospitals (making use of digital communications).</li> <li>• <b>OUR STAFF:</b> Enabled our staff to have the skills and confidence to engage with our communities.</li> </ul> <p><b>Action: Julia Clarke asked Kate Ballinger to send the revised page links out to the Public Assurance Forum members asking for comments before its launched.</b></p> <p><b>SaTH Volunteer Development &amp; Action Plan</b></p> <ul style="list-style-type: none"> <li>• To improve the patient journey and their experience through a vibrant and effective volunteer programme. To ease pressures on staff and support their wellbeing.</li> </ul>



	<ul style="list-style-type: none"> <li>• To maintain the required number of volunteers to meet the demand from the areas supported by the volunteer service.</li> <li>• Identify new areas within the Trust for support that would receive a positive benefit from a volunteer programme and provide meaningful opportunities.</li> <li>• To reinstate volunteers who have been postponed due to the Covid19 pandemic.</li> <li>• To raise awareness of the Trust's volunteering activities with our patients, their families and stakeholders to encourage their engagement with us.</li> <li>• To provide experience of working in a hospital setting for young volunteers and those experiencing barriers to access volunteering opportunities or those looking for a career in the NHS, for example, the NHS Cadets and Young Volunteer Scheme.</li> <li>• Support our staff to effectively manage and support our volunteers while on placement.</li> </ul>
2023/09	<b>Draft Public Participation Trust Board Quarterly Update</b>
	<p>Julia Clarke gave a summary of the Draft Public Participation Quarterly Update and following the PAF the presentation will be updated to provide an update from PAF. These slides will be shared with the PAF for comments prior to them being added to the report.</p> <p>Highlights of Public Participation – Quarter 3:</p> <p><b>COMMUNITY ENGAGEMENT</b></p> <p>Community membership increased again in Q3. We aim to increase our community membership by 10% year on year and are on target to achieve this.</p> <ul style="list-style-type: none"> <li>• The team have been supporting our Divisions with their Section 242 duties to engage the public around service changes, in Q3 this included: Outpatient Echo Cardiography Service temporarily centralising at PRH.</li> <li>• Two “About Health” Events were held online in Q3 for the public - <i>Menopause</i> by Dr Joanne Richie (Consultant Gynaecologist) and <i>Recovery from Covid19</i> by Sara Biffen (Interim Chief Operating Officer)</li> <li>• Our Community Engagement Team have been attending a number of events, with a particular focus on reaching out to our “hard to reach” groups within the community.</li> </ul> <p><b>VOLUNTEERS</b></p> <ul style="list-style-type: none"> <li>• In October we delivered a Young People’s Academy in Telford to 37 young people aged 16-22, all of whom expressed an interest in pursuing a career in healthcare.</li> <li>• We successfully bid to Health Education England to expand our “Volunteer to Career” programme -one of only 10 successful bids nationally and have received £25k of funding.</li> <li>• As part of our annual Staff Recognition Week, we held a Volunteer Event in November to celebrate and recognise the work of our volunteers.</li> </ul> <p><b>SATH CHARITY</b></p> <ul style="list-style-type: none"> <li>• The new SaTH Charity CRM (Customer Relations Management software) has been implemented. This has allowed the creation of new online forms.</li> <li>• Awareness sessions were held with the Divisions in November on Charitable Fund management with Charitable Funds Committee members attending.</li> </ul>

	<ul style="list-style-type: none"> <li>• SaTH Charity has supported patients and staff with festive celebrations this year, including IPC friendly Christmas decorations for wards and departments.</li> </ul> <p><b>Action: Julia Clarke to email David Brown with any key issues that will need raising at the next Trust Board.</b></p>
<b>2023/10</b>	<b>Any Other Business</b>
	<p>Julia Clarke informed the Forum on the Impact Magazine which shows some of the work which is going on with the journey of 'Getting to Good' which covers a wide range of areas. Cllr Joy Jones thanked Julia for showing the magazine and informed the Forum how interesting and informative it was and will hopefully continue to share.</p> <p>David Brown "reiterated that the purpose of the Forum was to provide Assurance to the Trust that we are indeed engaging and informing our communities of all relevant activities." He thanked the Forum members for their participation and asked partner members to keep their updates coming in, in a written form in advance as its useful in directing the questioning.</p>
<b>2023/011</b>	<b>Dates for the Forum for 2023</b>
	<p style="text-align: center;"><b>Monday 3<sup>rd</sup> April 2023 at 14.00-17.00pm</b>  <b>Monday 3<sup>rd</sup> July 2023 at 14.00-17.00pm</b>  <b>Monday 9<sup>th</sup> October 2023 at 14.00-17.00pm</b></p>

<b>PUBLIC ASSURANCE FORUM ACTION LOG</b>						
<b>Agenda Item</b>	<b>Date of meeting</b>	<b>Action</b>	<b>Lead Officer</b>	<b>Timescale/ Deadline</b>	<b>Comment/ Feedback from Lead Officer</b>	<b>Action</b>
<b>9th January 2023</b>						
2023/01	09/01/2023	Nominations for co-Chair to be sent to Julia Clarke from public members.	Members	03/04/2023		<b>OUTSTANDING</b>
2023/06	09/01/2023	Julia Clarke to discuss public involvement with Rhia Boyode.	Julia Clarke	03/04/2023		<b>OUTSTANDING</b>
2023/07	09/01/2023	Julia Clarke asked Sally Hodson to ask Lisa Challinor to focus on updating on sections 2 & 3 (involvement and engagement) at the next meeting.	Lisa Challinor	03/04/2023		<b>OUTSTANDING</b>
2023/07	09/01/2023	Julia Clarke asked Kate Ballinger to send the revised Public Participation website links out to the Public Assurance Forum members for comments before launch.	Kate Ballinger	10/02/2023		<b>OUTSTANDING</b>

<b>CLOSED ACTIONS</b>						
<b>Agenda Item</b>	<b>Date of meeting</b>	<b>Action</b>	<b>Lead Officer</b>	<b>Timescale/ Deadline</b>	<b>Comment/ Feedback from Lead Officer</b>	<b>Action</b>
<b>24th January 2022</b>						
2022/06	24/01/2022	Forum members were asked to ask the above questions to their members and feedback to Shirley-Ann and confirmed that the Stakeholder Group will help inform what is important to the patients.	Members	17/02/2022	Strategy now finalised and presented to Board	<b>CLOSED</b>
		It was agreed that the Strategy needed to clearly articulate how the Trust is working with external organisations in order to demonstrate an open and transparent approach in involving patients in the scrutiny of services. Shirley-Ann to arrange further discussion with Lynn Cawley.	Shirley-Ann/Lynn Cawley	28/02/2022	Strategy now finalised and presented to Board	<b>CLOSED</b>
<b>9th January 2023</b>						
2023/09	09/01/2023	Julia Clarke to email David Brown with any key issues that will need raising at the next Trust Board.	Julia Clarke	31/01/2023	Email sent	<b>CLOSED</b>

**PUBLIC ASSURANCE FORUM  
TERMS OF REFERENCE**

**Constitution**

The aim of the Public Assurance Forum is to bring a public and community perspective to, and scrutiny of processes, decision making and wider work at The Shrewsbury and Telford Hospital NHS Trust. The Public Assurance Forum is an advisory group who are there to ensure that decisions about services and the delivery of care are developed in partnership with our local communities. The Forum will provide constructive challenge and scrutiny of decisions from a patient and public perspective

**Membership**

The membership of the Public Assurance Forum will be:

Core Members	Deputies
<ul style="list-style-type: none"> <li>• <b>Chair – Non Executive Director</b> David Brown</li> <li>• <b>Deputy Chair – Director of Public Participation</b> Julia Clarke</li> <li>• <b>Head of Public Participation</b> Hannah Roy</li> <li>• <b>Community Engagement Facilitator</b> Kate Ballinger</li> <li>• <b>Head of Patient Experience</b> Ruth Smith</li> <li>• <b>Divisional Directors or nominated deputy from the four clinical divisions:</b> <ul style="list-style-type: none"> <li>- <b>Clinical Support Services</b> Anna Martin</li> <li>- <b>Medicine and Emergency Care</b> Laura Graham</li> <li>- <b>Surgery, Anaesthetics &amp; Cancer</b> Lisa Challinor</li> <li>- <b>Women &amp; Children</b> Carol McInnes</li> </ul> </li> <li>• <b>Healthwatch Shropshire</b> Vanessa Barrett / Lynn Cawley</li> <li>• <b>Healthwatch T&amp;W</b> David Bell</li> <li>• <b>Community Health Council (CHC)</b> Andrea Blayney</li> <li>• <b>Shropshire Patient Group</b> Graham Shepherd</li> <li>• <b>Telford Chief Officers Group (COG)</b> Terry Gee</li> <li>• <b>Patient First, Telford</b> Patrick Spreadbury/Lynn Pickavance</li> </ul>	<p><b>Head of Public Participation</b> Hannah Roy</p> <p><b>Community Engagement Facilitator</b> Kate Ballinger</p> <p><b>Patient Experience</b> Julia Palmer</p> <p><b>Medicine &amp; Emergency Care</b> Trevor Hubbard</p> <p><b>Surgery, Anaesthetics &amp; Cancer</b> Andrena Weston</p> <p><b>Healthwatch Shropshire</b> Vanessa Barrett / Lynn Cawley</p> <p><b>Healthwatch T&amp;W</b> Fiona Doran</p> <p><b>Shropshire Patient Group</b> Gillian Sower</p> <p><b>Patient First, Telford</b> Patrick Spreadbury/Lynn Pickavance</p>

<ul style="list-style-type: none"> <li>• <b>Maternity Voices Partnership</b> Louise Macleod</li> <li>• <b>Shropshire Voluntary and Community Sector Assembly (VCSA)</b> Linda Cox</li> <li>• <b>Powys Association of Voluntary Organisations (PAVO) - Clair Swales</b></li> <li>• <b>Health and Wellbeing Board - Kelly Middleton/Andy Burford</b></li> <li>• <b>Montgomery Health Forum</b> Councillor Joy Jones</li> </ul> <p>Members from other nominated groups (following feedback from stakeholders) can be invited to attend to represent the different communities and areas covering Shropshire, T&amp;W and Powys'</p>	<p><b>Health and Wellbeing Board - Kelly Middleton/Andy Burford</b></p>
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- The appointment of each member of the public/patient groups will be for two/three years. Each organisation will choose which individual will represent their group at the Public Assurance Forum. There will be an opportunity for reappointment and the organisation may choose to nominate a specific role (e.g. Chief Officer so timescales will not apply)
- All representatives are expected to attend forum meetings regularly and give feedback, gather views and information. Each organisation should also nominate a Deputy in the event of unavailability of the main representative.
- A formal review will be undertaken after one year to evaluate the effectiveness of the Forum and its processes.
- To ensure the autonomy of the Forum, members of the following organisations are not able to become a member, however there may be occasions in which they are invited to attend the Public Assurance Forum regarding a specific issue:
  - Public members of Health Scrutiny committees or the Joint Health Overview and Scrutiny committee (and equivalent in Powys)
  - Political or campaign groups
  - NHS organisations such as CCG's, other NHS Trusts
  - Local Authority officers
  - Individual Public members, who are not representing a group or organisation

Others may attend for specific agenda items as required

The Committee will be chaired by a nominated Non-Executive Director of the Trust. In the absence of the nominated Chair, the meeting will be chaired by the Deputy Chair. If there are no Chairs available to attend the meeting then it will be rearranged.

**Responsibilities of Members**

Stakeholders will nominate the individual that should attend to represent their organisation at the Public Assurance Forum (plus on deputy in the event of unavailability). Public Assurance members must be:

- An active member of the organisation they represent
- Be able to provide feedback from the Forum to their organisation/community group and vice versa provide the views of their group to the forum
- Be committed to work collaboratively with the Trust
- Be prepared to voice their view as a lay representative and contribute to debate within the forum
- Be mindful of the need for confidentiality in relation to some agenda items that may come to the attention of the Forum

Questions from the public to be directed to the relevant public organisations. The Trust will promote and direct members of the public to the relevant organisations, with Healthwatch/CHC as the over-arching non-membership organisations that members of the public will be signposted too.

### **Attendance**

Members may appoint suitable deputies to represent them. Deputies must attend when required. It is expected that the organisation will attend for a minimum of 75% of meetings in a year. Attendance will be monitored by an attendance matrix.

### **Quorum**

- A minimum of three members from The Shrewsbury and Telford Hospital NHS Trust and three public representatives.

### **Frequency of meetings**

- The Forum will take place quarterly (or more often if necessary at the discretion of the Chair)
- Meeting dates will be agreed on an annual basis and will not be changed without the permission of the chair.
- Agendas, minutes and papers for the meeting will be distributed no less than seven days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.

### **Authority**

- The Public Assurance Forum is an advisory body and does not have decision making powers
- It formally reports to Trust Board quarterly through the Public Assurance Forum Chair as part of the Public Participation quarterly update
- Members should raise issues of concerns through the Forum in the first instance. The Forum may then decide to refer the issue back to the divisions or department for further consideration. The Chair, deputy Chair and the Public Participation Team are available to provide support to the Forum.
- It is important that Divisions and departments engage with the Public Assurance Forum at an early stage to ensure early and meaningful engagement and to avoid unnecessary delays
- The Public Assurance Forum have the authority not to assure a document and refer it back to the Division/department with further queries, comments or guidance.

## Duties

- To support SaTH to develop ways of engaging and involving the public and local communities
- To agree members who will be involved in key pieces of work to ensure that the public/community voices have been heard in decision made across SaTH.
- To provide a mechanism for public assurance around decision making processes across the organisation
- To review and support the development of public engagement plans in relation to service changes and developments (Section 242)
- To support the Divisions in developing an ongoing dialogue and engagement plan with its patients, public and local communities.
- The Forum should provide advice and assurance on Division's plans to engage and involve the public and the local communities on their planning and delivery of their services.
- To provide assurance to SaTH that the voices of patients, public and carers are heard and taken into account in relation to service development, changes, strategies and other key documents
- Enable our Seldom Heard Communities to be listened to and involved with the Forum and for their views to be taken into account.
- To use the expertise of the group members to support making informed decisions and recommendations on engaging our communities in relation to service developments and changes within the Trust
- To provide assurance that Equality Impact Assessments are integrated and take into consideration the impact upon patients, carers and our local communities

## Reporting

The Committee will routinely receive the following reports:

- Action Plan for the Public Participation Plan
- Public Participation Quarterly Trust Board Update

## Administrative arrangements

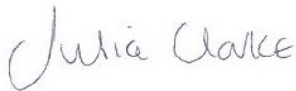
The Secretarial support will be provided by the Public Participation Team who has responsibility for:

- Keeping a record of matters arising and issues to be carried forward.
- Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete.
- Producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these are dates and booking appropriate rooms and facilities.
- Producing appropriate support to the Chair and Committee members.
- Providing notice of each meeting and requesting agenda items no later than 7 working days before a meeting.
- Agreeing the agenda with the Chair prior to sending the agenda and papers to members no later than 5 working days before the meeting (urgent business should be agreed with the Chair, prior to the meeting, and the secretary should be notified).

<b>Review</b>	
Terms of Reference will be reviewed annually.	
<b>Approved:</b>	July 2022
<b>To be reviewed:</b>	July 2023



## Public Assurance Forum 3 April 2023

<b>Agenda item</b>	2023/18		
<b>Report</b>	Service Change Update		
<b>Executive Lead</b>	Julia Clarke, Director of Public Participation		
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>
	Our patients and community	√	Safe
	Our people		Effective
	Our service delivery		Caring
	Our partners		Responsive
	Our governance		Well Led
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>
	For assurance		BAF 9
	For decision / approval		<b>Link to risk register:</b>
	For review / discussion		
	For noting		
	For information	√	
	For consent		
<b>Presented to:</b>	- Public Assurance Forum 3 April 2023		
<b>Dependent upon (if applicable):</b>	- N/A		
<b>Executive summary:</b>	<p>The Trust has a legal duty under Section 242 of the Health and Social Care Act 2012 to involve the public and patients in decision making around service changes and developments</p> <p>For all service changes the Trust will:</p> <ul style="list-style-type: none"> <li>• Complete an equality Impact Assessment, with Patient and Public Feedback</li> <li>• Hold stakeholder events, which includes inviting the Healthwatch's, Community Health Council (CHC), Patient groups, Patients groups with specialist interest, Members of the Public Assurance Forum.</li> <li>• We will send information of the service change and meetings to our 2900 community members and 300 community organisations (including Town and Parish Councils)</li> </ul> <p>This paper provides an update on Service changes at SaTH over Q3.</p>		
<b>Appendices</b>	Appendix 1: Service Change Update		
			

## **1.0 Key updates on Service Changes**

**1.1** Details of current and previous service change proposal can be found on our website. [Service Changes and Developments - SaTH](#)

Our webpages contain information which includes:

- The presentation to our stakeholders and communities
- Equality Impact assessment
- Engagement Plan and Report
- Questions and Answers

**1.2** This Paper provides an update on ongoing Service Changes in Quarter 3:

- Renal Dialysis (PRH)
- Mobile breast screening service (community)
- Outpatient Echocardiography (RSH & PRH)

## **3.0 Risks and actions**

<b>Risk</b>	<b>Action</b>	<b>Timescales</b>
1. Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities	A detailed action plan will be drawn up and reviewed regularly with the implementation of the Public Assurance Forum	On going
2. Fail to deliver statutory duties (s242) to engage with the public	Continue to support our Divisions to ensure they meet their Statutory Duties.	Ongoing
3. Staff not having the skills or confidence to engage with our communities	The development of an online training module, and resource pack for manager	Completed

## **4. Recommendations**

The Public Assurance Forum is asked to

NOTE the service changes and the current position

Julia Clarke  
**Director of Public Participation**

January 2023

# Outpatient Echocardiography Service (Temporary Service Change)

Ruth Horner - Centre Manager  
March 2023



# Background (1)

- In November 2022 the Cardiorespiratory service wait time for echocardiography was at 11 weeks with only 54% of patient being seen within the 6 week National Access Target for diagnostics.
- As a result of this, the service made the decision, supported by the Trust, its system partners and through public consultation to temporarily relocate the echocardiography service at the Royal Shrewsbury Hospital site to the Princess Royal Hospital at Telford
- This temporary move would facilitate an increase in the capacity for echocardiography, through flexible use of staff and accommodation.



# Current position

- The temporary relocation commenced on 16<sup>th</sup> January 2023 and has now (17/3/23) been in place for 9 weeks.
- The current echocardiography performance against the National Access Targets for diagnostics is 82%
- This represents a 28% improvement in performance
- The service is on target to be back within the 95% National Access Target for diagnostics before the end of April.
- The service continues to monitor its performance weekly to provide local and national assurance that the 6 week National Access Target will be met



# Breast Screening Recovery

Sarah Byrne Deputy Superintendent, Breast Imaging  
March 2023



# The Challenge

- There was a backlog of clients who were waiting to be invited for their NHS breast screening, this is due to delays during the first wave of the pandemic
- 17,725 women were overdue their invitation for breast screening. :
  - Market Drayton – 2669
  - Bridgnorth – 4235
  - Shrewsbury – 10,821
- There was no backlog in Telford due to the hospital based mobile unit being on site for the duration of the pandemic.



# Solution

- We made a temporary change for the service to Market Drayton & Bridgnorth in 2022
- To clear the backlog of 17,725 women who required their breast screening appointment, the service was centralised to the main hospital sites (RSH and PRH)
- Temporarily centralising the service ensured that women were offered a screening appointment sooner rather than waiting for the mobile unit to arrive at their location. Thus preventing delays in diagnosis.
- To help clear the back log of appointments (in Shrewsbury, Market Drayton and Bridgnorth) the Trust is insourced additional staff to support the services at RSH and PRH. The contract only provided the services to be delivered at the main hospital sites.
- The breast screening service also expanded from a 5 day service to a 7 day service





# Solution

- Extended days with no radiographer travel time meant we could screen more women per day
- Women phoned in for their appointments at their convenience
- We organised community transport via Community Wheels. Women came with friends and some women treated it as a day for an outing with friends. All outstanding women had been invited by 2022
- The mobile is back out in the community having resumed its normal round plan
- We are back on track and the mobile will return to Market Drayton and Bridgnorth in 2025



## Current position

- Women were able to attend for their screening in a timely manor
- Recovery is well under way as per NHSBSP requirements for 3 months above 90%

- **Jan 2023**

Uptake – 70.2%

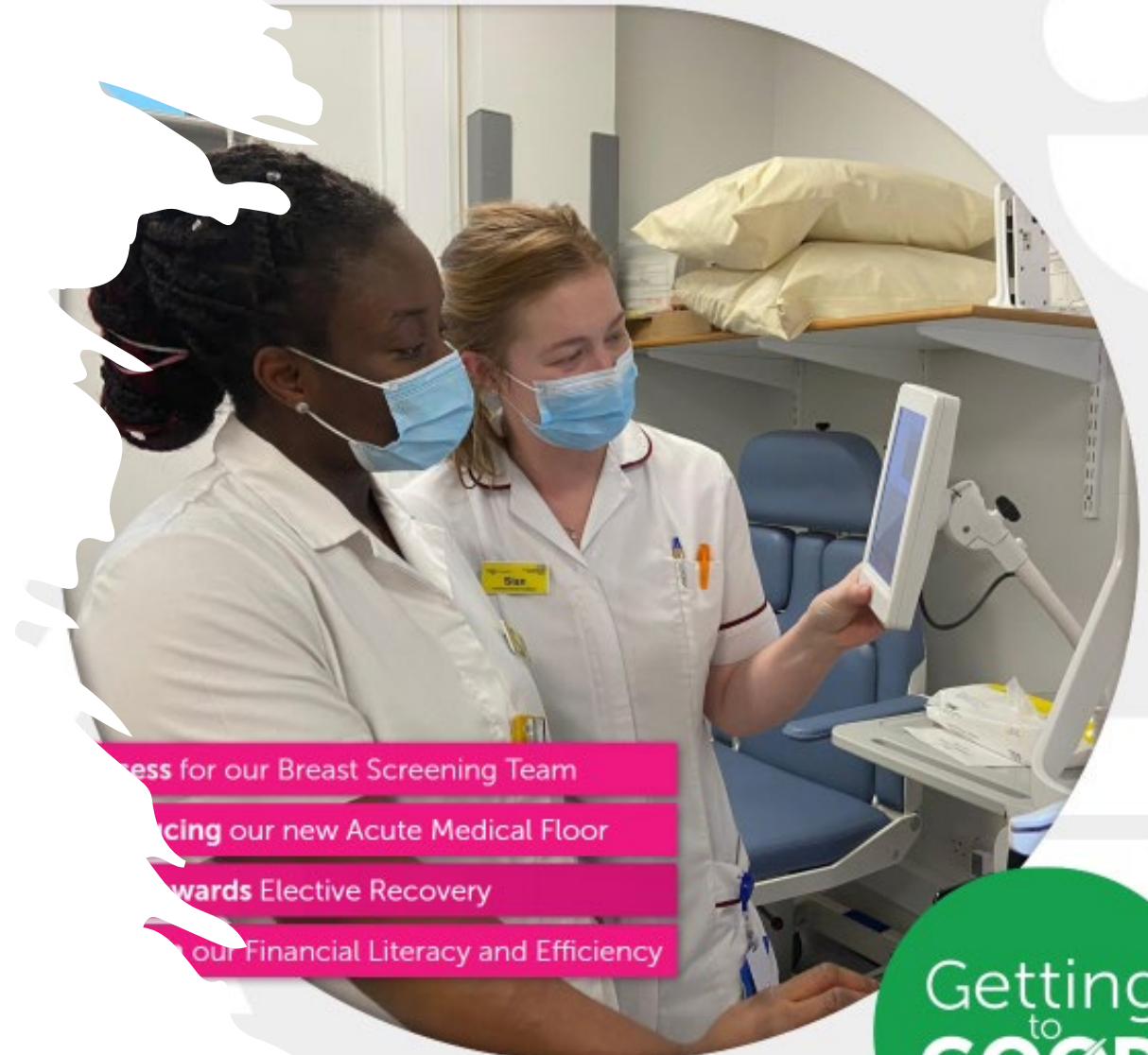
Roundlength – 86.5%

Screen to RR – 40%

- **Feb 2023**

- Roundlength 93.6%

- Screen to RR 97%



...ess for our Breast Screening Team

...ncing our new Acute Medical Floor

...wards Elective Recovery

...our Financial Literacy and Efficiency

# Success



## Breast Screening Success

The number of patients waiting for breast screening due to the COVID-19 pandemic has been reduced by more than 17,000 to zero – in just six months.

# PRH Renal Service Hollinswood House Presentation

Hollinswood House,  
Stafford Park 1,  
Stafford Park,  
Telford,  
TF3 3BD



## Hollinswood House Telford

- The Renal Unit in Hollinswood House construction is progressing
- The 1<sup>st</sup> and 2<sup>nd</sup> floor partitions and Mechanical and Electrical elements are now complete
- The Patient Trolley Lift is under construction
- The external Energy Centre foundations are now complete with walls under construction.
- The window replacement survey has been completed.
- Completion is scheduled for the end of July 23. Still awaiting Lease agreement between developers and National Grid.



## Hollinswood House Renal Floors progress photographs.

Renal  
1<sup>st</sup> Floor



Renal  
2<sup>nd</sup> Floor



<b>Public Assurance Forum</b>	
<b>Member Update</b>	
<p><b>Name of Organisation: Healthwatch Telford &amp; Wrekin</b>  <b>Name of Member: David Bell Vice Chair HWT&amp;W</b>  <b>Date: Monday 3<sup>rd</sup> April</b>  <b>Time: 2pm- 5pm</b>  <b>Location: Microsoft Teams</b></p>	
<b>1.</b>	<p><b>Key updates from member organisation</b></p> <p>As members of the Forum will be aware in the recent period there has been a Tender for HW Services in our area. The contract for HWT&amp;W has been awarded to Engaging Communities Solutions based in Wallsall who run a number of local HW in the West and East Midlands. This will be effective from 1 April 2023.</p> <p>We have been busy with our Exit Plans but normal engagements and Enter &amp; View Activity have continued. I am pleased that Jan Suckling (our Lead) will join the ECS Team and lead the HWT&amp;W team for the future and our work plan will continue. There will be a local Advisory Board for HWT&amp;W that I hope to join and continue with the Forum and other SATH activities.</p> <p>We continue our concern for local GP services, Ambulance waits, A&amp;E provision and the backlog in hospital services and any discharge delays given the issues facing care services. We continue to monitor the Hospitals Transformation Services.</p> <p>Our Chair will be presenting our final report on our progress to the Health &amp; Wellbeing Board shortly</p>
<b>2.</b>	<p><b>Any items for discussion at the Public Assurance Forum from member organisation</b></p> <ul style="list-style-type: none"> <li>• A&amp;E Provision</li> <li>• Ambulance Services</li> <li>• Backlogs</li> <li>• Discharge</li> <li>• Social Care provision</li> </ul>
<b>3.</b>	<p><b>Action update from previous meeting (if applicable)</b></p>

<b>Report by:</b>	David Bell
<b>Date</b>	20/03/23



## Public Assurance Forum

### Member Update

**Name of Organisation:** Healthwatch Shropshire

**Name of Member:** Liz Florendine

**Date:** Monday 3<sup>rd</sup> April

**Time:** 2pm- 5pm

**Location:** Microsoft Teams

#### 1. Key updates from member organisation

##### **Complaints Survey**

We are grateful for the input from complaints managers from Shropshire Council, Midland Partnership NHS Foundation Trust, Shrewsbury and Telford Hospital NHS Trust, Shropshire Community Health NHS Trust and West Midlands Ambulance Service NHS Foundation Trust to the questions used in our survey. The survey was launched on 28th February and we have had a good response so far. We would be grateful if all partners could promote this survey through their networks. We hope this will be a good opportunity to get independent feedback on the handling of complaints from a patient or service user perspective. The survey will remain open until the end of March.

##### **'Because we all care' engagement with older people**

We are trying to encourage older people to share their experience with us about health and social care during the winter so we can help services identify and address issues and improve support for their community. Also, to increase feedback about crucial areas of winter care.

We have attended the Home Instead Coffee Morning, Knit and Natter at Wem Library, Greenacres group for the elderly and we are visiting the Memory Café in Ludlow and Much Wenlock Dementia Support Group and Kit and Natter in Ludlow. On social media we are asking for a general call for experiences so no survey but directing people to the 'Share Your Views' section on our website.

##### **Market Halls**

We have been visiting markets across Shropshire, talking to people about their views and asking them if they are concerned about a particular to service to put a button in the cup for that service. By talking to people in their leisure time we have been able to have some lengthier conversations and gather some in-depth feedback about people's experiences this winter.

**'Because we all care' – GP referrals**

We had an excellent response to the online survey we ran at the end of last year asking about people's experiences of seeking a referral into secondary / specialised care. We heard from 369 people. The report being drafted will examine the experiences of 279 people who were either referred or expected a referral.

2.	<b>Any items for discussion at the Public Assurance Forum from member organisation</b>
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3.	<b>Action update from previous meeting (if applicable)</b>
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<b>Report by:</b>	Liz Florendine HWS
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<b>Date:</b>	14th March 2023
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<b>Public Assurance Forum</b>	
<b>Member Update</b>	
<b>Name of Organisation: Shropshire Patient Group</b> <b>Name of Member: Graham Shepherd</b> <b>Date: Monday 3<sup>rd</sup> April</b> <b>Time: 2pm- 5pm</b> <b>Location: Microsoft Teams</b>	
1.	<b>Key updates from member organisation</b>  <p>Following the discussions at the last PAF, which resulted in Julia Clark taking away an action to discuss public involvement with Rhia Boyode, Julia and Hannah arranged an online meeting with Julian Birch - Chair of the SPG and myself and discussed this topic and clarified the role of the PAF. This meeting was detailed and informative with all present agreeing a clear path going forward.</p>
2.	<b>Any items for discussion at the Public Assurance Forum from member organisation</b>  <div style="height: 150px;"></div>
3.	<b>Action update from previous meeting (if applicable)</b>  <div style="height: 100px;"></div>
<b>Report by:</b>	Graham Shepherd
<b>Date</b>	21/03/23

## Public Assurance Forum

### Divisional Update

**Name of Division: Women & Children's**

**Name of Divisional Lead: Carol McInnes, Director of Operations**

**Date: Monday 3<sup>rd</sup> April**

**Time: 14.00-17.00 Location: Microsoft Teams**

#### 1. **Key updates from Division**

##### **Gynaecology**

- We continue to receive a high number of referrals for gynaecology outpatient appointments. Work is being undertaken with primary care to review referral pathways in an effort to address the increase in activity we have seen.
- Compliance with the 2 week wait cancer standard has improved, a further review of the pathway is scheduled to look for other opportunities to improve waiting times.

##### **Paediatrics**

- A successful recruitment campaign has been undertaken to address nursing workforce shortages by introducing rotational posts across SaTH, Shropcom, Robert Jones & Agnus Hunt and Hope House, further work is underway to implement adult nurse conversion courses with local universities.

##### **Neonates**

- New staffing guidance has been published for neonatal units. A gap analysis has been undertaken against this guidance and a business case to address the gaps identified has been produced. This will need to be taken through the system planning process.
- New recliner chairs have been purchased for all cots in the unit to enable parents to stay close to their babies for as long as they want to (in comfort!).

##### **Maternity**

- Delivery against the Ockenden action plan is ahead of plan.
- Midwifery staff vacancies have been addressed; our new staff members have now completed their preceptorship.
- We've received very positive feedback from Health Education England about the experience and support our student midwives receive.
- International recruitment for midwifery staff is underway, this will help add some resilience to our workforce plan and also help us to create a more representative and diverse workforce.

2.	<b>Update on any current or future service developments or changes</b>
<ul style="list-style-type: none"> <li>• Planning for 2023/24 is underway based on national priorities for all services.</li> <li>• Work has commenced with a project group to look at the hysteroscopy pathway with a focus on patient experience incorporating pain management.</li> </ul>	
3.	<b>How is the Division going to involve patients/public in the next quarter?</b>
<p><b>1. Continued partnership and engagement work alongside our MVP colleagues for our maternity and neonatal services. Areas of focus include -</b></p> <ul style="list-style-type: none"> <li>• Development of the competency framework for midwives – MVP supporting with this by focusing upon community engagement to capture service user experience, to produce video case studies for the training package</li> <li>• Community – peri-natal mental health provision, receiving a number of DNA's – the MVP are helping with marketing the service, supporting referral process (clarify the service provision for our women)</li> <li>• Neonatal service – Reps, working with the team, refurbishing the parent flats</li> <li>• A review of the 360 tour for neonatal service, volunteers are reviewing this to make sure all information needed is included</li> <li>• Continued implementation of 15 steps for maternity. Our post-natal area visit has just been completed, action plan in place for delivery – feedback directly to MVP</li> <li>• Research – Harvard University Project 'Team Birth' – focus on communication (huddles/ boards/ training to improve communication – grant stage) Focus group with volunteers to look at feasibility of study and appropriateness</li> <li>• MVP volunteers have re-reviewed the birth preference card and provided feedback – a revised version is with the printers</li> <li>• MVP presentation for Band 7 away day about service user engagement</li> <li>• Preceptorship midwifery briefing has been filmed by MVP</li> <li>• A volunteer is providing support with induction of labour video's</li> <li>• MVP support to anaesthetics team re process and information for C- Sections commenced</li> <li>• Social media led project – patient admission information (top tips)</li> <li>• Support for pelvic health project continued with MVP/ volunteers – referral form has just gone live</li> <li>• MVP volunteers have supported with antenatal education information by reviewing content on pilot information prior to 'go live'</li> </ul> <p><b>Gynaecology</b></p> <ul style="list-style-type: none"> <li>• PACE group in place – looking to increase the participation numbers and increasing diverse representation via primary care (communication and bookings first priority, will seek engagement hysteroscopy pathway work)</li> <li>• MVP link for EPAS – feedback re clinical appearance of unit, murals purchased following feedback, awaiting fitting date</li> </ul>	
4.	<b>Action update from previous meeting (if applicable)</b>
NA	
<b>Report by:</b>	Carol McInnes
<b>Date</b>	20/03/23

<b>Public Assurance Forum</b>	
<b>Divisional Update</b>	
<b>Name of Division: Medicine and Emergency Care Division</b> <b>Name of Divisional Lead: Laura Graham, Divisional Director of Operations</b> <b>Date: 3<sup>rd</sup> April</b> <b>Time: 14.00-17.00</b> <b>Location: Microsoft Teams</b>	
<b>1.</b>	<b>Key updates from Division</b>  <p>The new Acute Floor at RSH has been up &amp; running since the end of December 2022. This floor provides a dedicated assessment and treatment area for medical patients referred by their GP. As of 14<sup>th</sup> March 1647 patients had been treated within this area. Prior to opening of the Acute Floor this group of patients would have had to be seen in our Emergency Department.</p> <p>Despite this our Emergency Departments remain under considerable pressure</p> <p>The Division has rolled out a ward process improvement programme across all Medical wards. This is focused on bringing our discharges forward to earlier in the day and in doing so improving patient experience.</p>
<b>2.</b>	<b>Update on any current or future service developments or changes</b>  <p>Work continues to prepare for the relocation of the PRH renal dialysis unit to Hollinswood House in the autumn of next year.</p>
<b>3.</b>	<b>How is the Division going to involve patients/public in the next quarter?</b>  <p>Patients/public will continue to be involved in the ongoing renal dialysis unit relocation and our PACE panels across the Division.</p>
<b>4.</b>	<b>Action update from previous meeting (if applicable)</b>  
<b>Report by:</b>	Laura Graham
<b>Date</b>	28/03/23

## Public Assurance Forum

### Divisional Update

**Name of Division: Clinical Support Services**

**Name of Divisional Lead: Dianne Lloyd, Acting Deputy Divisional Director**

**Date: Monday 3<sup>rd</sup> April**

**Time: 14.00-17.00 Location: Microsoft Teams**

#### 1. Key updates from Division

##### **Workforce:**

The previously reported challenges due to vacancies, sickness, and COVID sickness continue to be evident in all Centres within Clinical Support Services.

Significant work continues across the Division with growing success including international recruitment, apprenticeships, “golden tickets” for final year students, recruitment events and introducing new roles and ways of working such as Pharmacy Technicians and Reporting Radiographers.

In this way we have been successful in recruiting into some notably hard to fill vacancies such as radiographers, sonographers and physiotherapists, however we continue to have less success in the nationally recognised shortage professions of Pharmacists, Speech & Language Therapists and Occupational Therapists.

Our newly qualified band 5 posts will not come into place until July / August therefore our service provision remains challenged during this time.

##### **Pharmacy Integrated Workforce Project**

A system wide ICS Pharmacy Workforce Plan has been submitted to the ICS Investment Panel to establish a Pharmacy Faculty / Workforce Development Team and if successful may support the longer-term recruitment and retention of pharmacy staff.

This is required because nationally and locally the Pharmacy workforce has been adversely affected by the development of Primary Care Networks (PCN's) across the system resulting in a significant increase in vacancies within SaTH now and predicted for the future as the PCN's have an ambition to recruit up to 55 Pharmacists by 2024.

Nationally, some Trusts are reporting vacancy rates in excess of 50% (SaTH vacancy rate currently 20%).

##### **2022 Staff Survey – headlines:**

- 2022 response rate for the Division was our highest yet at 57%
- Despite our workforce challenges, all 9 People Promises/themes have improved year on year in CSS, with 5 being higher than the Trust's average
- All 30 sub scores have also improved year on year, with 27 of these being higher than the Trust's average.

## Clinical Support Services



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff engagement
2022	7.00	5.63	6.24	5.67	5.09	5.49	6.46	6.23
2021	6.81	5.47	6.09	5.44	4.76	5.21	6.28	6.06

■ 2022 ■ 2021

### DM01 (Diagnostic Management Standard 01) position:

We are now making significant and steady progress with reducing our backlogs and waiting times as can be seen in the chart below:

Metric	Latest Month	Actual	Target	Performance	Assurance	Mean	Lower Process Limit	Upper Process Limit
DM01 Performance - Imaging	Feb-23	79%	99%	?	F	68%	55%	81%
DM01 Performance - MRI	Feb-23	93%	99%	H	F	67%	51%	83%
DM01 Performance - CT	Feb-23	96%	99%	H	F	77%	61%	93%
DM01 Performance - Ultrasound	Feb-23	64%	99%	L	F	66%	54%	79%

We are achieving this through a wide variety of ways including the use of mobile CT and MRI scanners, waiting list initiatives, insourcing and outsourcing for additional capacity in reporting, new ways of working such as Reporting Radiographers, home reporting equipment and improved staffing levels.

Based on the above, we predict we will achieve the DM01 standard of 99% by October 2023 for CT and MRI and by November for Ultrasound.



**Breast Screening:**

- **The temporary move of Breast screening services for Market Drayton and Bridgnorth** enabled us to temporarily centralise the service at RSH and PRH and due to this we were able to extend appointment times into evenings and weekends. As a result, the Covid-19 backlog waiting list of 17,141 patients has been cleared in the last 6 months. The mobile breast screening units have now returned to their 3 yearly cycle of moving around the county. Round length (the percentage of eligible women whose first offered appointment is within 36 months of their previous screen against a target of 90%) continues to improve from a position of 0.8% in January 2022 to 93% in December 2022 (latest reported figure).
- **New Mobile Breast Screening Unit** - The Department of Health and Social Care has awarded SaTH £384,000 to purchase a mobile breast screening unit and screening X-ray equipment which will replace our oldest mobile unit (12 years old) and boost capacity as the old unit is a single unit and then new van will have twin screening units. This money is in response to addressing areas where uptake is low and should address key issues around health inequalities and boost activity (Breast Screening uptake target is 70%: SaTH's November's uptake was 54.6%).
- **NetCall text reminders for appointments** will be introduced in the new financial year.

**National shortages of Medicines and Blood Supply Shortage** continue and is remaining difficult to sustain with over 800 medicines on the list including critical care medicines, immunoglobulins, opiates, fertility medicines, bowel preparations, Entonox, monoclonal used to treat Covid, liquid antibiotics for Strep A in children, Molybdenum used in Nuclear Medicine. and several hundred medicines at any time are now subject to ongoing shortages along with portable oxygen cylinders. Our Pharmacy Procurement Team work tirelessly to ensure continued supply / appropriate substitute medicines.

The national shortage of red blood cells and platelets is being co-ordinated regionally. The Midlands Regional Blood Transfusion Committee has written to all hospitals in the region to thank them for their support which has helped stabilise the national blood stocks to a safer level.

2.	<b>Update on any current or future service developments or changes</b>
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**A new Therapy Service for Neonates:**

We have been successful in a bid via the West Midlands Neonatal Operational Delivery Network in securing Ockenden funding for the permanent appointment of therapy staff across all 4 professions to work in the Neonatal Unit at PRH and recruitment is currently underway. We are aiming to also improve our Acute Paediatric Therapy Service.

**RJAH on-call Blood Sciences** service remains temporarily withdrawn (wef 05.09.22) as previously notified, due to lack of staff to maintain an on-site service at RJAH and all tests continue to be processed at RSH and TAT's remain unaffected. Once there are sufficient BMS staff available service will be restored in the mornings at weekends and further discussions are being held about the future requirements of the RJAH on-call service.

**Community Diagnostics Centre (CDC):**

As previously advised, this project is to develop a Community Diagnostic Centre at Hollinswood House, in Telford. It forms part of a national programme of work to increase

the accessibility of diagnostic tests in the community. The expected operational date for the CDC is from mid-July 2023 dependent upon agreement of the lease for the building, enabling estates work and the installation of CT and MRI scanners. Recruitment to the CDC posts is on-going and making good progress.

**Pathology Network:**

The Pathology Centre is working with their Network partners and has set up a 'N8' Network Governance Board. Dr Angus McGregor, Interim Medical Director for CSS has recently been appointed to the post of Pathology Network Medical Director.

The Network's primary roles will be to agree the membership, the governance structure, and to review the operating model options, before making their recommendations for future integrated Pathology service provision. Engagement sessions are held monthly with the Pathology Networking Steering Group, including staff representatives for SaTH.

**Musculo-skeletal (MSK) Transformation Programme:**

This programme involves the 3 local NHS providers (SaTH, RJAH and SCHAT) in developing an integrated pathway from GP referral to surgery if required, including post-operative care.

The first phase will be the introduction of a single Referral Centre and triage process leading to conservative management mainly via Physiotherapy and Occupational Therapy across all of the 3 Trusts which began in principle from 01.02.23.

The programme is led by the ICS who have an engagement strategy encompassing staff and patients.

**3. How is the Division going to involve patients/public in the next quarter?**

Since the last meeting of the Public Assurance Forum, Clinical Support Services Division has established a Patient Experience Group reporting to the Patient and Carer Engagement Panel and chaired by the Acting Deputy Divisional Director with membership from across all 4 Centres and a patient representative in attendance at the first two meetings.

A recruitment campaign is underway to recruit more patient representatives for future meetings.

The early work of this new group has been to develop a patient and carer involvement and engagement strategy and action plan specifically for CSS.



CSS ACTION PLAN  
version date 24.02.2

**We are making a big effort to increase the amount of patient feedback we are collecting and discuss this at our new Patient Experience Group meetings. Here are just a few examples typical of the feedback we are receiving:**

**Our Phlebotomy Manager attended a volunteer phlebotomy engagement meeting** on the of 16th November 2022. It was well attended and feedback from the volunteers about staff and the department was fantastic. It was also a good opportunity to use the meeting to thank the volunteers for all their hard work and dedication to the service.

**The Phlebotomy service** continues to receive positive feedback from service users, recently for example *"in the troubled world we live in the visit to phlebotomy is a welcome and enjoyable experience."*

**Breast Screening** (19.12.22): *“Thank you for the excellent service you deliver. The team are kind, compassionate, caring and skilled. You worked really well together today too - seamless. Thank you”*

**MRI:** *“Just to say a big thank you for looking after me so well on 18 January. It was all very efficient and with smiles on faces especially when humour is hard to find in parts of the NHS. Once again thank you”*

**Pharmacy:** *“When mum was discharged from ward 27 in November she commented on how polite and professional all the pharmacy staff were that she came into contact with and in particular the pharmacist who sorted her meds out when she was discharged”*

**Therapies:** *“My therapist has given me my life back. My accident left me feeling I would never be how I am now, thank you from the bottom of my heart”*

**4. Action update from previous meeting (if applicable)**

N/A as all covered in report.

**Report by: Dianne Lloyd**

**Acting Deputy Divisional Director, CSS**

**Date: 14.02.22**

## Public Assurance Forum

### Divisional Update

**Name of Division: Surgery, Anaesthetics, Critical Care, Cancer**

**Name of Divisional Lead: Emily Hinkinson *on behalf of Lisa Challinor***

**Date: Monday 3<sup>rd</sup> April 2023**

**Time: 14.00-17.00 Location: Microsoft Teams**

#### 1. Key updates from Division

##### Oncology

- Radiotherapy waiting area – feedback from patients regarding the waiting area and improvements to the environment which could be undertaken to make it a better patient experience
- Introduction of new Careflow system

##### Haematology

- PIFU leaflets updated

##### ENT

- Shortlisting complete for fixed term 9<sup>th</sup> ENT consultant, 2 applicants to interview
- Cancer Alliance funds secured to purchase new equipment within Head and Neck

##### Ophthalmology

- Additional funding from Cancer Alliance secured for 97K, equipment ordered
- Additional capacity secured to support 2WW Head and Neck, 2WW compliance met for 3 consecutive months

##### Surgery

- Lack of FIT [faecal immunochemical test] with colorectal cancer referrals causing significant risk to patients treatment
- Hepatology service has been formally assessed by IQILS [Improving Quality in Liver Services] and have passed the requirements for level 1. We are therefore an official IQILS accredited service

##### MSK

- Newly appointed Orthogeriatrician has started in his substantive role at PRH

##### Patient Access

- The team have now validated circa 10,000 patients in line with NHSE directive

#### 2. Update on any current or future service developments or changes

HTP planning and engagement with the public continues across the Division

##### Theatres

- Equality / Diversity survey conducted by theatres team; action plan reviewed
- Restoration of elective orthopaedic training underway

##### ENT/Ophthalmology

- Introduction of aqueous shunts or Glaucoma drainage services pending approval by commissioners

- Electronic triage due to start January for Otology patients 1<sup>st</sup> April
- New 2WW proforma for Head and Neck approved via ICB/ICS implemented as of 1<sup>st</sup> January
- Business Case in progress for 6<sup>TH</sup> Max Fax Cancer Consultant
- Business Case completed for Rhinology kit, due to be presented to League of Friends March 2023

#### Oncology/Haematology

- Haematology Advanced Care Practitioner started in February
- Delivery of a new Cool Cap machine funded by patients and the Lingen Davies charity
- Patients currently having treatment in the department have shared their views and ideas and we have quickly processed these i.e. removing all unnecessary posters, removed used paperback books and lost property. Painted the walls and hung pictures that a patient had donated

#### ENT/Ophthalmology

- SaTH working in conjunction with Paragon to provide support for Paediatric Ophthalmology; first clinics booked in March 2023
- Weekend Vanguard lists still underway to support skin cancer, Ophthalmology and dental extractions

#### Surgery

- In December 2022, formal approval was achieved to implement robotic surgery at SaTH. The Trust has procured a state of the art Intuitive Da Vinci Xi dual console system that will allow us to provide robotic surgery for urology, colorectal, gynaecology-oncology and head and neck patients. The system will be delivered on site before the end of March 2023. Extensive training for all theatre teams, surgeons and CSSD staff across the Trust will start soon in collaboration with Intuitive who have a wealth of experience in this activity
- ITU returned to main RSH building. Ward 37 opened, Ward 29 moved to Ward 26 to allow works on Ward 29

#### MSK

- Long waiting orthopaedic patients have been treated in partnership with SWELOC in London, Balborough in Derby and RJAH. Patients have thanked SaTH for the opportunity and reported a great experience in London

#### Patient Access

- Wording of patient appointment letters reviewed and updated

#### Theatres

- Patient satisfaction survey, including Vanguard Unit and pre-op; recommendations and feedback discussed with divisional teams
- Social media campaign for band 4 nursing associates about to go live

#### Plaster room

- Patient information leaflets and posters reviewed and updated

<b>3.</b>	<b>How is the Division going to involve patients/public in the next quarter?</b>
	<ul style="list-style-type: none"> <li>➤ Reintroduce observe and act groups to wards and departments</li> <li>➤ The transition from SEMA to Careflow; as part of the project, patients are involved and asked to provide suggestions for the Trust letter templates. The reading age was reduced to bring in line with all templates - reading age is 9 to 11 years</li> <li>➤ Patient information panel have reviewed our PIFU &amp; RSM leaflets suggesting changes to bring the reading age down from 12 to 9 on all leaflets. These will now be discussed further with clinical teams to undertake amendments</li> </ul>
<b>4.</b>	<b>Action update from previous meeting (if applicable)</b>
<b>Report by:</b>	L Challinor
<b>Date:</b>	15/03/2023

## Public Assurance Forum

### Divisional Update

**Name of Speciality: Patient Experience**

**Name of Speciality Lead: Ruth Smith**

**Date: Monday 3<sup>rd</sup> March**

**Time: 14.00-17.00 Location: Microsoft Teams**

#### 1. **Key updates from Division**

The Chaplaincy Team within the Trust has been fully recruited to in quarter 4 2022/23. One full time and three part time Chaplains have joined the multifaith team to provide improved service cover. A patient representative was involved in a stakeholder group as part of the recruitment process.

The Chaplaincy Team supported patients and colleagues across the Trust in celebrating, Lunar New Year (January 2023), Holocaust Memorial Day (27<sup>TH</sup> January 2023), World Interfaith Harmony Week (February 2023) and Ash Wednesday (22<sup>nd</sup> February 2023).

The 10<sup>th</sup> March 2023 marked the date that the World Health Organisation officially declared COVID-19 a pandemic. In remembrance of this date, a short service was held in each of the hospital chapels. The gathering was held to remember the sacrifices made by staff, and those lost directly or indirectly from the pandemic. Recognition was also given to the sacrifices staff make every day to ensure the safety and wellbeing of our population.

#### 2. **Update on any current or future service developments or changes**

As part of the Electronic Patient Record (EPR) work being undertaken within the Trust and requirement to review patient letters held in the present system (SEMA), a Letters Task and Finish Group has been formed to support the review within programme timescales.

A patient representative of the Patient Information Panel, who has received health literacy training, joined the Letters Task and Finish Group, to provide insight and input. Workshops have been held to review the core letter templates presently used within the Trust and agree standardised templates to be adopted going forward. In addition to the patient representative from the Letters Task and Finish Group, additional representation has been included in the workshops to provide insight from a patient perspective.

In addition to patient representatives being involved in the letter review process, dates have been identified to capture feedback from people with lived experience, attending outpatient appointments. This is to gain feedback from patients who have received a letter and attended an appointment, identifying if the information

met their needs in attending the appointment, aspects that helped them, and areas that may be confusing. This will be used to inform the work being undertaken.

**3. How is the Service going to involve patients/public in the next quarter?**

The Co-Chair patient representative of the Patient and Carer Experience (PaCE) Panel will be attending an NHS England conference in London in recognition of Experience of Care Week. This provides an opportunity to learn and share best practice initiatives with NHS Trusts across England.

Involvement of patient and carer representatives will continue through involvement of representatives on the Patient and Carer Experience (PaCE) Panel, Speciality Patient Experience Groups, Patient Information Panel, Independent Complaints Review Group, Trust Food Group, recruitment, Patient Led Assessment of the Care Environment (PLACE) group and a range of other activities.

**4. Action update from previous meeting (if applicable)**

The Trust is continuing to recruit patient representatives to support newly formed Speciality Patient Experience Groups. If patient or carer representatives would be interested in becoming a group member to support improvement work, information is available on the Trust website: [Speciality Patient Experience Groups - SaTH](#)

**Report by:** Ruth Smith

**Date** 20<sup>th</sup> March 2023



## Board of Directors' Meeting: 13 April 2023

<b>Agenda item</b>	2023/21		
<b>Report Title</b>	SaTH Improvement		
<b>Executive Lead</b>	Rhia Boyode		
<b>Report Author</b>	James Owen		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF4
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>			
<b>Executive summary:</b>	Overview of SaTH Improvement function and consult with group on potential next steps.		
<b>Recommendations for the Board:</b>	The Board is asked to:  N/A		
<b>Appendices:</b>	Appendix 1: Appendix 2: etc or "None"		



# SaTH

## Improvement Hub



# SaTH Improvement



## Aim:

To empower colleagues at all levels to have the confidence, capability, passion, and knowledge, to test changes and make improvements at SaTH and the communities we serve.

## Four Themes:

- Building Capability
- Clinical Patient Flow
- Getting to Good
- Learning from incidents

# How do we measure this?

## Vision and Values

8a Teams within this organisation work well together to achieve their objectives.

80.00%

60.00%

40.00%

20.00%

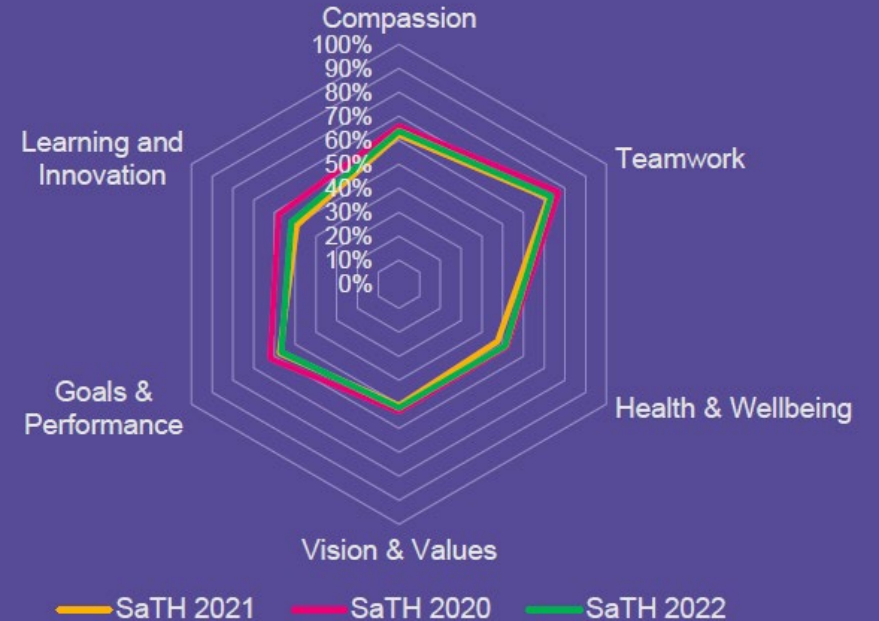
0.00%

21e I feel safe to speak up about anything that concerns me in this organisation.

3f I am able to make improvements happen in my area of work.

8b The people I work with are understanding and kind to one another.

— SaTH 2022 — SaTH 2021



# What we do at the moment

- Every project we get involved with has a project brief
- Projects range from the very small, to the very big
- We think of people effected by change on every project, using a tool called stakeholder analysis
- Every project we ask the question:
  - Is the project a material change that requires public involvement?
- @SaTHImprovement



**SaTH Improvement Hub** @SaTHImprovement · 15 Feb

Excellent engagement today reviewing the letter templates with the view of standardising the information we provide to make it simpler and clearer for our patients [@SaTHImprovement](#) [@sathNHS](#)



# How can we improve?

- Any suggestions on anything we could try to help with public engagement?





# SaTH

## Improvement Hub

Thank you for your time



## Public Assurance Forum Meeting: 03 April 2023

<b>Agenda item</b>	2023/23		
<b>Report Title</b>	Social Inclusion Project Report 2021-2022		
<b>Executive Lead</b>	Julia Clarke, Director of Public Participation		
<b>Report Author</b>	Mike Crawshaw, Social Inclusion Facilitator Kate Ballinger, Community Engagement Facilitator		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>	<b>Link to BAF / risk:</b>	
Safe	Our patients and community	✓	BAF9
Effective	Our people		
Caring	Our service delivery		<b>Trust Risk Register id:</b>
Responsive	Our governance		
Well Led	Our partners	✓	
<b>Consultation Communication</b>	Community engagement throughout 2021 to October 2022 Social Inclusion Action Plan Public Participation Plan approved by Trust Board October 2021 Quarterly Action Plans on Engagement and Social Inclusion are submitted to PAF		
<b>Executive summary:</b>	<p>During the pandemic, the Public Participation Team applied for funding through NHS Charities Together to address some of the gaps in engagement with Black and Minority Ethnic (BAME) and other seldom heard communities.</p> <p>A grant of £50,000 was received and this supported funding a Social Inclusion Facilitator role for 12 months. The aim of this role was to establish links and build relationships with seldom heard community groups and organisations and individuals across Shropshire, Telford &amp; Wrekin, and Powys.</p> <p>The project ran from January 2021 to October 2022; this report outlines the outcomes of this project. To ensure that this important work continues, following the conclusion of the project, we have appointed a substantive Public Participation Facilitator - Engagement and Inclusion.</p>		
<b>Recommendations for the Board:</b>	<p>The Public Assurance Forum is asked to:</p> <p><b>Note</b> the Social Inclusion Report, with particular regard to our ongoing commitment to work with our seldom heard communities.</p>		
<b>Appendices:</b>	Appendix 1: Social Inclusion Project Report		



## 1.0 Introduction

- 1.1 During the pandemic, the Public Participation Team applied for funding through NHS Charities Together to address some of the gaps in engagement with Black and Minority Ethnic (BAME) and other seldom heard communities.
- 1.2 The Trust applied for and received the maximum grant of £50000 for a Social Inclusion Project comprising 3 core elements (across 3 different directorates):
- |   |                              |                                   |
|---|------------------------------|-----------------------------------|
| 1 | Social Inclusion Facilitator | Public Participation              |
| 2 | Unconscious Bias Training    | Equality, Diversity and Inclusion |
| 3 | Improvements to faith areas  | Patient Experience                |
- 1.3 This report relates to the element of the project delivered by the Public Participation Department.
- 1.4 We created job role of Social Inclusion Facilitator as a 12 month fixed term appointment, reporting to the Community Engagement Facilitator in the Public Participation Department
- 1.5 The purpose of the role was to reach out to seldom heard communities and explore with them how we could engage and involve them in the work of the Public Participation Department.
- 1.6 A gap analysis was undertaken to identify key areas of focus and an action plan produced.
- 1.7 The gap analysis provided areas of focus for the projected and this report details the work and outcomes from the links made with the following seldom heard groups: Young People, LGBTQ+, BAME, Gypsy and Travellers, Faith Groups, Carers, Addictions, Learning Disabilities, Refugees and Asylum Seekers, Homelessness, Armed Forces, Disability

## 5.0 Risks to the project

Risk	Action	Timescales
1. Fail to deliver the Social Inclusion Action Plan, resulting lack of confidence of our communities	The action plan was reviewed regularly and reported quarterly to the Public Assurance Forum	Completed
2. Reduced capacity at the end of the project may lead to loss of community networks and contacts	New substantive job role created within Community Engagement team	Ongoing

# Social Inclusion Project Report 2021 - 2022

Community Engagement



# INTRODUCTION

During the pandemic, the Public Participation Team applied for funding through NHS Charities Together to address some of the gaps in engagement with Black and Minority Ethnic (BAME) and other seldom heard communities.

A grant of £50,000 was received and this supported funding a Social Inclusion Facilitator role for 12 months. The aim of this role was to establish links and build relationships with seldom heard community groups and organisations and individuals across Shropshire, Telford & Wrekin, and Powys.

The project ran from January 2021 to October 2022; at the start of the project a gap analysis of our existing links with socially excluded groups was undertaken to identify Areas of Focus.



## DESIRED OUTCOMES

- ▶ **Identifying key barriers to engagement and putting effective mitigation in place** - Understanding the circumstances of those we seek to engage
- ▶ **Engage in regular meetings with appropriate networks to keep in contact with stakeholders and generate an increase in enquiries and engagement from stakeholders** - Establishing relationships with a wide range of stakeholders and advocate groups
- ▶ **Show an increase in both group and individual membership.**

- **Young People** – partnership with Voluntary and Community Sector (VCS) youth organisations.
- **LGBTQ+** - Partnership working with Lesbian, Gay, Bi-sexual & Transgender plus (LGBTQ+) representatives and forums.
- **Rural Communities** – Existing forums and groups.
- **BAME** – Community leaders and representative groups.
- **Gypsy & Travellers** – In person visits to sites with Traveller’s Officers.
- **Faith Groups** – Dialogue with representatives of Faith Groups and Interfaith organisations.
- **Carers** – Engage with Carer’s support groups.
- **Addictions** – Establish relationship with existing support groups.
- **Learning Disability** – Engage with support groups and families.
- **Refugees/Asylum Seekers** – Work with local authority services and refugee support groups.
- **Homelessness** – Liaison with VCS homeless organisations.
- **Armed Forces Veterans** – Liaison and outreach work with representative organisations.
- **Disability** – Engage with representative groups and existing forums.

## COMMUNITY MEMBERSHIP - KEEPING OUR SELDOM HEARD GROUPS ENGAGED

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To support our communities to get involved, we offer a free community membership scheme.

Community membership is a great way of keeping our seldom heard groups informed and involved with our hospitals. We offer individual and organisational membership with all the seldom heard groups we linked with.

There are over 3,000 existing Community Members and more than 300 Organisational Members; anyone over 14 years old, living in our local area can join us.

Members receive a regular member's email update (called #GetInvolved) which has the latest Trust news, upcoming events and news from our partners. Other member benefits include:

- Invitations to attend our regular series of 'About Health' Events
- Telling us about the needs and expectations of your local community
- The opportunity to get involved in the future service developments
- Getting involved in focus groups, workshops and special interest groups about the health issues that matter to you
- Simply becoming a member to show your support for local hospital services
- The opportunity to volunteer in a variety of roles in our hospitals



## YOUNG PEOPLE

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We visited the Induction Festivals at the four campuses of the Shropshire College Group and Telford College during the year. This gave us the opportunity to discuss getting involved and the many volunteer and career opportunities for young people within The Shrewsbury and Telford Hospital NHS Trust (SaTH).

The Social Inclusion Facilitator was part of the multi-disciplinary steering group which designed, organised, and helped run the South Shropshire Youth Conference (SSYC) on 25th June at Craven Arms Discovery Centre.

This well attended event was designed to connect young people with local decision makers to discuss ways of making change happen where they live. Participants were asked to pledge to act around a specific issue, with the pledge being reviewed in September 2022.

### CHANGE IN YOUTH MEMBERSHIP BETWEEN OCTOBER 2021 AND OCTOBER 2022

**Our community members aged 14-25 increased from 136 to 594 which 263% increase in numbers**



## OUTCOMES

As part of the Steering Group for the SSYC, we raised our profile by leading on a workshop and giving a two minute 'elevator pitch' about getting involved with our hospitals. The work was only in South Shropshire and will be replicated in Central and North Shropshire, Telford and Wrekin and the Powys areas. We will be working with the Shropshire Youth Association, Shropshire Youth Support Trust, and Powys Youth Service.

The increase in youth membership has a correlated increased in interest in careers in the NHS and our the 'Young People's Academy' [pictured above]. As a result, we have been in contact with Employment Services in Shropshire, Telford and Wrekin and Powys. This has led to an invitation to their Team Talk, where we outlined the career and volunteering opportunities available to young people, and others.

These sessions will be repeated for Job Box employees in Telford and Wrekin and Employment Services, Powys.

## LGBTQ+

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We engaged through conversations with LGBTQ+ representatives and groups; we met with the chair of Telford LGBT+ group and discussed how we could offer support at any future events.

The Community Engagement Team, which the Social Inclusion Facilitator sits within, were invited to the first meeting of a transgender support group in Telford and we are giving them on-going support and information.

We met representatives of Safe Ageing No Discrimination (SAND) and have invitations to their events on a regular basis. We discussed their Covenant and highlighted it to the Equality Diversion and Inclusion (EDI) leads at SaTH for further discussion. The Covenant asks organisations to in Shropshire, Telford & Wrekin sign up to 5 broad commitments and agree an annual action plan for change linked to five commitments for older and old LGBTQ+ people. It is hoped that the SaTH Pride Network will lead this commitment for our patients.

We are part of the Integrated Care System (ICS) LGBTQ+ Pride Network engaging in discussion about healthcare issues faced by the LGBTQ+ community and the experiences of LGBTQ+ staff and patients.

Contact has been made with a small LGBT+ group in Newport and with the Powys Freedom, an LGBT+ Young Person's Group in Newtown and Welshpool.



## OUTCOMES

We had a stall at the Llanfyllin Pride Festival in Powys, where we signed up over 20 individuals and organisations as members.

We continue to be visible and supportive of LGBTQ+ groups so that they can network and receive support, especially from healthcare-based organisations capable of raising the issues relevant to the LGBTQ+ community.

We established a good working relationship with Safe Ageing No Discrimination (SAND), a group working to improve the experience of older and old lesbian, gay, bisexual and trans people in Shropshire as they access health and social care and related services.

As part of the commitment to the SAND Compact, we will develop an Action Plan, in partnership with the STW ICS Pride Network. These actions will also act as a platform for future engagement with other LGBTQ+ groups and individuals.

## BLACK AND MINORITY ETHNIC COMMUNITIES

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We have attended several events either organised by BAME organisations or held in areas of high BAME population. These included:

- The Telford Afro and Afro-Caribbean Resource Centre Family Fun Day and Windrush Remembrance Event at Hadley Learning School [PICTURED]
- The Hadley & Leegomery Fete in an area of high BAME population.
- Hadley Healthier Minds Festival, Telford Cultural Centre, Hadley. An opportunity to learn about health and wellbeing for people from diverse backgrounds.
- SEMA – Shropshire Ethnic Minority Association; We have established an ongoing relationship with SEMA. SEMA is for those of non-Majority cultures to join together in the sharing and promoting of those cultures and experiences in Shropshire.
- Craven Arms Mosque – A meeting with the Imam to discuss ways to involve the Muslim community in South Shropshire.
- Later in the year we attended a community event to hear from a group of Palestinian schoolchildren on their experiences of living in the occupied West Bank
- International Children’s Day – Monkmoor – A Day attended by a high number of people of Eastern European heritage. International Children’s Day is a public holiday in former Eastern Bloc countries.
- Polish Heritage Day – Telford – Polski Glos organises the day as a celebration of the cultural traditions of Poland and the Polish Community.





**5.0% of the population of Wales self-identified as BAME in the 2022 survey. Of these 2.0% live in Powys. Our two biggest areas of population – areas likely to use SaTH as their main secondary healthcare providers – are Welshpool with 1.9% self-identifying as BAME and Newtown with 2.5%. It is likely that the rural hinterland has an even sparser representation.**

## OUTCOMES

We are working with Ethnic Minorities and Youth Support, Wales (EYST) and with Race Action Wales (RAW) –and Tros Gynnal Plany (TGP Cymru).

To better connect with the BAME community we are co-operating with representative organisations, such as Telford Afro and Afro-Caribbean Resource Centre (TAARC) and Shropshire Ethnic Minority Alliance (SEMA), to reach individuals with pre-tested health messages within the appropriate cultural context.

Activities such as the Hospital Transformation Programme (HTP) will require consultation with active BAME groups that can help us to understand issues at a local level. Ongoing engagement will generate the evidence base to identify barriers to accessing appropriate healthcare.

The twenty-plus BAME groups who are Organisational members will help facilitate these actions.



## GYPSY AND TRAVELLERS

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A site visit to Park Hall Traveller's Camp was made by the Social Inclusion Facilitator in the company of the Shropshire Council Traveller's Officer.

Many of the residents of this Council owned site live in 'Park Homes', plastic kit houses erected on a concrete slab with services such as running water and electricity. Sewerage and clothes washing facilities are provided in individual brick-built sheds, often used as a day room by residents of the site.

The visit was made after 9:30am on a weekday when the site becomes quieter and the men on the site have gone to work. Consequently, it was only possible to speak to women. The residents of the site identify as English Romani; we spoke to seven people ranging in ages from 22 to 71.

The consensus was that their GP and hospital services were good. Where any shortfall existed, it was acknowledged that this was across society in general.

One interviewee spoke of the death of their young daughter through leukaemia at the age of 9. Despite this loss, she was full of praise for the compassion and quality of care from SaTH staff.

Several of the families and individuals interviewed made mention of their need for and use of mental health services for themselves or their children.



## OUTCOMES

The term Gypsy/Travellers covers a wide and disparate group of people each have differences of language, history, and culture.

Visiting the Oswestry site, we spoke to eight individuals. Further visits have been arranged to sites in Telford & Wrekin, Powys has a permanent site in Welshpool to which we are arranging access. We will continue to make contacts within this group who may see challenges in engaging with statutory organisations. We will need to build trust and understanding, this will take time and a consistent message.

## FAITH GROUPS

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We have established an ongoing contact with the Telford Interfaith Council and signed them up as organisational members.

In Shropshire we are working with the Craven Arms Mosque [pictured] and will be doing a presentation to the Craven Arms Mosque Women's Group and will to organise a men's walking and talking group.

Contact was made with the Shri Radha-Krishna Temple, which serves a congregation in both the Shropshire and Telford areas. We will continue to develop this relationship.

In Powys, the largest faith community in the 2011 census after 'Christian' and 'no faith' were Buddhists. At 567 they form 0.4% of the population, with Hindu, Sikh, Muslim, and Jewish faith followers forming between 0.2% and 0.06% of the population.

The Social Inclusion Facilitator has been in touch with a Buddhist Ashram and has asked for feedback from members.

We attended the Inter-Faith Week talks on 14th to 18th November at SaTH.



## OUTCOMES

Faith based organisations will be an integral part of any future strategies which require engagement with people and communities. We will be seeking to strengthen the existing relationships with faith-based organisations in order to establish clear channels for future engagement.

## CARERS

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Because of the often-isolated nature of a carers role, support organisations are often the place to reach this group, although several carers have signed up as a member through stalls at public events.

The Social Inclusion Facilitator has been involved with Community Connectors, who operate throughout Shropshire and Powys. This platform for voluntary and community sector organisations to exchange information include carer's organisations, many of which have been signed up as organisational members.

We have spoken with the lead for the Shropshire Carer's Support Team and have been given the contact for several peer support groups.

The Hadley Healthier Minds Day, 5th May 2022 was an opportunity to talk to and engage with various carer's groups, as well as other Voluntary and Community Sector (VCS) organisations.

Connect for Life, an Oswestry based carer's support organisation, was visited on 5th September. They deliver day care respite for carers and dementia sufferers, along with advice and support services. They have received funding through NHS Charities Together Stage 2 Grants and were interested in discussing ways of maximising their future income through other sources and extended provision.

Sutton Hill – The Hub on The Hill, also had funding through NHS Charities Together for carer's support including respite and advice and support services. The visit was to firm up the reporting structure in order to obtain a better picture of the outcomes of the funded actions.

The Community Engagement Team attended the World Mental Health Day on 10th October 2022 in Shrewsbury Abbey. Over fifty individuals and organisations were signed up as members, including carers and a range of carers support organisations.

## OUTCOMES

We continue to engage with carers wherever we can, and especially by using their dedicated support organisations. Building strong relationships with a variety of carer groups and voluntary sector groups and charities at a local level, as well as working with the national carer organisations, helps to address some of the inequalities that exist in working with carers who may be under-represented or seldom heard.

## ADDICTIONS

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We have engaged with users support groups in Telford, Powys, and Shropshire. The Social Inclusion Facilitator has visited and talked with staff and clients at Telford After Care Team (TACT). Most of the staff are ex-service users.

Building on our existing links with TACT, the Social Inclusion Facilitator had discussions with members of the TACT team and service users. Their experiences of SaTH were mostly positive and often not related to their addictions.

A visit to Kaleidoscope in Welshpool elicited a similar response. Clients spoke of receiving excellent care at SaTH when they needed it, either in response to an appointment or as a user of A&E services.

A visit to Shropshire Recovery Partnership also gave rise to an invitation to attend their SMART Recovery Groups. These are in person meetings held in Oswestry, Shrewsbury, and Ludlow. Again, clients were positive about their treatment at SaTH.

It is worth noting that the people we met are already engaged with recovery services, those not already engaged are very hard to reach.



## OUTCOMES

We continue to have a relationship with the support organisations and encourage former users to engage through membership of SaTH and Patient Experience.

We expect that the return of our face-to-face People's Academy courses will be helpful for service users in these communities and will share information through our email updates.

## LEARNING DISABILITY

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We worked with Severndale Academy, a Shrewsbury-based provider for children and young people with special educational needs.

In March 2022 we ran a Learning Disability People's Academy designed for young people with learning disabilities. All LD Academy sessions are designed to help reduce anxiety about visiting our hospitals and this time we were able to take a selection of uniforms for the young people to familiarise themselves with.

We have made inroads with offering volunteering opportunities for young people and adults which will also help to reduce anxiety about visiting our hospitals for those who join.

### OUTCOMES

We continue to have a relationship with the support organisations and encourage former users to engage through membership of SaTH and Patient Experience.

We expect that the return of face-to-face People's Academy courses will be helpful for service users in these communities and will share information through our email updates.

## REFUGEES/ASYLUM SEEKERS

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We met with Shropshire Supports Refugees (SSR) the voluntary sector organisation co-ordinating the settlement of refugees (from areas of conflict, such as Ukraine, Syria, and Afghanistan). SSR works across Shropshire and Telford & Wrekin to offer a support network to both existing and new refugees and asylum seekers and have the resources and contacts to offer assistance and advice. We discussed how we could work together to increase understanding and involvement with our hospitals.

We regularly met with Powys Association of Voluntary Organisations (PAVO) network which operates in Powys. The network has been instrumental in setting up a weekly advice session for refugees and asylum seekers in Newtown. We have been invited to attend sessions as and when appropriate.

### OUTCOMES

As a result of our co-operation with SSR we now have applications for SaTH volunteer roles from Ukrainian refugees, one of whom is a qualified doctor.

We continue to work with both PAVO and Shropshire Supports Refugees to offer appropriate advice to the refugee and asylum-seeking communities. We will look at further suitable opportunities for volunteering and involvement with the SaTH.

## HOMELESSNESS

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The Shrewsbury Ark operates in Shrewsbury town centre and provides a day centre for homeless and vulnerable people [pictured]. They offer basic facilities to their clients, such as a hot shower, laundry, internet, phone charging and hot meals and drinks and GP access.

They do not provide accommodation and many of their clients are still 'rough sleepers' as well as self-selecting transients or those passing into stable rented accommodation, with support from the project.

We visited and spoke to clients on several occasions. What was noticeable was the difference that access to a GP had made to them. They felt that they could discuss any health issues and receive appropriate referral to secondary health care through the onsite healthcare visits.

Stay is the equivalent provider in Telford & Wrekin. We have visited them to discuss support services at their outreach facility.

Powys does not have any equivalent services in the Welshpool and Newtown areas, possibly due to the low numbers in those areas.



## OUTCOMES

By engaging with The Shrewsbury Ark and Stay we are building trust with individual service users in order to find out how we can best involve this group in our work.

## ARMED FORCES VETERANS

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We have been working with the Shropshire Armed Forces Outreach Team visiting sessions in Bridgnorth, Shrewsbury and Shawbury RAF base.

There are also Veteran's Breakfast Clubs in Telford, Newport, Oswestry, Whitchurch, and Shrewsbury. These provide a more informal atmosphere for a relaxed chat, and we will be visiting these over the course of the next six months.

We are in contact with the Armed Forces Veterans Co-ordinator at Powys County Council and have arranged to meet and discuss how we can work with existing outreach events.

We are invited to attend the regular support sessions in Telford and Wrekin

### OUTCOMES

We continue working with the outreach teams from Shropshire, Powys, Telford & Wrekin and the voluntary sector provided support through breakfast clubs and other activities. We continue to engage through these and work with the SaTH Armed Forces Veterans Champion.

## DISABILITY

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We are part of the Community and Voluntary Services (CVS) network for Shropshire and its equivalent in Powys. The network meets on a regular basis and the membership includes support groups for disabled people. Having talked with individual people identifying as disabled the issues were raised as being barriers to access and involvement:

- The limited availability of accessible services.
- The inadequate skills and knowledge of health workers.
- Poverty –the cost of transport for the disabled and their carer.
- Inaccessible transport –physically inaccessible or poorly co-ordinated.
- Poor communication from others.
- Negative attitudes in others.

### OUTCOMES

We work with support and peer groups for disabled people in Shropshire, Telford, and Powys. We are encouraging these groups and individual members to Get Involved in order to address identified barriers. We are engaged with Carers who have caring responsibility for disabled people and with groups that are directly representative of the disabled.



## CONCLUSIONS

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As a hospital Trust, it is right that patients, carers and our local communities are at the heart of everything we do, and involving our community is important and needs to be strengthened. We want to build greater public confidence, trust and understanding by listening and being responsive to the needs of our local communities.

We will continue to build links with our Areas of Focus/seldom-heard groups who we have started to work with over 2021 - 2022. We will need to ensure we are listening to and responding to people who are within these groups.

Many of the people we have talked to, both service users and their advocates, have stated that successful healthcare outcomes for patients from seldom-heard groups are dependent on mutual trust, between those who provide the service and those receiving them

We will ensure that key barriers to engagement are identified through ongoing conversations and understanding the needs of those groups.

A sound partnership between the third sector and healthcare providers is essential if we are to be effective in increasing the opportunities for involvement in their own healthcare of those in danger of exclusion.

We recognise that the third sector delivers specialist services and often provides us with excellent opportunities for engagement. These organisations normally have a greater

understanding of the lifestyles and challenges experienced by those from seldom-heard groups.

We also recognise that while we have been successful in reaching many of the Area of Focus, there is still work to be done to build connections with the same groups in other geographical areas we cover.

Finally, we need to not only build relationships but to maintain them in a way which shows our commitment to creating a two-way communications channel which will not only inform but also listen and collaborate.



## APPENDIX 1 - ORGANISATIONS WE HAVE LINKED WITH IN 2021 - 2022

Organisation	Outcome
<b>Telford LGBTQ</b> – Support group for people identifying as lesbian, gay, bisexual, trans and queer in the Telford area.	Consulted with organiser, ongoing contact for Telford & Wrekin.
<b>Sutton Hill Community Centre – Hub on The Hill;</b> Community social enterprise in an area of urban deprivation within Telford.	Ongoing relationship with the Hub – We helped with NHSCT application and used the Hub facilities for Young People’s Academy session.
<b>Park Hall Travellers Site</b> residents meeting – Mile End, Oswestry.	Visited with council Liaison Officer. Interviewed and signed up several Community Members.
<b>Telford Patients First Group</b> – Representing patients in Telford and Wrekin.	Standing invitation to regular meetings.
<b>Market Drayton Patients Participation Group</b> – North Shropshire PPG.	Invited to attend a scheduled meeting as part of Pushto sign up PPGs to Organisational membership.
<b>Ark Project</b> – Homelessness project bases in Shrewsbury.	Visits to engage with service users and to assist with NHSCT application.
<b>Telford &amp; Wrekin Interfaith Council</b> – Community support charity.	Current relationship giving access to faith organisations in Telford & Wrekin.
<b>South Shropshire Youth Forum</b> – Young people’s support charity.	The South Shropshire Youth Forum has regular Youth Consultation events to which we have a standing invitation.
<b>Community Connectors – Shropshire</b> – four local area networking groups which link all organisations, charities and social enterprises working in community support – North Shropshire; South-West Shropshire; South-East Shropshire; Shrewsbury.	We attend these regular meetings where we are able network with a wide range of community organisations on a consistent basis/
<b>PAVO</b> – Powys Association of Voluntary Organisations - local area networking groups which link all organisations, charities and social enterprises working in community support – Newtown and Welshpool.	Regular meetings with voluntary and community groups in the Powys area – particularly in Newtown and Welshpool. Opportunity to make a wide range of contacts in the Newtown and Welshpool areas.
<b>Armed Forces Networks</b> – A network of informal support for ex-service people and their families. Shropshire, Telford & Wrekin, and Powys.	There are three distinct networks with differing methods of engagement with former members of the Armed Forces. We have engaged with individual attendees at a range of venues in Shropshire, Powys, and Telford & Wrekin.

Organisation	Outcome
<b>Shropshire Recovery Partnership – (Turn to Us).</b> Working with Drug and alcohol misusers across Shropshire.	We have attended a series of drop-in sessions for service users in North, Central and Southern Shropshire.
<b>Shropshire Supports Refugees</b> – Support Charity for refugees and asylum seekers across Shropshire and Telford.	By working with SSR we have placed refugees in voluntary roles within SaTH, including a Ukrainian doctor.
<b>Craven Arms Mosque</b> – offering faith support to Muslims and social support to Muslims and non-Muslims alike.	We have attended several social events at the mosque and are developing an ongoing relationship with the Muslim community.
<b>TAARC</b> (Telford African & Afro-Caribbean Resource Centre)	We attend their community events which celebrate the Windrush Generation and the contribution of the BAME Community.
<b>SAND</b> – (Safe Ageing No Discrimination). Older LGBT + Support Group.	We have asked SaTH to commit to the SAND Covenant as an organisation. The Covenant commits us to - providing the best possible quality services for older and old LGBT+ people; to learning what life can be – and has been – like for different LGBT+ people; commit to vocally and visually supporting groups working with and for older and old LGBT+ people; commit to creating meaningful opportunities for LGBT+ people; commit to assess and evidence change, including work carried out to engage LGBT+ people (within the group/organisation and outside it)
<b>SEMA</b> – (Shropshire Ethnic Minority Alliance) Support for ethnic minorities living in Shropshire.	We have developed a working relationship with SEMA, attending their events and supporting their aspirations to act as a resource for BAME groups in Shropshire.
<b>Shropshire Humanists: Humanists, encouraging discussion and the use of evidence and reason, not dogma, in solving problems.</b>	The Humanists have regular meetings and provide the opportunity to sign-up individual members to our Get Involved Project and to network with other organisations.
<b>STAY – Telford</b> , a charity providing housing and support services to homeless and vulnerable people in Telford & Wrekin.	Visits to engage with service users and to assist with NHSCT.

## APPENDIX 1 - ORGANISATIONS WE HAVE LINKED WITH IN 2021 - 2022

Organisation	Outcome
<b>TACT – Telford</b> ; Substance abuse support, it is a community interest company run and managed by people who have been service users.	Visits to Peer Support Group helpful in discussing the Get Involved Project. Ongoing visits.
<b>Ponthafren – Powys</b> ; a mental health charity aimed at people who are socially isolated or excluded.	Ponthafren hosts the Mid-Powys Armed Forces drop-in sessions, also has reach into other hard to reach groups and networks.
<b>Open Space – Newtown, Powys</b> ; a community owned company delivering urban parks, allotments to foster community cohesion, a sense of place and community spirit.	Open Space provides 'green therapy' sessions in Newtown. Potential for future engagement in Powys.
<b>Kaleidoscope – Substance abuse support in Newtown and Welshpool, Powys.</b>	Visited and talked to service users at their Newtown and Welshpool offices.
<b>Mid &amp; North Powys Mind – Mental health support in the Welshpool &amp; Newtown areas.</b>	Part of the PAVO network a useful networking contact.
<b>Job Box – Telford</b> ; a Telford & Wrekin Council initiative supporting residents of all ages to find work.	Providing a link to volunteering and career opportunities at SaTH.
<b>Shropshire Employment Services – delivering employment support and employer services.</b>	Providing a link to volunteering and career opportunities at SaTH.
<b>Telford Transgender Support Group – Telford</b> ; Newly formed support group hosted by TACT.	A newly formed group to which we are giving ongoing support.
<b>Connect for Life – Oswestry based C.I.C providing dementia support and carer's respite.</b>	Supported their NHSCT application and agreed ongoing relationship for carer's feedback.
<b>Department For Work &amp; Pensions</b>	Supporting them in developing employment opportunities for the disabled.
<b>Shropshire Council</b>	Local government
<b>Telford &amp; Wrekin Council</b>	Local government
<b>Powys County Council</b>	Local government





Partnering  
Ambitious  
Caring  
Trusted

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**Public Assurance Forum meetings 2023 – Paper 14**

**Monday 3<sup>rd</sup> July 14.00-17.00pm**

**Monday 9<sup>th</sup> October 14.00-17.00pm**