

# AGENDA

## Public Assurance Forum

**Date: Monday 21<sup>st</sup> July 2025**

**Time: 1pm – 4pm**

**Location: Microsoft Teams**

## OPENING MATTERS AND PROCEDURAL ITEMS

<b>Item No.</b>	<b>Agenda Item</b>	<b>Paper No / Verbal</b>	<b>Lead</b>	<b>Require Action</b>	<b>Time</b>
2025/25	Welcome and apologies	Verbal	Co-Chairs	For noting	13:00
2025/26	Minutes of previous meeting	Paper 1	Co-Chairs	For noting	13:05
2025/27	Matters Arising/Actions	Paper 2	Co-Chairs	For approval	13:10
2025/28	Triage/waiting times and wider UEC transformation	Presentation	Mary Aubrey (Programme Director)	For information	13:20
2025/29	Partner's updates	Paper 3	Forum Members	For approval	13:40
2025/30	SaTH Divisional updates on key issues	Paper 4	Divisions	For information	14:00
2025/31	Digital Transformation Programme update	Verbal	Sally Orrell (Digital Programme Comms and Engagement Manager)	For information	14:20
2025/32	Update on HTP:				14:40
	<ul style="list-style-type: none"> <li>• Proposed HTP About Health Public update July 2025</li> <li>• HTP Programme Board Engagement Report</li> </ul>	Presentation  Paper 5	HTP team  Julia Clarke (Director of Public Participation)	For approval  For discussion	

2025/33	SATH Strategy & Partnership update	Paper 6	Nigel Lee (Director of Strategy & Partnership)	For discussion	15:00
2025/34	Group Model	Presentation	Jennifer Fullard (Chief Comms Officer)	For information	15:15
2025/35	Supplementary Information Pack  i. Public Participation Plan: 2024/25 Action Plan Update	Paper 7	Julia Clarke (Director of Public Participation)	For information – to address any comments /queries	15:35
2025/36	Any Other Business	Verbal	Chair		15:50
	Dates for the Forum for 2025 and close of meeting	Paper 8	Chair	To note	16:00

## Public Assurance Forum

**Held on Monday 14<sup>th</sup> April 2025**  
**13:00 – 16:00hrs via MS Teams**

### MINUTES

**Present:**

Cllr Joy Jones	Powys County Councillor and Chair of Newtown Health Forum (Co-Chair)
Julia Clarke	Director of Public Participation
Hannah Morris	Head of Public Participation
Mary Aubrey	Programme Director – Getting to Good
Carl Bailey	Acting Divisional Director of Operations
Kate Ballinger	Community Engagement Facilitator
Carla Bickley	Associate Director of Strategy & Partnership
Michelle Cole	Divisional Director of Nursing- SAC Division
Linda Cox	VCSA Deputy
Hannah Davies	Healthwatch Shropshire Representative
Claire Dunn (part meeting)	Senior Communications Manager
Laura Graham (part meeting)	Acting Divisional Director of Operations
Lydia Hughes (part meeting)	Communications and Engagement Manager
Aaron Hyslop	Public Participation Team Facilitator (HTP Engagement)
Dianne Lloyd (part meeting)	Acting Deputy Divisional Director of Operations – Clinical Support Services
Sean McCarthy	Armed Forces Outreach Support Coordinator - Deputy
Ruth Smith (part meeting)	Head of Patient Experience
Lynn Pickavance	Telford Patients First Representative
Jane Randall-Smith	Llais Representative
Graham Shepherd	Shropshire Patient Group Representative
Zain Siddiqui (part meeting)	Deputy Director of Operations - W&C Division
Hannah Warpole (part meeting)	Deputy Divisional Director of Operations – MEC Division

**In attendance:**

Rachel Fitzhenry	Senior Administrator (Minute taker)
Sarah Orrell (part meeting)	Digital Programme Communications and Engagement Manager
Rachel Webster	HTP Nursing, Midwifery and AHP Lead

(part meeting)	
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### Apologies:

Trevor Purt	Non-Executive Director Trust Board
Nigel Lee	Director of Strategy and Partnerships
Kara Blackwell	Deputy Director of Nursing

Item No.	Agenda Item
<b>2025/12</b>	<b>Welcome and Introduction</b>
	<b>Cllr Joy Jones</b> opened the meeting by welcoming the group to the MS Teams meeting.
<b>2025/13</b>	<b>Minutes of previous meeting (13<sup>th</sup> January 2025)</b>
	The Minutes of the previous meeting on 13 <sup>th</sup> January 2025 were approved as an accurate reading.
<b>2025/14</b>	<b>Matters Arising/Actions</b>
	Separate Actions sheet attached.
<b>2025/15</b>	<b>Emergency Transformation Programme</b>
	<p><b>Mary Aubrey (Programme Director – Getting to Good) and Claire Dunn (Senior Communications Manager) and provided a summary of key actions within the SaTH Strategy &amp; Partnership update, paper provided:</b></p> <p><u>ED wait times –SaTH website:</u>            Claire advised that the team recently piloted a new tool on the website/waiting rooms to help inform our communities of the average wait to be seen times in our Emergency Departments (A&amp;Es). It is part of the ongoing improvement work to help patients receive the right care for their health needs and improve their hospital experience.</p> <p><u>Staff and patient feedback included:</u></p> <ul style="list-style-type: none"> <li>• More clarity is needed to explain what the times mean.</li> <li>• We need to tell the story of the whole patient journey in ED.</li> <li>• Datix's raised suggest patients are confused by 'inconsistent and inaccurate timings on the waiting room screens and that an 'average' time probably sets an unrealistic expectation.</li> <li>• MIU information needs to include that they are not open 24 hours.</li> </ul> <p><u>Improvements following staff and patient feedback include:</u></p> <ul style="list-style-type: none"> <li>• Longest wait times now shown</li> <li>• Number of patients waiting now included</li> <li>• Information on opening times at Minor Injury Units now provided</li> <li>• Last time data was updated is shown</li> <li>• Updated patient information – making it clear that times are a guide only and may change (sickest patients will always be seen first)</li> <li>• Visual prompts using a patient journey explainer</li> </ul> <p><b>Graham Shepherd</b> enquired about 'fit to sit', and if there was anything to let the patient know how long they will need to wait.</p> <p><b>Claire Dunn</b> informed the group, the wait times are on the website and only for the walk in patients, which does not include patients that arrive by ambulance. There</p>



	<p>is not a plan to do that at this stage, but it doesn't mean that it won't happen in the future.</p> <p><b>Action: Mary Aubrey to investigate a screen in the 'fit to sit' area which will display the average/longest wait times.</b></p> <p><b>Lynn Pickavance</b> asked if the wait times include when the patient has been triaged and then need to wait or is the triage wait included.</p> <p><b>Claire Dunn</b> informed the group, the time shown is from when the patient arrives at reception to when they are seen by a doctor/nurse, which includes their triage time. The wording for this will be made clearer on the SaTH website in May 2025.</p> <p><b>Mary Aubrey</b> informed the group, the 15-minute triage target is going well. Its patients waiting to see a doctor where there is a delay.</p> <p>*Mary Aubrey and Claire Dunn left the meeting*</p> <p>[Following the meeting additional comments were received and clarifying information was circulated to members. It was also agreed that a further update would be provided at the July PAF meeting].</p> <p><b>Action: Mary Aubrey/Laura Graham to provide update in July PAF</b></p>
<b>2025/16</b>	<b>Partner's updates</b>
	<p><b>Hannah Davies (Healthwatch Shropshire Representative) gave a brief update on the Healthwatch Shropshire, (paper provided):</b></p> <p><b>Shropshire Pharmacy services and Consultations Report Published:</b> Working with NHS Shropshire, Telford and Wrekin and the Local Pharmaceutical Committee Healthwatch developed a survey to ask patients about both their awareness of enhanced services and their experience of using pharmacy services. Healthwatch's report has recently been published and can be found here: <a href="https://www.healthwatchshropshire.co.uk/report/2025-03-27/shropshire-pharmacy-services-and-consultations">https://www.healthwatchshropshire.co.uk/report/2025-03-27/shropshire-pharmacy-services-and-consultations</a></p> <p><b>Share For Better Care Campaign:</b> Healthwatch have joined the campaign, organised by the Care Quality Commission and Healthwatch England, aiming to encourage more people to share their feedback to drive improvements in health and care. Find out more here: <a href="https://www.healthwatchshropshire.co.uk/news/2025-02-10/share-better-care">https://www.healthwatchshropshire.co.uk/news/2025-02-10/share-better-care</a></p> <p><b>Understanding Your Cancer Journey Event at Shrewsbury Town Football Club:</b> Healthwatch recently attended an NHS Shropshire, Telford and Wrekin event aimed at hearing from people who have received a diagnosis of cancer in the last three years. This event was hosted in collaboration with local cancer services and organisations. Healthwatch facilitated a table at the event where people shared their experiences of cancer care. Healthwatch also provided a stand, and Chief Officer Lynn Cawley presented our Living Well with Cancer report: <a href="https://www.healthwatchshropshire.co.uk/report/2024-10-10/living-well-cancer">https://www.healthwatchshropshire.co.uk/report/2024-10-10/living-well-cancer</a></p> <p><b>Healthwatch Shropshire Forward Plan:</b> Healthwatch are currently looking at their Forward Plan and welcome any suggestions on areas you feel they need to focus on. Please let Hannah know</p>

	<p>during the meeting or get in touch: Tel 01743 237 884 Email: <a href="mailto:enquiries@healthwatchshropshire.co.uk">enquiries@healthwatchshropshire.co.uk</a></p> <p><b>Graham Shepherd (Shropshire Patient Group Representative) gave a brief update on the Shropshire Patient Group (SPG), paper provided:</b></p> <p>There has been a small growth in patient interest, but enthusiasm is not like it was prior to COVID, due mainly to a changed nature of direct involvement over the years. Our monthly Teams meetings have involved a very high-quality section of SaTH presenters including:</p> <ul style="list-style-type: none"> <li>• Cathy Levey, Public Health Department Officer talking about “Weight and Food Strategy” for the County.</li> <li>• Naomi Roche, Head of Services, Healthy Population, talking on “Public Health” nursing.</li> <li>• Emma Bayliss, Governance and Patient Experience Lead (Community Health Trust), will talk on “what is happening with Community Health Transformation”</li> <li>• Maureen Wain, Director of Elective Care, SaTH will talk on the “Update on her area of work”</li> <li>• Helen Rowney, Head of Transformation of Adult Mental Health ICB who updated the members in her area of work”</li> <li>• Sally Orrell, Digital Programme Communications and Engagement Manager, who updated members “on how digital &amp; Communication is progressing”.</li> <li>• Sharon Fletcher, Head of Safety and Quality Improvement, Talked to us about her “job and remit”.</li> </ul> <p>Shropshire Patient Group would appreciate if staff would be willing to update us on progress in their area of responsibility.</p> <p>Shropshire Patient Group have members involved in various task groups, the Chair attended to be shown around the new A&amp;E department, which as expected is what the patients have waited for. The presentation and tour were enjoyable and impressive with members of HTP.</p> <p><b>Action: Graham Shepherd requested for services/staff at SaTH to attend the Shropshire Patient Group to provide an update on HTP.</b></p> <p><b>Jane Randall-Smith</b> informed the group, Andrea Blaney (previous Deputy Regional Director) has now left Llais, the team are short staffed at the moment. It would be helpful to organise HTP to come to Newtown Market Hall on a Tuesday when the market is on and to Bear Lanes, Newton. There is a lot of people who don’t know or understand what is happening to the hospital so this would be very useful and informative.</p> <p><b>Julia Clarke</b> formally thanked Andrea Blaney for all her support and wisdom over the last few years.</p>
<b>2025/17</b>	<b>SaTH Divisional Updates on Key Issues</b>
	<p><b>i) Medicine &amp; Emergency – update on current/future service developments/ changes and how the team are involving the community in these changes:</b></p> <p>Phase 2 UTC Service Improvement work to begin with dedicated workstreams to support within our Emergency Care Transformation Programme. Public engagement will be facilitated via these workstreams.</p>

**Action update from previous meeting:**

Hannah Walpole (Deputy Divisional Director of Operations) to check with the Communication team to make sure that Llais are aware of the soft launch for the Emergency Department waiting times on the SaTH website.

Hannah confirmed with Claire Dunn (Senior Communications Manager) that Llais were included in stakeholder communications.

**Cllr Joy Jones** asked about triage times not meeting their targets, what the variation is and what was the average last month.

**Action: Hannah Walpole to provide Rachel Fitzhenry with the integrated performance paper to circulate to the group.**

HW confirmed that IPR is available to the public via Trust website Trust Board Papers – SaTH <https://www.sath.nhs.uk/about-us/trust-information/board-papers/>

**Jane Randall-Smith** asked, how the Emergency Department Focus Group afternoon tours went on 18<sup>th</sup> March 2025.

**Julia Clarke** informed the group; the tours went very well with a great turn out and very positive feedback. At this stage there are no additional staff as the number of patients is still the same, but we are now able to treat patients in a much better environment. When we move to HTP in 2028 there will be a full workforce plan, which is being worked through in the clinical workstreams along with the pathways at the moment.

**ii) Women & Children's – Zain Siddiqui (Deputy Director of Operations), gave an update on current/future service developments/ changes and how the team are involving the community in these changes:**

Key activities identified by the division include:

- A single delivery plan has been produced in development with the LMNS, (Local Maternity and Neonatal System) that now includes both the 3-year maternity and neonates delivery plan, alongside the equality and equity action plan, to reduce silo working and duplication.
- Further investment in the asthma and epilepsy pilot projects (aligned with CORE20PLUS5) by the ICB (Integrated Care Board), has resulted in appointment of a lead nurse and other team members in order to progress the individual project aims. The Divisional Team are still awaiting the details of the revised project plan.
- Following the systemwide GIRFT (The Getting It Right First Time) review of Children's and 18-15-year-old diabetes care, significant systemwide preventative work is being planned to address the high prevalence of type 1 diabetes throughout the geographical area.
- The Interim Director of Midwifery has identified areas for service improvement with good progress being made with commissioned quality improvement projects in: Maternity Triage, Postnatal Ward, Diabetes Service and Antenatal Clinic.
- A review of Community Services has identified areas for efficiency, this will be subject to a management of change due to commence in February 2025. Engagement events are underway with staff groups and

collaboration planned with the Maternity and Neonatal Voices Partnerships to support and lead the proposed improvement work.

**Julia Clarke** explained to the group that 'CORE20PLUS5' is a national NHS programme which looks at reducing healthcare inequalities, both national and system level. It looks at the five focus clinical areas for both children and adults. The CORE20 is the 20% of the most deprived population as identified by national indicators, which focuses on the most deprived groups with five clinical areas which are cardio, respiratory, cardiovascular, diabetes (with underlying cancer screening) and maternity.

**iii) Patient Experience – Ruth Smith (Head of Patient Experience), gave an update on current/future service developments/ changes and how the team are involving the community in these changes:**

The Trust is continuing to recruit patient representatives to support 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](#)

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, Patient Led Assessment of the Care Environment (PLACE) group, Exemplar assessments, mock CQC assessments and a range of other activities.

**iv) Surgery, Anaesthetics Critical Care & Cancer – Michelle Cole (Divisional Director of Nursing), gave an update on current/future service developments/ changes and how the team are involving the community in these changes:**

Divisional Patient and Carers Experience Group (PACE):

A focus group meeting was held at the end of January 2025 to discuss the content and progress of the meetings held throughout the previous year; a review of the terms of reference was also undertaken. Following this meeting we are pleased to update that going forward Lynn Pickavance, patient representative, will co-chair the meeting with Emma Salvoni, Deputy Divisional Director of Nursing and Matron Claire Cox as Deputy Chair. The agenda for the monthly meetings have also been revised to place more focus on the monthly review of the complaint themes received within the Division and the sharing of learning and experience from these complaints. Each month a Ward or Department will be asked to bring a case study presentation of a complaint, learning obtained, and assurance of actions undertaken. This will be actioned on a rotational basis. Wards will also be asked to present any compliments received to the meeting, again on a rotational monthly basis. A number of other items or speakers have been identified and will added into the monthly agenda as appropriate.

A series of familiarisation visits by the Divisional Patient Representatives have been undertaken. To date areas visited are:

- Day Surgery RSH and PRH
- Outpatients RSH
- Theatres RSH

- Pre-operative Assessment RSH
- MSK Wards both sites
- Head & Neck Ward 8 and Outpatients Departments
- ENT, Maxillofacial and Dental laboratory PRH
- Telford Elective Surgery Hub. Revisit took place after the opening of the Hub last year
- Maxillofacial Laboratory RSH
- Chemotherapy – Lingen Davies Unit RSH
- Ward 37 RSH

#### Patient Access:

- Patient representative from PACE group will visit the Bookings and Scheduling Teams at William Farr House on 29<sup>th</sup> April
- Medical records storage space continues to be a concern, and a business case is being prepared with a view to have all records stored in one location

#### ITU away day:

The relatives of a patient who was treated on ITU last year, attended and spoke to staff at their away day regarding the importance of organ donation

#### Complaints update:

Following a complaint received about post discharge care of a surgical patient, a meeting with senior nursing staff, the patient and family at home was arranged. This resulted in positive improvements within surgery and the emergency department. It also addressed training concerns for nurses and doctors.

#### **Action update from previous meeting:**

#### Patient Access:

- Recruitment for booking clerks has been successful over recent weeks across both outpatient and inpatient scheduling teams
- DNA rates continue to decrease slowly, and the teams continue to review and identify themes.

#### **Clinical Support Services - Dianne Lloyd (Acting Deputy Divisional Director of Operations) gave an update on current/future service developments/changes and how the team are involving the community in these changes:**

The CSS Patient Experience Group continues to meet every month. We continue to involve our patient engagement representatives in some of our service changes and improvements such as:

#### Service moves at PRH:

The Trust needs to use all its inpatient bed spaces to support timely admissions for patients from ED and admissions for planned surgery and procedures.

#### Stroke Rehabilitation at PRH:

Stroke Rehabilitation at PRH is currently carried out in the old Day Hospital area of the Paul Brown Unit (PBU) now known as the PBU Gym. Kitchen assessments are also carried out in this area.

There is a 'domino effect' of proposed moves that could change the location of stroke rehab:

- The Lofthouse Suite at PRH was originally a local anaesthetic procedure suite however, these patients are now being treated in the main theatres so

blocking space for patients who need general anaesthetics for their surgery. This is because the Medical Day Unit is currently having to use the Lofthouse Suite as its location due to pressures on space at PRH.

- A proposal has therefore been created to move the Medical Day Unit into the space currently occupied by the Discharge Lounge in the PBU and move the Discharge Lounge into the PBU Gym. The proposal is for the plinths used for stroke rehabilitation and a new assessment kitchen to move from the PBU Gym area into another area in the PBU converted for these purposes. These plans are being developed by CSS and the Medicines & Emergency Care Division along with Estates.

**Jane Randal-Smith** asked, were the patients involved in the redesign of the Stroke Rehabilitation.

**Dianne Lloyd** informed the group, there was no time to involve patients as it was a very quick move. It was necessitated to put the discharge lounge into the gym space. We do have a patient experience group within clinical support services, and they were advised about it. We are going through a series of meetings now with estates to design the area, so it's not too late to show patients the design.

**Julia Clarke** advised, it would be useful to get the patients view on the idea, as patients might raise ideas that we would not have thought of. Patients can bring a slightly different perspective to it.

**Action: Dianne Lloyd to involve patient groups in the redesign of the Stroke Rehabilitation, they understand the issues if they've lived through that experience.**

CSS Patient Experience Group update:

“Gather” (an inter-active tool that pulls together the themes from the Friends and Family Test to provide reports, allow analysis, create action plans and provide feedback to patients in a “you said.... we did” style) is now being used in Phlebotomy with plans to roll out to Therapies and Radiology.

“The First 15 Steps” assessment visits:

Patient and staff representatives have continued with the programme of 15 steps assessments and have provided valuable feedback on some of our services.

The following areas have been visited, and each area has developed an action plan based on the feedback received:

- RSH Radiology Department
- PRH X-ray 1
- PRH X-ray 2
- PRH Therapy Department

RSH Outpatient and Community Therapy Department on the William Farr House site:

- repeat visit planned
- RSH Inpatient Therapy Gym
- Both mortuaries to look at the areas family and friends can access when they come to visit a loved one
- Radiology at RSH Treatment Centre - MRI and Breast Screening Unit

	<ul style="list-style-type: none"> <li>• Phlebotomy in the CDC</li> </ul> <p><u>Our next plan is to carry out 15 steps visits in:</u></p> <ul style="list-style-type: none"> <li>• Evolution Scanning Suite, RSH (MRI and new Nuclear Medicine unit)</li> <li>• PRH Breast Screening</li> <li>• Phlebotomy in William Farr House</li> <li>• CDC – Radiology and Cardiorespiratory</li> <li>• Cardiorespiratory at RSH and PRH</li> </ul>
<b>2025/18</b>	<b>Service Change Updates on Cardio-Respiratory</b>
<b>(i)</b>	<p><b>Dianne Lloyd gave a brief update on the Cardio-respiratory Service at PRH:</b></p> <p>The Cardio-Respiratory Department (along with the Cardiac Day Unit) is currently occupying an inpatient ward area at PRH on Apley Ward to free up some space that could be used for inpatient care. The Cardio-Respiratory Service has explored the potential to move some of its routine respiratory outpatient appointments to the CDC (Community Diagnostic Centre) where it already has an outpatient clinic base. The acute elements of the service would remain at PRH e.g. support for the Cardiac Cath Lab and patients on the wards.</p>
<b>(ii)</b>	<b>Service Change Maxillo-Facial</b>
	<p><b>Julia Clarke gave a brief update on the Service Change Maxillo-Facial:</b></p> <p>There have been issues with recruiting Maxillo-Facial Trauma Specialists. There is a plan to look at moving emergency care element of this service to Stoke, so if a patient needs reconstructive facial surgery, they will be admitted to the Trauma Centre in Stoke. Details are being worked up and SaTH we will keep the Forum updated.</p>
<b>2025/19</b>	<b>Digital Transformation Programme Update</b>
	<p><b>Sally Orrell (Digital Programme Communications and Engagement Manager) gave a verbal update on the Digital Transformation Programme:</b></p> <p>SaTH Digital are moving forward with the Patient Portal Project that the team are working on, it goes live this week which is very exciting. SaTH Digital are doing a small pilot in ENT (Ear, Nose and Throat) just to help test how the portal works, make sure that it works in the right way and that it links with all our systems in the right way. The plan is that we will go through the rest of the services and department and do a phased implementation. This week the patients in ENT will get text messages for their appointments and get appointment reminders through the patient portal.</p> <p>At the beginning of next week, SaTH will start to go live with the letters, so patients will be able to read their appointment letters online and receive texts or emails with their appointment letters and links to view their appointments. For the patients that are involved in the pilot, they will be able to access that information on the NHS app or directly through any messages they receive through text or e-mail. This is on a very small scale at the moment because we want to make sure we absolutely get this right for patients.</p> <p>There are two patients who join every one of the project meetings. This has been very helpful as they are helping the team to build information on the patient and visitor website.</p>

	<p>Flyers have been produced that the team will circulate to the clinic areas that are going live. We're also looking at doing patient and public questionnaires to get opinions on what works, what doesn't work and how they found the process.</p> <p>*Sally Orrell left the meeting*</p>
<b>2025/20</b>	<p><b>Update on HTP</b></p> <p><b>Rachel Webster (HTP Nursing, Midwifery and AHP Lead) presented the update on HTP and briefed the group on the key areas, presentation provided (which would be the presentation given at the HTP About Health event in May, subject to any changes suggested by PAF):</b></p> <p><u>Main build progress:</u></p> <ul style="list-style-type: none"> <li>• Second tower crane is now on site. Both cranes will remain on the construction site for the duration of the build.</li> <li>• Work continues to prepare for connecting the existing building to the new build. IHP (Integrated Health Projects) continue to work closely with our clinical services to ensure minimal disruption during construction.</li> <li>• Elizabeth House has been demolished, with slab works due to begin imminently – this will make way for the new energy centre and phlebotomy is now provided at William Farr House.</li> <li>• The road leading up to the Copthorne building has closed to traffic to allow IHP to undertake drainage and associated infrastructure works in the road. The car park for services within Copthorne building has been relocated to the front of the RSH site (so no loss of spaces).</li> </ul> <p><u>Benchmarking visits:</u></p> <p><b>The Grange University Hospital – opened in 2020.</b></p> <ul style="list-style-type: none"> <li>• Offer a singular Emergency Department, with three non-emergency hospital sites that provide other services.</li> <li>• Visited by HTP, Capacity and Site Managers, and ShropDoc on 1 May 2024 and a further visit took place on April 2<sup>nd</sup> 2025.</li> </ul> <p><u>Lesson learnt and benefits:</u></p> <ul style="list-style-type: none"> <li>• The transfer process of patients must be coordinated effectively. They use a 'flow centre' to manage this, which is a single point of access.</li> <li>• The main benefit they have seen is huge improvements to their planned care and capacity, by effectively ringfencing this service. In Winter 23/24, the Trust didn't cancel a single elective procedure.</li> </ul> <p><b>Bournemouth and Poole – opening in 2025:</b></p> <ul style="list-style-type: none"> <li>• Royal Bournemouth Hospital to become the emergency centre, with a six-storey expansion of healthcare facilities called the BEACH building (Births, Emergency and Critical care, and Children's Health).</li> <li>• Poole Hospital will become the site specialising in planned care. They opened their theatre complex in July 2023 to support this change. They will also provide a 24/7 UTC to help ease pressure at the emergency site.</li> </ul> <p><u>Lesson learnt and benefits:</u></p> <ul style="list-style-type: none"> <li>• Ensuring staff are engaged and aware of the changes, and ultimately what it means for their team. Making sure support is available for staff who require it as part of the service change.</li> </ul> <p><b>Action: Julia Clarke asked for some adjustments to be made to the resus slides before the HTP About Health Event in May.</b></p>



	<p><b>Julia Clarke gave a brief verbal update on the HTP Programme Board Engagement Report which was commended for its depth and breadth.</b></p>
<b>2025/21</b>	<p><b>SATH Strategy &amp; Partnership Update</b></p> <p><b>Carla Bickley (Associate Director of Strategy &amp; Partnership) provided a summary of key actions within the SaTH Strategy &amp; Partnership update, paper provided:</b></p> <p><u>NHS Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS):</u></p> <p>Some highlights this quarter include:</p> <ul style="list-style-type: none"> <li>• The Government NHS 10-year plan launch expected following consultation based on three major 'shifts': <ul style="list-style-type: none"> <li>○ Shift 1: moving more care from hospitals to communities</li> <li>○ Shift 2: making better use of technology in health and care</li> <li>○ Shift 3: focussing on preventing sickness, not just treating it</li> </ul> </li> <li>• National "Reforming Elective Care" Guidance published. Notably this encompasses two important themes for residents: <ul style="list-style-type: none"> <li>○ The focus on understanding health inequalities as part of reducing waiting times</li> <li>○ Greater use of technology by patients as part of their pathway, including use of NHS App</li> </ul> </li> <li>• Operational planning complete for 2025/26</li> <li>• Strategic Commissioning intentions have been developed, to give guiding priorities for the system</li> <li>• ICB and NHSE reform – this is still in initial phase of development and will create change across the system and England.</li> <li>• Focus on Neighbourhood working – NHS England published guidance on neighbourhood health in January, and STW has produced a document outlining our local approach.</li> </ul> <p><b>Jane Randall-Smith</b> asked about mid Wales, as although the focus seems to be on collaboration, there was no mention of Powys Teaching Health Board, which is going through a very challenging period and asked whether SaTH have much engagement with Powys.</p> <p><b>Carla Bickley</b> confirmed that there is engagement with Powys, as part of the operational planning rounds there have been conversations in terms of health inequalities and making sure that we've aligned our plans for our local population, which includes Powys. We've also aligned our operational plans to those of the Welsh Board. Engagement is going on every step of the way.</p> <p>The waiting times will form part of the elective recovery work that is being done as a system. It will be a system wide approach including Powys in that. SaTH have had a couple of sessions with Powys on total transformation in terms of some of the services that are being planned for their communities and how that links them with some of our larger services such as the UEC and A&amp;E.</p>
<b>2025/22</b>	<p><b>SATH Charity Five Year Strategy</b></p> <p><b>Julia Clarke gave a brief update on the SATH Charity Five Year Strategy:</b></p> <p><u>Strategic Objective 1:</u> Forge Transformative Partnerships</p>

	<p>We will build strong, dynamic relationships with local businesses, national organisations, and community groups to amplify our reach and resources. By working together, we can achieve greater impact, fund ambitious projects, and inspire collective pride in our hospitals.</p> <p><u>Strategic Objective 2:</u> Achieve Ambitious Growth in Income and Investment We will grow our income to enhance patient care and staff well-being, ensuring the funds raised makes a meaningful difference. At the same time, we are committed to investing responsibly, safeguarding resources to maintain financial stability and sustain our impact over the long term.</p> <p><u>Strategic Objective 3:</u> Make Giving Effortless and Inspiring We will create user-friendly and inclusive donation experiences that inspire generosity. From digital platforms to visible on-site opportunities, we'll ensure that everyone in our community can easily contribute and see the tangible impact of their support.</p> <p><u>Strategic Objective 4:</u> Redefining Care Through the Hospital Transformation Programme We will launch a joint appeal to inspire community support, funding advanced medical equipment and creating uplifting environments that redefine care for patients and staff. By- enhancing the patient journey and celebrating staff dedication, we will make the charity integral to the hospitals' transformation.</p> <p><u>Strategic Objective 5:</u> Empower and Equip Our People We will support and develop our fund advisors, staff, and internal teams to maximize their potential. By providing training, tools, and guidance, we will align charitable efforts with the Trust's priorities and deliver exceptional outcomes together.</p> <p><b>Jane Randall-Smith</b> asked, how the League of Friends fit in with SaTH Charity.</p> <p><b>Julia Clarke</b> informed the group; they are a charitable partner. We've already had a conversation with them because they are now the League of Friends for Shrewsbury and Telford Hospital. The old PRH League of Friends were dissolved a couple of years ago. The Royal Shrewsbury Hospital, League of Friends revised their constitution to cover PRH as well, because patients now travel across the county for their care. We've already spoken to them, particularly about the proposed Respiratory Centre at PRH. We work very carefully with both Lingen Davies and the League of Friends as there are different opportunities for all organisations. Lingen Davies are very good at fundraising and League of Friends tend to raise funds through their shop activity and social events. SaTH Charity organised an abseil off the ward block last September and both Lingen Davies and the League of Friends were invited to join us in that. We see it very much as a collaborative partnership. We couldn't manage without League of Friends and Lingen Davies, they're great supporters of ours and they received drafts of the Charity strategy to comment on.</p>
<b>2025/23</b>	<b>Supplementary Information Pack</b>
	<p><b>i. Public Participation Plan: 2023/24 Action Plan Update</b></p> <p>Julia Clarke gave a brief update of the Plan on a Page for SaTH Charity, Engagement and Volunteers, paper provided.</p>

<b>2024/24</b>	<b>Any Other Business</b>
	Nothing noted.
	<b>Dates for the Forum 2025</b>
	<p><b>Monday 21<sup>st</sup> July - 13:00-16:00</b></p> <p><b>Monday 3<sup>rd</sup> November - 13:00-16:00</b></p>

DRAFT

## PUBLIC ASSURANCE FORUM ACTION LOG

Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
<b>14th April 2025</b>						
2025/15	14/04/2025	Mary Aubrey to investigate a screen in the 'fit to sit' area which will display the average/longest wait times.	Mary Aubrey	21/07/2025	Mary Aubrey is investigating if there is a spare screen in the Trust that can be used in ED to display the fit to sit wait times.	ONGOING
2025/15	14/04/2025	It was also agreed that a further update would be provided at the July PAF meeting. Mary Aubrey/Laura Graham to provide update in July PAF. <b>FYI</b> - Laura Graham has now left the Trust, Hannah Walpole to deal on Laura's behalf.	Mary Aubrey/ Hannah Walpole	21/07/2025	Hannah Walpole will present on the performance data for the ED wait times. Mary Aubrey will provide an update on the development of the ED Webpage.	CLOSED
2025/16	14/04/2025	Graham Shepherd requested for services/staff at SaTH to attend the Shropshire Patient Group to provide an update on HTP.	Graham Shepherd	21/07/2025	In discussions with the HTP team to arrange SaTH/ HTP representatives to attend both SPG meeting and also Marden PPG Committee.	CLOSED
2025/17	14/04/2025	Hannah Walpole to provide Rachel Fitzhenry with the integrated performance paper to circulate to the group.	Hannah Walpole	21/07/2025	HW confirmed that IPR is available to the public via Trust website: Trust Board Papers – SaTH <a href="https://www.sath.nhs.uk/about-us/trust-information/board-papers/">https://www.sath.nhs.uk/about-us/trust-information/board-papers/</a>	CLOSED
2025/17	14/04/2025	Dianne Lloyd to involve patient groups in the redesign of the Stroke Rehabilitation, they understand the issues if they've lived through that experience.	Dianne Lloyd	21/07/2025	This is being picked up through the CSS Patient Experience Group meetings.	CLOSED
2025/20	14/04/2025	Julia Clarke asked for some adjustments to be made to the resus slides before the HTP About Health Event in May.	Julia Clarke	21/07/2025	Slides were adapted to improve visuals of Resus/Majors comparison and now used for all slide presentations	CLOSED



# CQC Action Plan Update and Highlight Report – Urgent & Emergency Care

**DATE** July 2025 (June action plan updates)





# Section 31's

Getting  
to  
GOOD

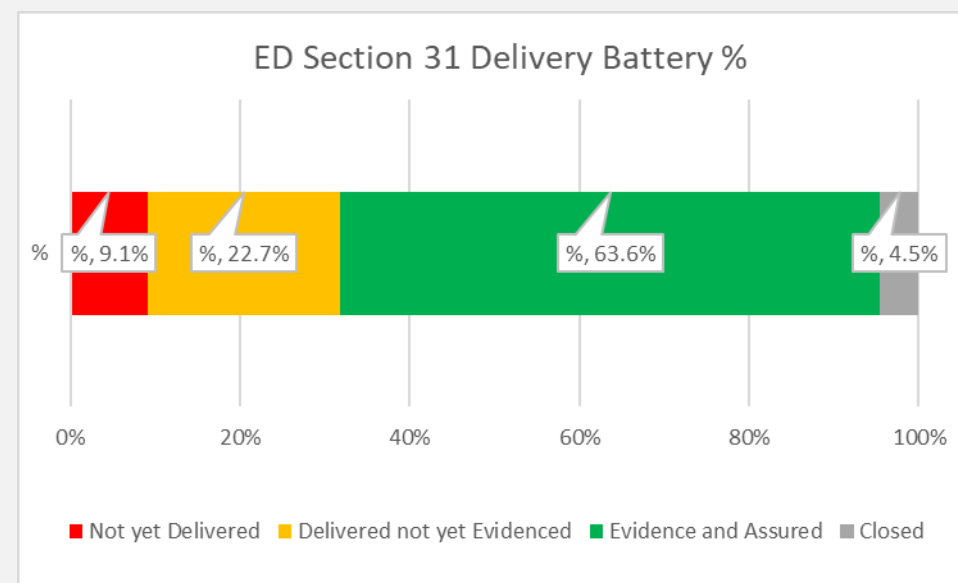
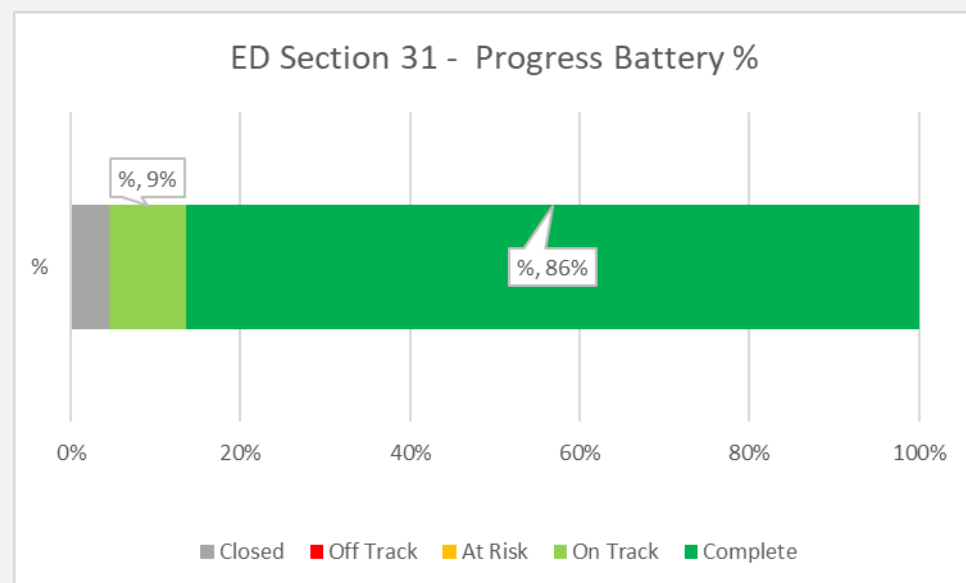


# Progress – updated following

There are currently **two** Section 31 conditions that relate to activity undertaken within UEC – following the application to remove those associated with Medicine and CYP mental health the plan has been re-aligned with the actions identified following the 2024 report and cross referenced to reflect all existing actions to address:

**Condition 1:** on the last Friday of each month, the registered provider shall submit a written report to the Care Quality Commission describing the system in place for effective management of service users under the age of 18 through the emergency care pathway and include the following; a) The number of service users under the age of 18 not triaged within 15 minutes or seen by the paediatric medical team within the hour of arrival to the emergency department and details of any avoidable harm arising as a result of the delay. b) Results of monitoring data and audits undertaken that provide effective assurance that a process is in place for the management of children requiring emergency care and treatment. c) Details of all children who left the department without being seen by a clinical practitioner and details of harm or follow-up arising from a child leaving the emergency department without being seen.

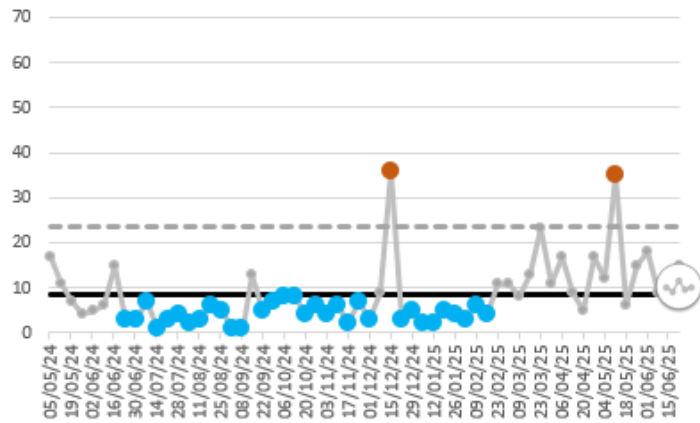
**Condition 2** = The registered provider must ensure it implements an effective system with the aim of ensuring that **all** patients who present to the emergency department are assessed within 15 minutes of arrival in accordance with the relevant national clinical guidelines accounting for patient acuity and the location of patients at all times.



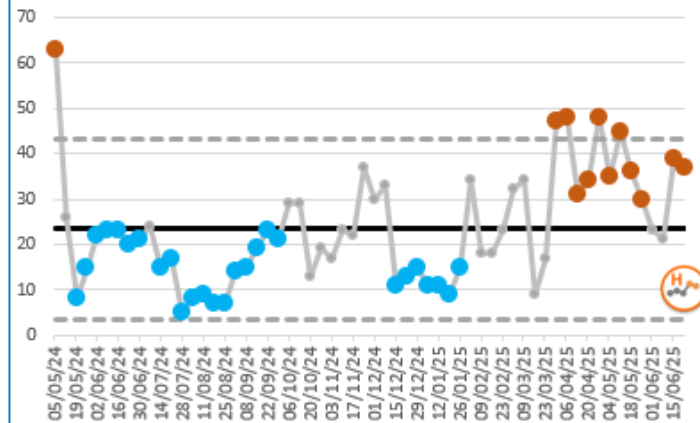
There are now 22 actions associated with the 2 UEC conditions. Currently 19 actions are “complete” with 14 evidenced and assured and 5 Delivered, not yet evidenced. An application will be submitted to remove the remaining conditions in June.

# Left Before Treated - Paediatrics

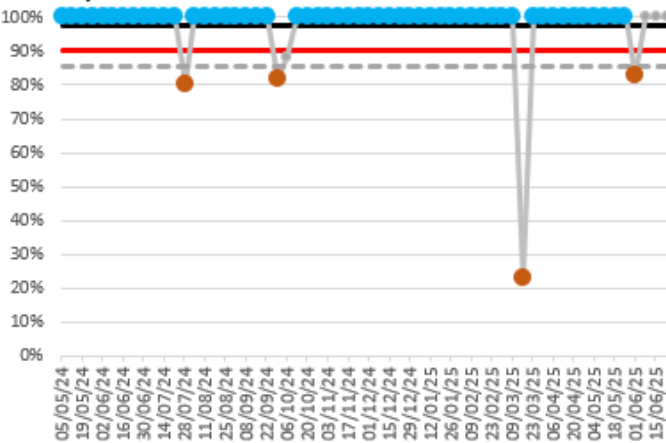
RSH - No of U18's who LB4T



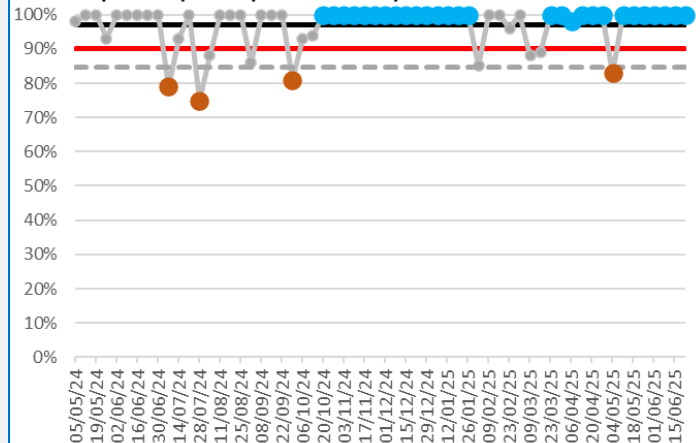
PRH - No of U18's who LB4T



% Children followed up by a Cons within 48 hrs of leaving the dept RSH



% Children followed up by a Cons within 48 hrs of leaving the dept PRH (24 hrs prior to Jan 24)



The number of Paediatric attendances has remained high since January which reflects the increase in the number who left before treated; however, compliance in follow up and actions being taken has continued to be over 90% on both sites during June.

The drop in compliance at RSH w/c 16<sup>th</sup> March was due to the patients not appearing on the SQL report – the process for ensuring prompt coding has been reiterated and compliance was 100% the next week.

## Key

- Red Line = Target
- Black line = mean
- - - Dotted line = upper and lower control limits
- Orange point = indicates special cause variation of particular concern and needing action
- Blue point - where improvement appears to lie



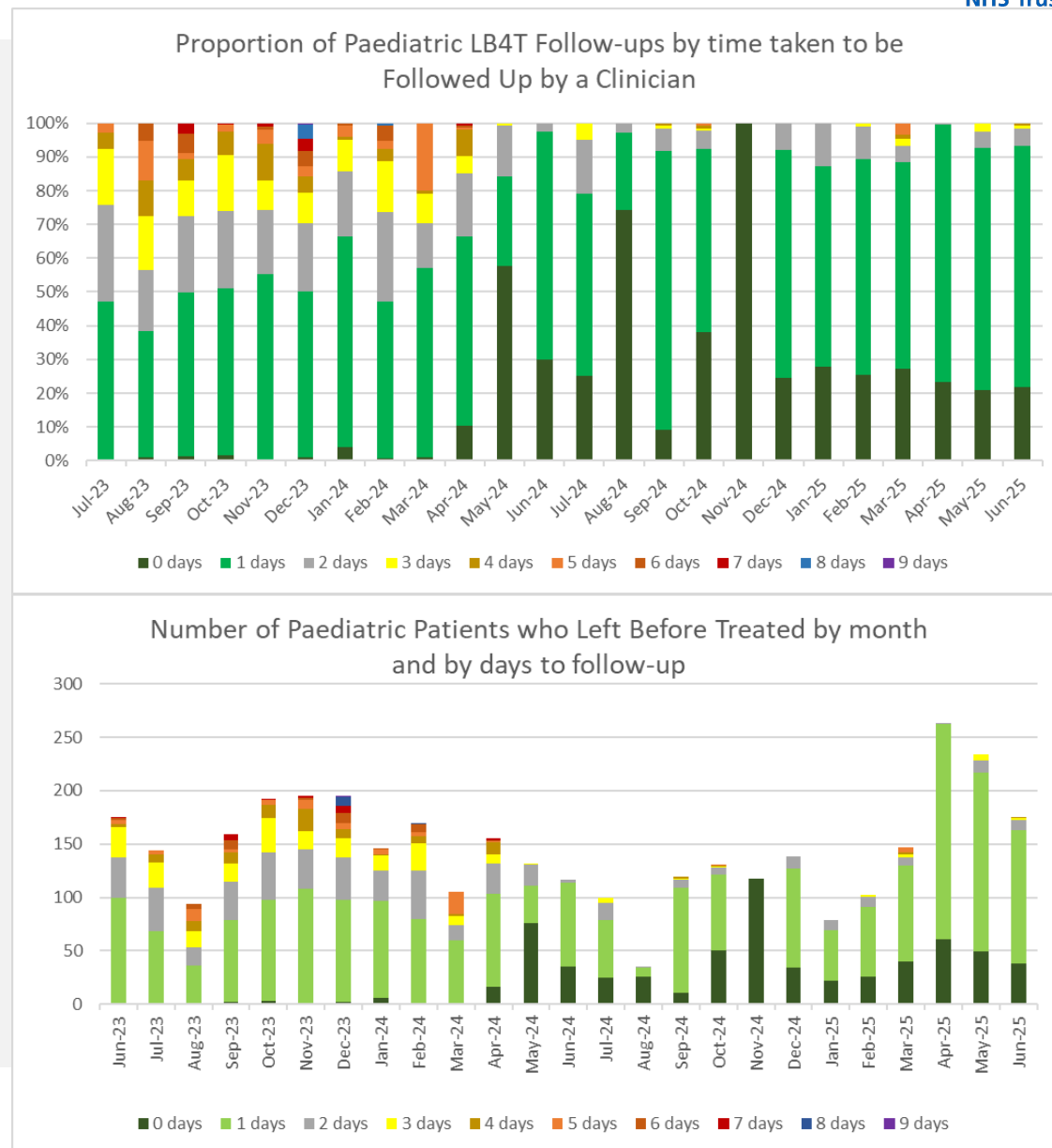
# Paediatric Left Before Treated

The CQC reporting requirements are to receive on a monthly basis a rolling database of all children who left before being seen and time to follow-up by a consultant

Data shows over 90% children who left before treated were followed up within 24 hrs in May.

The process for following up children who leave before treatment completed, and their notes are now reviewed the same or next day (during the week) by the lead paediatric nurse with sign-off on actions taken by a consultant.

Due to consistent compliance in following up and actions in place to safeguard children, we are making an application to remove this CQC Section will 31 condition.



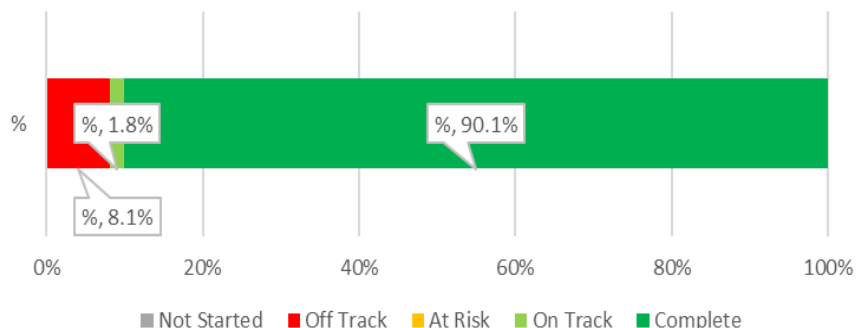
# CQC Action Plan progress



# UEC Action Plan Updates and Highlights



UEC Progress Battery %



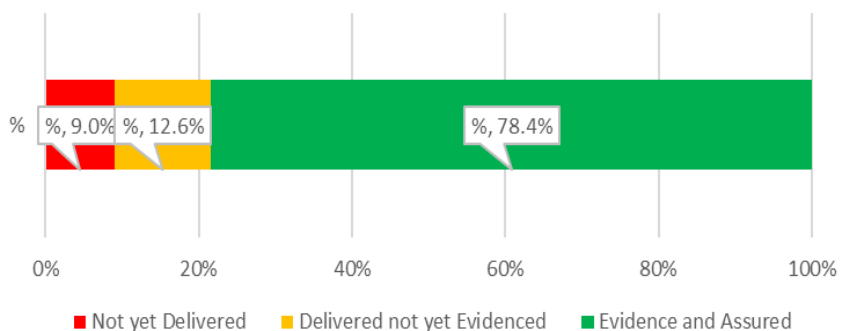
## Progress

- 100 = 90.1% complete, 9 (from 7) = 8.1% off track, 2 (from 4) = 1.8% on track

## Delivery

- 87 = 78.4% evidenced and assured, 14 (from 20) = 18% Delivered not yet evidenced, 10 = 6.3% Not yet delivered

UEC Delivery Battery %



## What have we done and next steps

Status' Signed off in June:  
See next slide

### Off Track =

MD003.1/3.2  
MD011.3SD027.1  
SD026.1  
SD029.1  
SD032.1  
SD033.1

### Deteriorating patient – overdue obs

Medicines management - fridge and room temperatures  
Patient wristband  
Fluid balance  
30 day mortality  
Appraisals

### Next Steps/status review in July 2025:

A table-top review with the Division and Executives will take place in July and review where additional actions need to be identified to address areas of continued non-compliance..

Compliance with those off track/on track yet to be delivered will continue via the ED assurance checks, Nursing Quality Audits and the monthly meeting with Corporate Nursing and the ED team.

## Actions – Proposed status change June 2025

ID	Description	Evidence
MD003.5	<b>Time critical medication – update on project progress requested from Andy Harris</b>	<div>■</div> Propose to go off-track until evidence of progress and target dates for improvement provided
MD005.2	Implementation of SMS FFT	Propose move of target delivery date due to re-implementation of SMS - date to be agreed. Change target date to October
MD012.1/12.2	Hand Hygiene compliance	<div>■</div> Review if ready for evidenced and assured - June 25 - hand hygiene compliance for May = 100% May, 100% April, 88.6% Mar (98.8% Feb, Jan 96%) - when ready for sign-off Agree sign off as evidenced in June fo100% 3 months in June
MD013.1	Time to Triage (IA)	Propose updated target date - Jun 25 - Test of Change week - improvements in time to IA seen - propose change of target date to allow embedding of change and validation of data? Get timeframes for review of data and actions – query if October realistic Feedback session – review reseuls nd what parts can be continud, extra resource – need a rejectory
SD028.1	Record storage (notes trollies)	Agree criteria for sign-off – mock showed stored in trolley but not always locked but improved. OR status change to off-track NiC consistent – to survey the areas + matron support – go to off track
SD057.1	Handovers	<div>■</div> PRH - mock inspection found all staff had been given handover for their patients. Shift handovers happening in office. Similar at RSH, staff felt they were given all the correct and relevant information about their patients - roles allocated according to how department is that morning - concentrate on the sickest patients.OTA areas now help improve handover with WMAS – doctor allocated. Huddles/board rounds -

## Off Track:

ID	Description	Evidence
MD003.1/3.2	<b>Deteriorating patient – overdue obs</b>	Paper being taken to governance to review management via vitals Gone through ED clinical governance – Lisa W – going to CDA on 7 <sup>th</sup> July
MD011.3 SD027.1	Medicines management - fridge and room temperatures	50% compliance in fridge and room temperature checks – escalation not recorded B7 quality checks – Matrons protected time – re-iterate out of parameters escalation process
SD026.1	Patient wristband	June 25 - 100% - agree compliance period to aim for
SD029.1	Fluid balance	June 25- 91.9% in May – agree compliance period to aim for – [propose Quality Matron spot auditt o support sign off or Exemplar? Review of Fluid Balance policy by LW
SD032.1	30 day mortality	Mar 25 - back in scope for ECTP - dashboard under development - ED clinician lead in place. Only future data will be available – previous data won't be available – data warehouse affected by careflow
SD033.1	Appraisals	June 25 - 64.35% - down Trajectories to be provided (EH) – aim for September

# ED - Appraisal Data

ESR Latest Appraisal 1 Yearly

Notes

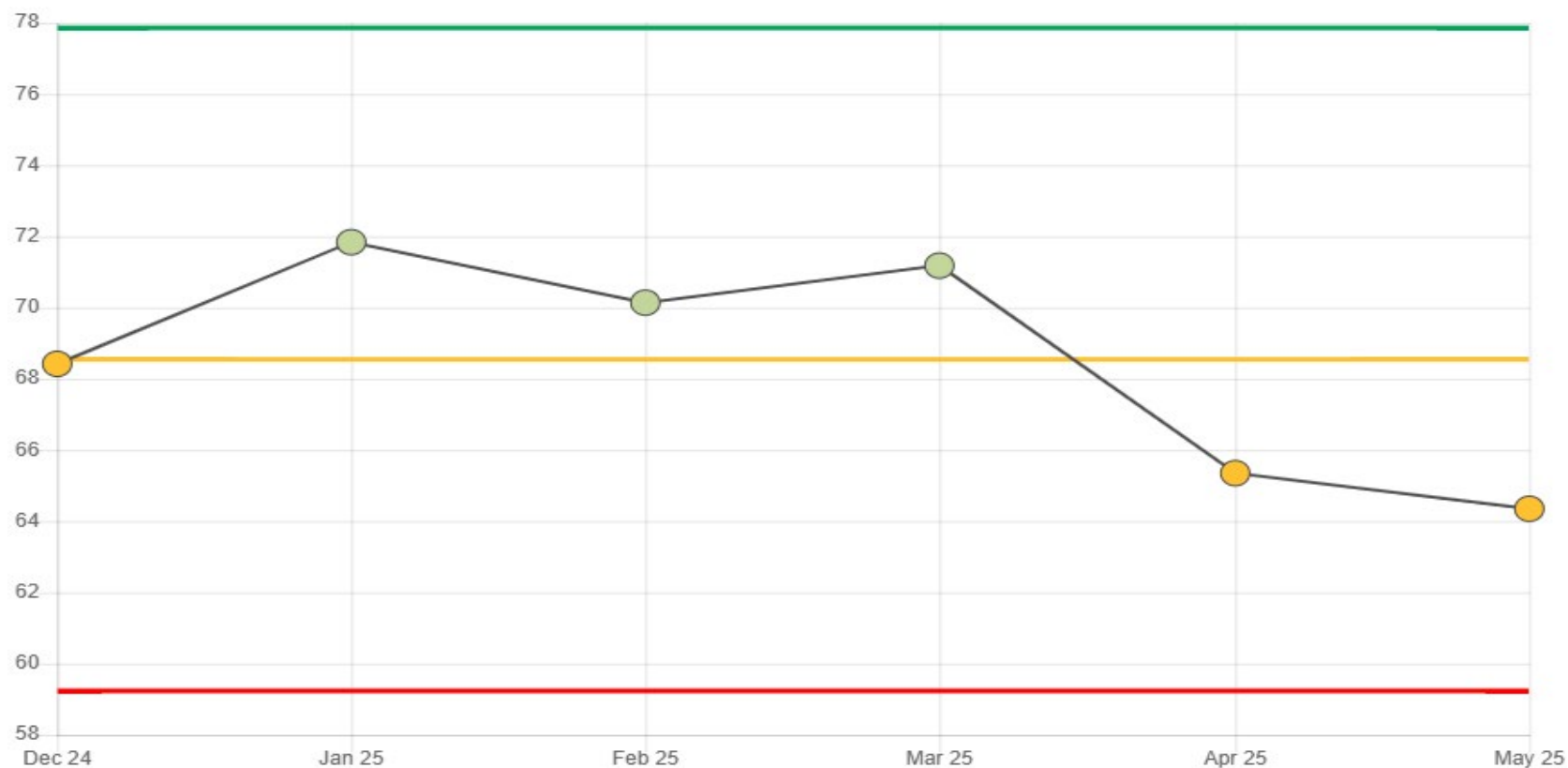
## Key

Upper control limit

Lower control limit

Mean

Actual

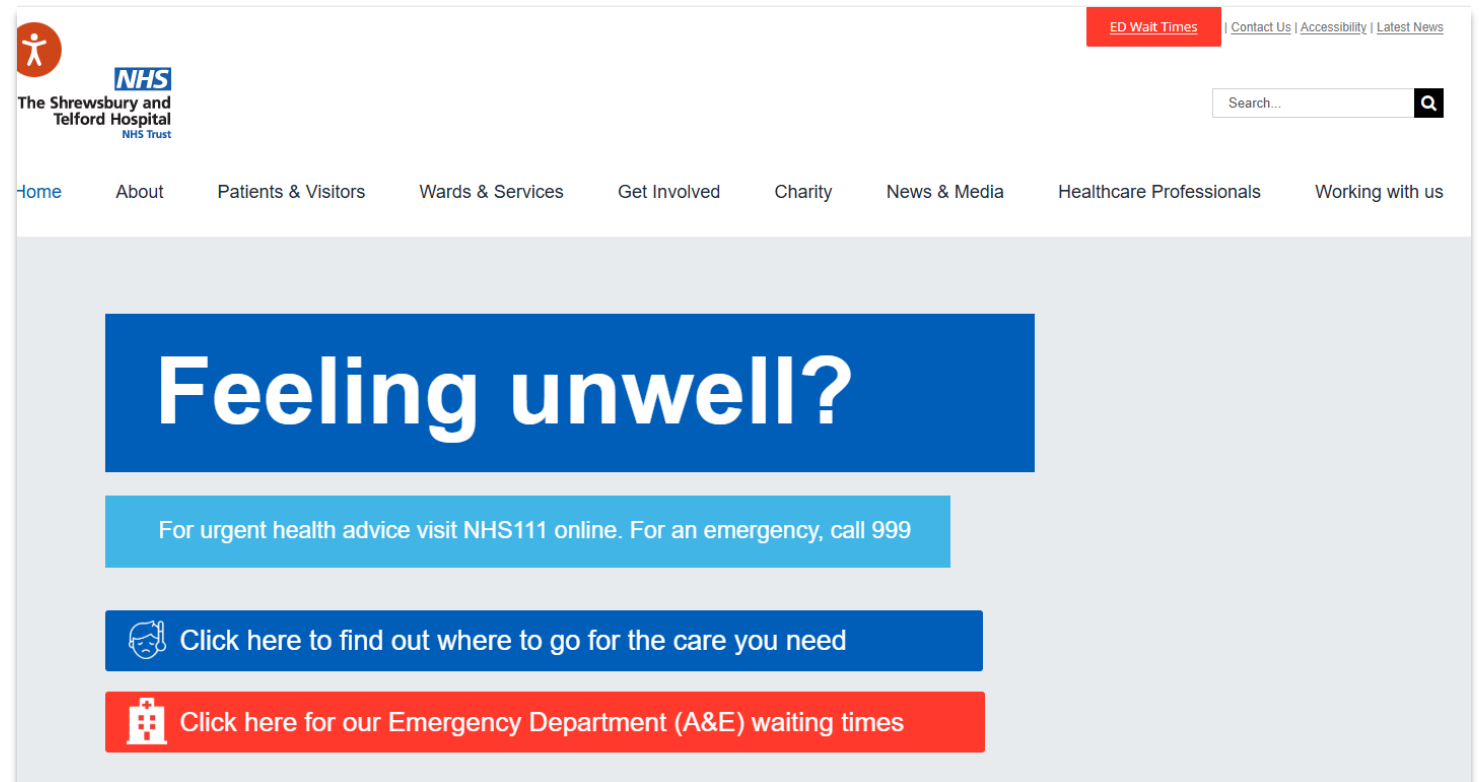


# ED wait times – SaTH website

We are finalising the soft launch of our revised Emergency Department waiting times on our website

Expected go live is in August 2025

[www.sath.nhs.uk](http://www.sath.nhs.uk)



# ED wait times – SaTH website

The information we are giving is being improved following staff and patient feedback. It will now include:

- Longest wait times
- Number of patients waiting now
- Information on opening times at Minor Injury Units
- Last time data was updated/refreshed
- Visual – patient journey explainer

## Emergency Department (A&E) wait times

	Current longest waiting time to see a doctor/nurse	Current number of patients waiting to be seen
<b>Royal Shrewsbury Hospital</b> Adults	2 hrs 54 mins	16
<b>Royal Shrewsbury Hospital</b> Children	2 hrs 54 mins	16
<b>Princess Royal Hospital</b> Adults	2 hrs 54 mins	16
<b>Princess Royal Hospital</b> Children	2 hrs 54 mins	16
<b>Community Minor Injury Units (MIUs): 60 minutes</b>		

Please be aware that MIUs are not open 24 hours, so check [opening hours](#) before you attend.

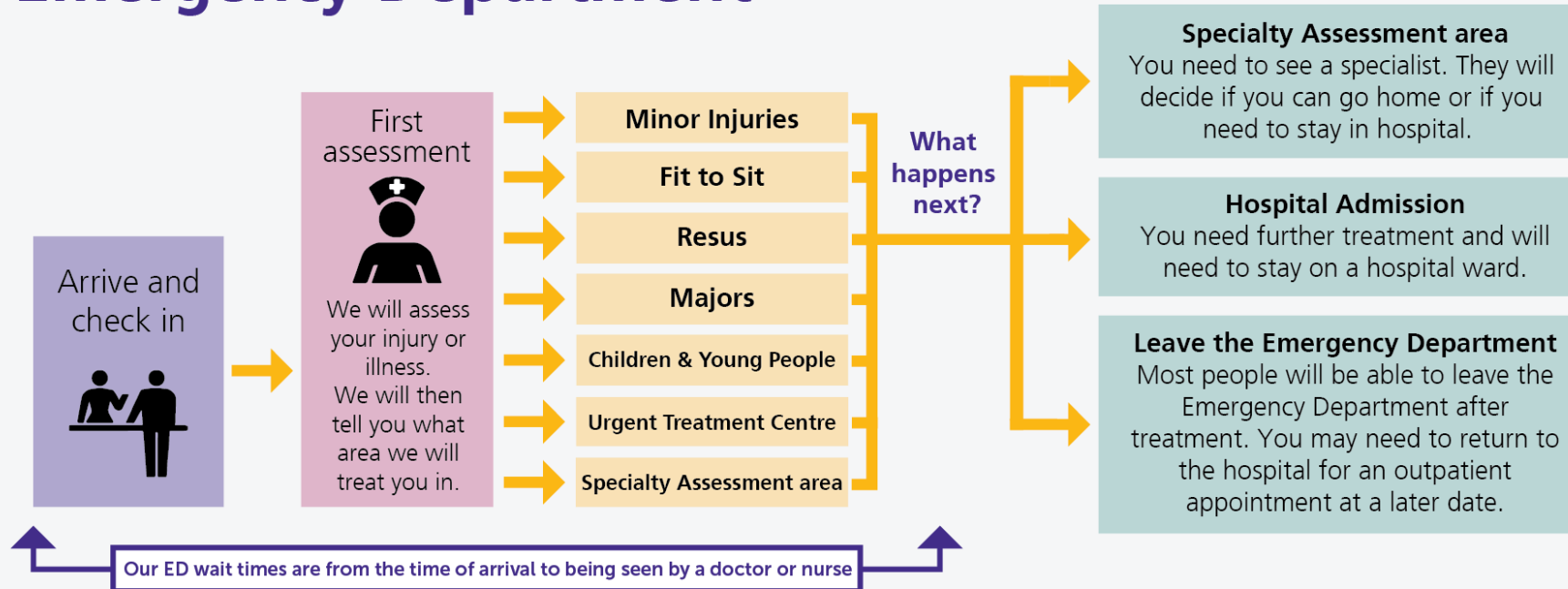
[Learn more about our wait times.](#)

Last updated on Wednesday, 12 March 2025 10:15.

# ED wait times – SaTH website

New visual  
patient  
journey  
explainer

## What to expect in our Emergency Department







# ED wait times – ED waiting rooms

Emergency Department (A&E) wait times			Emergency Department (A&E) wait times		
	Current longest waiting time to see a doctor/nurse	Current number of patients waiting to be seen		Current longest waiting time to see a doctor/nurse	Current number of patients waiting to be seen
Princess Royal Hospital Adults	2 hrs 54 mins	16	Royal Shrewsbury Hospital Adults	2 hrs 54 mins	16
Princess Royal Hospital Children	2 hrs 54 mins	16	Royal Shrewsbury Hospital Children	2 hrs 54 mins	16
<a href="#">Learn more about our wait times.</a> Last updated on Monday, 14 April 2025 11:12am.			<a href="#">Learn more about our wait times.</a> Last updated on Monday, 14 April 2025 11:12am.		

The same information will also be displayed in our ED waiting rooms on digital tv screens

# ED wait times – next steps

- Soft launch planned for early August – finalising data updates
  - Two weeks for testing and final amends
- Publicised via website, media release and social media (supported by alternatives to care messaging)
- We welcome all feedback to ensure this service is as effective as possible - [sath.commsteam@nhs.net](mailto:sath.commsteam@nhs.net)

Public Assurance Forum	
Member Update	
Name of Organisation: Healthwatch Shropshire Name of Member: Liz Florendine Date: Monday 21 <sup>st</sup> July 2025 Time: 1.00- 4.00pm Location: Microsoft Teams	
1.	Key updates from member organisation
2.	Any items for discussion at the Public Assurance Forum from member organisation
 <p>             You may have seen the national announcements about Healthwatch in the news.               But here in Shropshire, we want to make things clear.   <b>We are still here, still listening and still supporting you.</b>               The national picture may be changing, but nothing is changing locally right now. We're continuing all of our work – gathering your feedback, helping you navigate the complex NHS and Social Care system, and making sure your voice shapes health and care.               Contact us any time.    </p>	
3.	Action update from previous meeting (if applicable)
Report by:	Liz Florendine
Date:	14/07/2025

Public Assurance Forum	
Divisional Update	
<b>Name of Division: CSS</b> <b>Name of Divisional Lead: Dianne Lloyd, HTP Clinical Implementation Lead for Clinical Support Services and Facilities</b> <b>Date: Monday 21<sup>st</sup> July 2025</b>	
1.	<b>Key updates from Division</b>  <u><b>Community Diagnostics Unit, Hollinswood House, Telford</b></u>  <p>The CDC is now routinely benefiting from approx. 500 patients a month providing their feedback, the vast majority of which is very positive.</p> <p>Update on the actions identified by the Experienced Based Design audit funded by NHS Elect:</p> <ul style="list-style-type: none"> <li>• More appropriate chairs have now been provided in the waiting room</li> <li>• An intercom has been fitted to the reception desk to support the hard of hearing</li> <li>• The intercom at the main entrance used to contact services above the ground floor has been colour coded to make it easier to use.</li> <li>• A second set of electric doors at the entrance will be fitted to improve access for those with mobility difficulties.</li> </ul> <p>Other developments:</p> <p>Phlebotomy now has 3 volunteers to support patients with a meet and greet service. The third-floor reception desk is now covered – this floor provides Cardiorespiratory outpatient services.</p> <p>Funding has been secured to develop 3 new services at the CDC:</p> <ul style="list-style-type: none"> <li>• Phlebotomy for children and young people</li> <li>• Cardiorespiratory – asthma for children and young people and breathlessness for adults</li> </ul> <p><u><b>Oncology &amp; Haematology</b></u></p> <ul style="list-style-type: none"> <li>• Reduction in new outpatient waiting times for Oncology</li> <li>• Chemotherapy waiting times now stable at 2.5 weeks</li> <li>• New Acute Oncology Consultant lead in post</li> <li>• Secured 2 new Clinical Oncologists for 12 months covering Gynaecology, Colorectal, Urology and Lung services</li> <li>• SGRT – tattoo less radiotherapy pilot started</li> <li>• Radiographers have begun starting work earlier to increase Radiotherapy capacity</li> <li>• New Linac – the first patient to use the new Linac Accelerator is expected in September</li> </ul> <p><u><b>Pathology</b></u></p> <p><b>Accreditation:</b></p> <p>UKAS have conducted assessment visits across Pathology services at RSH, PRH and RJA and accreditation has been confirmed for:</p>

- Cellular Pathology
- Microbiology
- Blood Sciences

### **Pharmacy**

The new Deputy Chief Pharmacist started in post on 14<sup>th</sup> July 2025.

**Automated Medicines Dispensing Cabinets make the news: Shropshire Star 3<sup>rd</sup> July**

### ***“Shrewsbury and Telford A&Es fitted with new ‘fingerprint access’ digital dispensing cabinets”***

The cabinets are called “BD Pyxis” and have recently been installed in the new Resus and Majors areas at RSH and also into PRH Emergency Department. They will deliver benefits for patient care including:

- Faster access for patients to the medicines they need
- Releasing time for the Pharmacy Team as the cabinet communicates digitally with Pharmacy to advise on the amount of stock that needs replacing
- Medicines are more readily available to the teams in these areas as more stock can be held safely in the cabinets which are accessed via a secure log-in process

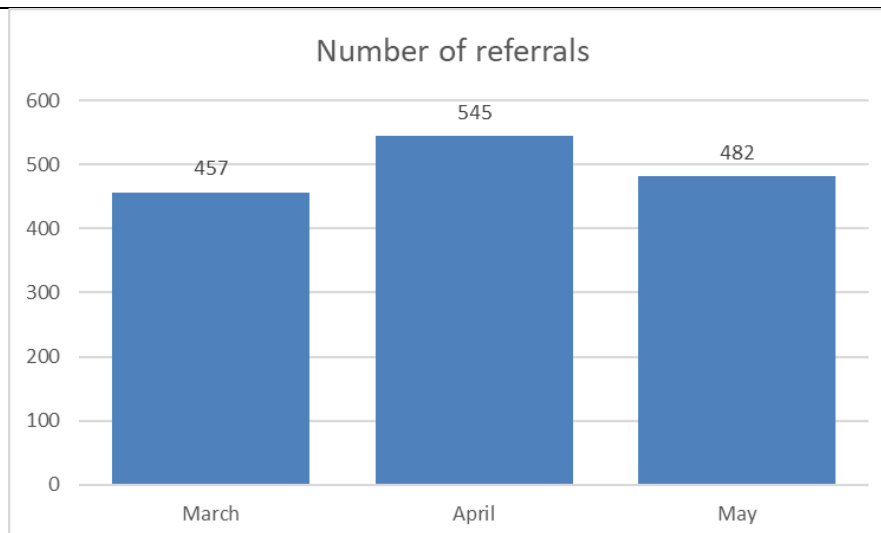
A strategy is being developed to propose the roll out of the automated cabinets across both sites and throughout the new building at RSH.

The new cabinets will link in with the digital system for prescribing that will be installed this year called EPMA (Electronic Prescribing and Medicines Administration) and together they will improve the processes for prescribing, reviewing, administering and restocking medicines in clinical areas. A team from Pharmacy have recently visited Leighton Hospital to see how they are using a dispensing robot to make the process more efficient.

### **New Pharmacy Team for ED**

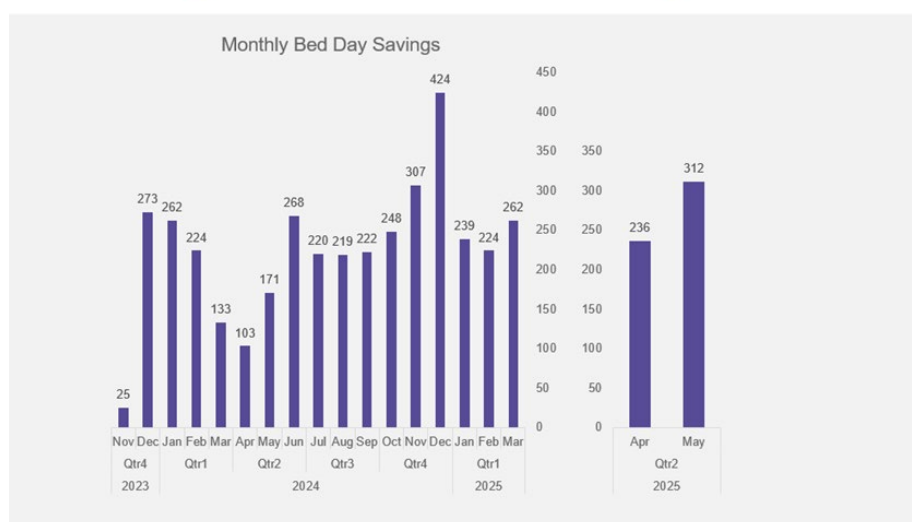
Recruiting has begun for the newly funded dedicated Pharmacy Team for our ED’s who provide an on-site service to support patient safety, improve flow through ED’s, and reduce the potential for harm e.g. by reducing the number of missed doses of critical medicines. Recruitment will take place this year.

**Discharge Medicines Service** – the graph below shows the number of referrals per month for the first 3 months of this financial year. Auditing indicates an estimated cost reduction for readmitted patients of nearly £1m over these 3 months alone.



**Outpatient Antibiotic Therapy Service** - 4,372 bed days saved since the start of the service

## Monthly Number of Bed Days Saved



## Radiology

The DM01 standard aims to ensure that 95% of patients do not wait longer than 6 weeks for an appointment in one of our Radiology Departments. Locally, the System DM01 target is 85% and we are pleased to report a continually improving position.

Overall, performance has improved to 79.8% of patients being seen within 6 weeks in May 2025 compared with only 53.6% in January 20205.

Of particular note in June, the percentage of patients being seen within 6 weeks has further improved:

- CT – 97%
- MRI – 85%
- Non-obstetric ultrasound – 87%

**Reporting recovery:**

Urgent turnaround times for reports are at 2-3 weeks and routine reporting is now at 4 weeks.

To ensure long term sustainability of the improvements made in reporting turnaround times, we are training our Advanced Practice Reporting Radiographers to report plain film images, allowing Radiologists to focus on MRI and CT reporting. In addition, one of the Advanced Practice Consultant Radiographers has started training in MRI reporting.

**Therapies**

**Stroke Service** - Specialist Occupational Therapy vacancies and maternity leaves together resulted in a temporary reduction in the 7-day service to a 6-day service. Staff are returning from maternity leave over the summer months so the 7-day service will be incrementally restored by September / October.

**Recruitment** to historically difficult to fill posts is improving.

**Preventing Deconditioning:**

The Team on Ward 37 have received an Improvement Award from promoting MDT ownership of the prevention of patient deconditioning. Other ward teams are looking to implement / adapt for their wards.

Therapists have been delivering training to their colleagues such as "Movement Matters" promoting the role of therapists and empowering all staff to support patient independence throughout inpatient stay.

**ITU Patient Diary** – this was developed by one of the Therapy Assistant Practitioners so that patients on ITU can find out more about what happened to them whilst they were not consciously aware of their time on the Unit. It is now being implemented at RJA in their High Dependency Unit and Spinal Injuries Unit.

**Home Assessment visits**

To reduce the delay in arranging home visits, a successful trial of Therapy Assistant Practitioners undertaking home assessment visits for amputee patients has been carried out and this is now being extended to other patients to improve flow and discharges.

2.	<b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b>
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The CSS Patient Experience Group continues to meet every month and has welcomed another new patient representative. The team continue to involve the patient engagement representatives in some of the service changes and improvements such as:

**Service moves at PRH**

The Trust needs to use all of its inpatient bed spaces to support timely admissions for patients from ED and admissions for planned surgery and procedures.

**Cardio-respiratory Service at PRH**

The Cardio-respiratory Department (along with the Cardiac Day Unit) is currently occupying an inpatient ward area at PRH on Apley Ward. To free up some space that could be used for inpatient care on Apley Ward the Cardio-Respiratory Service has moved some of its routine respiratory outpatient appointments to the CDC where it already has an

outpatient clinic base. The acute elements of the service would remain at PRH e.g. support for the Cardiac Cath Lab and patients on the wards therefore the service's main base is being moved into the main PRH Outpatients Department area.

### **Stroke Rehabilitation at PRH**

Stroke Rehabilitation at PRH is currently carried out in the old Day Hospital area of the Paul Brown Unit (PBU) known as the "PBU Gym". Kitchen assessments are also carried out in this area. To support the flow of patients at PRH the Discharge Lounge has moved into the PBU Gym, providing it with a bigger space.

The Therapy Team continue to work with the Estates Team and Architects to design a new and improved gym and assessment kitchen in another area of the PBU building so ensuring our stroke patients can continue to be treated close to their ward.

### **Lingen Davies Unit, RSH**

A new garden area is to be created outside the RSH Lingen Davies Unit once the building materials have been removed following the construction of the new Linac. Patient views have been sought and below are some artists impressions of what this will look like:



### **Hospitals Transformation Programme – specifically for CSS:**

Within the Hospitals Transformation Programme we are currently developing plans for the following facilities and the CSS Patient Experience Group is given monthly updates on progress:

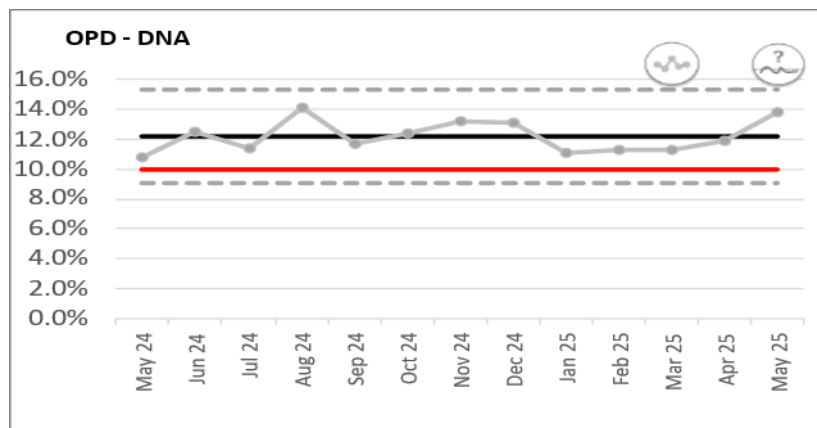


- **Chemotherapy Day Unit and Haematology Outpatient Department at PRH** in addition to the unit at RSH. Fundraising campaign launched by Lingen Davies for £5m on 5<sup>th</sup> June. 2 patient representatives have volunteered to join the Task & Finish Group.
- **Oncology & Haematology Ward** in the new build at RSH
- **Cardiac Cath Lab at RSH** including a recovery area that can also accommodate Interventional Radiology patients
- **Integrated Breast Unit at PRH** to bring routine and symptomatic breast screening into the same location as breast surgery outpatients. 2 patient representatives have volunteered to join the Task & Finish Group.
- **Pathology at PRH** – expansion of Specimen Reception and Phlebotomy areas
- **Pharmacy** reconfiguration and refurbishment at RSH
- **Radiology** – number and location of scanners
- **Therapy Gym** to support the Acute Stroke Ward at RSH

### **Dr Doctor:**

We have recently introduced text message reminders in Breast Screening, and this has reduced the DNA (Did Not Attend) rate from 20% to 12%. The plan is to roll this out across all Radiology outpatient services.

Preparations are on track for text message reminders to initially be introduced in Hand Therapy and then to roll out across the rest of therapy outpatient services. The DNA rate in Hand Therapy is particularly high and this causes problems with waiting times as this is a small team of therapists:



### **“The First 15 Steps” assessment visits:**

Patient and staff representatives have continued with the programme of 15 steps assessments and have provided valuable feedback on some of our services.

The following areas have been visited, and each area has developed an action plan based on the feedback received:

- RSH Radiology Department
- PRH X-ray 1
- PRH X-ray 2
- PRH Therapy Department
- RSH Inpatient Therapy Gym

- Both mortuaries to look at the areas family and friends can access when they come to visit a loved one
- Radiology at RSH Treatment Centre - MRI and Breast Screening Unit
- Phlebotomy in the CDC

The 2025 summer visiting programme is as follows:

- PRH Breast Screening – visit carried out on 3<sup>rd</sup> July
- Phlebotomy in William Farr House – 16<sup>th</sup> July
- CDC – Radiology and Cardiorespiratory – 23<sup>rd</sup> July
- Evolution Scanning Suite, RSH (MRI and new Nuclear Medicine unit) – 14<sup>th</sup> August
- RSH Outpatient and Community Therapy Department on the William Farr House site – 21<sup>st</sup> August

Our forward plan is to carry out 15 steps visits in:

- Chemotherapy Unit, RSH
- Radiotherapy Unit, RSH
- Haematology Unit, RSH

<b>3.</b>	<b>Action update from previous meeting (if applicable)</b>
None	
<b>Report by:</b>	<b>Dianne Lloyd</b>
<b>Date</b>	10/07/25

## Public Assurance Forum

### Divisional Update

**Name of Division:** Medicine and Emergency Care

**Name of Divisional Lead:** Hannah Walpole

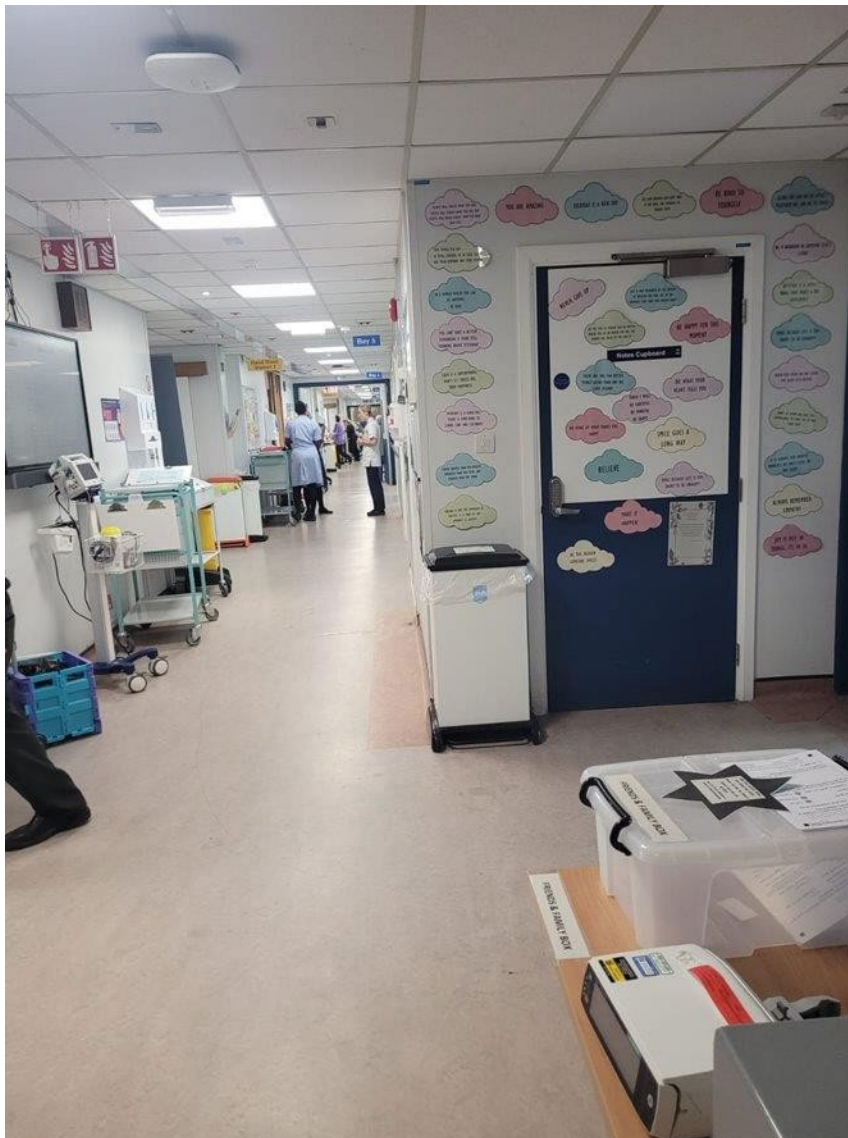
**Date:** Monday 21<sup>st</sup> July 2025

**Time:** 1.00-4.00pm **Location:** Microsoft Teams

#### 1. Key updates from Division

- The department introduced a new therapeutic area on ward 28 at RSH for patients supporting patients with dementia and delirium as well as all other patients.

Before:



After:



Ward 28 also has the highest Trust percentage of patients getting up and dressed every day to reduce deconditioning in hospital and have been invited to a national conference to talk about the work they are doing to improve patient experience.

- Dr Dodi Herman, Emergency Medicine Consultant and Deputy Clinical Director for ED has been highly commended at the Medical Educator Awards. He was recognised in the Outstanding Contribution to Teaching by an Individual category at the Medical Educator Awards 2025, presented by Medical Education Leaders UK
- New Minor Diabetic Foot Service – SaTH & RJAH collaboration. Introduced in response to an increasing demand for specialist foot surgery and provides essential surgical intervention for diabetic patients. Launched in May, patients who have already undergone procedures through the service have shared positive feedback.

2. **Update on any current or future service developments or changes and how are you involving the community in these changes?**

- Phase 2 UTC Service Improvement work to begin with dedicated workstreams to support within our Medicine and Emergency Care Transformation Programme. Public engagement will be facilitated via these workstreams.
- ED Waiting Times – Following feedback from service users and staff, content supporting the sharing of our ED waiting times was refreshed (presented to Public Assurance Committee April 25). Soft launch planning underway which will be accompanied by Media release and social media messaging supported by alternatives to care messaging.

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

n/a

**Report by:** Rebecca Houlston/Hannah Walpole

**Date** 14/07/2025

Public Assurance Forum	
Divisional Update	
<b>Name of Division: Surgery, Anaesthetics, Critical Care, Cancer</b> <b>Name of Divisional Lead: Andrena Weston</b> <b>Date: 21<sup>st</sup> July 2025</b> <b>Time: 14.00-17.00 Location: Microsoft Teams</b>	
1.	<b>Key updates from Division</b>  <b>Surgery, Gastro:</b> <ul style="list-style-type: none"> <li>New Gastroenterologist settled in post with further recruitment into vacant posts, start date Autumn 2025.</li> <li>Work completed for three clinic rooms at Hollinswood House for TRIOMIC 12-month research project. The project will change the current pathway and patients will be seen in a community setting for a simple device-led investigation, with the overall aim to reduce invasive investigations whilst also providing a faster diagnosis (cancer and non-cancer). Colorectal Surgeon Mr Jon Lacy-Colson is leading on this on behalf of SaTH. The aim is for every patient to have a face-to-face consultation within five days of being referred via GP.</li> <li>Wait time for first routine Colorectal appointment has reduced from 65 weeks January 2025 to 6 weeks June 2025.</li> <li>Wait time for first routine Vascular appointment has reduced from 42 weeks January 2025 to 25 weeks June 2025, with work ongoing to reduce this to under 18 weeks.</li> </ul> <b>MSK (Musculoskeletal):</b> <ul style="list-style-type: none"> <li>Elective orthopaedics service has restarted from 1.04.25 to 19.5 lists a week. During this period, a total 576 operations have been carried out</li> <li>Lower Limb Consultant replacement – new Consultant started in June 2025</li> <li>Elective Clinic utilisation has increased to 90% in June 2025.</li> <li>TEMs – Shropcom activity repatriated into SATH from 1.04.25 which will challenge our elective clinic capacity.</li> </ul> <b>Patient Access:</b> <ul style="list-style-type: none"> <li>Increase in Outpatient utilisation in May to 87% with June looking to increase further.</li> <li>Theatre utilisation combined across sites increased to 79%</li> <li>Rollout plans for Patient Engagement Portal, DrDoctor have been confirmed with a further 4 specialties planned to go live from 4<sup>th</sup> August.</li> <li>Advancement of the 6-4-2 scheduling process, with comprehensive reviews of all clinics and estate currently underway.</li> <li>Patient Access Working Group established to drive standardisation and strengthen outpatient governance,</li> <li>Medical records storage business case was approved and awaiting final sign off, of the contract. Proposed handover of keys at the end of July.</li> </ul>

2.	<b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b>
	<p><b>Surgery, Gastro:</b></p> <ul style="list-style-type: none"> <li>• Business case approved for the interim Urology Investigations Unit, currently awaiting pricing and timescales.</li> <li>• Engagement with GPs by way of a monthly forum to update on Colorectal TRIOMIC.</li> <li>• Collaborate work with ICB currently in progress to support weight loss management service (weight loss management injections).</li> </ul> <p><b>MSK:</b></p> <ul style="list-style-type: none"> <li>• FLS – Resubmission of business case to ICB following “system wide” discussion around inequity in service provision for T&amp;W patients.</li> <li>• Trauma HTP – The centre continues to work towards single site trauma with an active working group now in place.</li> <li>• Ward 5 – Ventilation works still due to commence August 2025. Plans in place to ensure no major increase to waiting lists.</li> </ul> <p><b>Patient Access:</b></p> <ul style="list-style-type: none"> <li>• Patient representative from PACE group came to visit the Bookings and Scheduling Teams at William Farr House.</li> <li>• Medical records storage space management of change is under way.</li> <li>• Rollout plans for Patient Engagement Portal confirmed, PAC team supporting all specialties.</li> </ul>
3.	<b>Action update from previous meeting (if applicable)</b>
	<p><b>Patient Access:</b></p> <ul style="list-style-type: none"> <li>• Recruitment for booking clerks has been successful over recent weeks across both outpatient and inpatient scheduling teams</li> <li>• DNA rates continue to decrease slowly, and the teams continue to review and identify themes.</li> <li>• Medical Records Storage move to one site has been confirmed.</li> <li>• Outpatient utilisation has improved</li> <li>• Theatre utilisation continues to improve.</li> </ul>
<b>Report by:</b>	Andrena Weston
<b>Date</b>	July 2025

Public Assurance Forum	
Divisional Update	
<b>Name of Division: Zain Siddiqui</b> <b>Name of Divisional Lead:</b> <b>Date: Monday 21<sup>st</sup> July 2025</b> <b>Time: 1.00-4.00pm</b> <b>Location: Microsoft Teams</b>	
1.	<b>Key updates from Division</b>  <b>This section is for information only and will only be discussed at the meeting if there are any questions from members</b>
<p><b>Maternity</b></p> <p>The service continues to experience significant challenges due to the unavailability of over 33 WTE midwives, primarily driven by a combination of long- and short-term sickness and parental leave. Nevertheless, long-term sickness rates have markedly improved, contributing to sustained positive acuity levels, which have remained above the national target of 85% for the past six months. Reassuringly, one-to-one care during labour and the supernumerary status of the coordinator have been consistently maintained.</p> <p>Workforce alignment to the nominal establishment has progressed positively. Ongoing recruitment and attrition monitoring have resulted in the service maintaining full establishment with no current vacancies. Workforce is reviewed and monitored monthly. Eight of the Internationally Educated Midwives have now successfully completed their Band 5</p> <p>Preceptorship Programme and progressed to Band 6. The Preceptorship Programme remains ongoing, and we anticipate being able to review recruitment for newly qualified Band 5 midwives in August.</p> <p>The Midwife-Led Unit (MLU) birth option remains available at Wrekin MLU, and the home birth service also continues to be offered. In May 2025, a dedicated home birth team was launched, with communications about the new service shared via social media. Births occurring either at the MLU or at home currently account for approximately 7% of all births.</p> <p>The Induction of Labour (IOL) rate in May was 43%. The offer of IOL aligns with national initiatives such as <i>Saving Babies' Lives</i> (aimed at reducing stillbirth, neonatal deaths, and intrapartum brain injury) and NICE guidance. The most common indications for induction in May, in order of frequency, were:</p> <ul style="list-style-type: none"> <li>• Post-dates pregnancies (from 41 weeks gestation)</li> <li>• Reduced fetal movements (RFM)</li> <li>• Spontaneous rupture of membranes (SROM)</li> <li>• Diabetes including gestational diabetes</li> <li>• Small for gestational age/fetal growth restriction (SGA/FGR)</li> <li>• Large for gestational age (LGA)</li> </ul> <p>In May, Maternity and Neonatal Services were visited by NHSE representatives, including Chief Midwifery Officer England Kate Brintworth, National Clinical Director Donald Peebles, Midlands Regional Chief Midwife Gaynor Armstrong, Regional Chief Nurse Nina Morgan,</p>	

National Clinical Director Neonatal Care Ngozi Edi-Osagie, and Neonatal Nurse Lead Louise Weaver.

External verification and notification from NHS Resolution confirmed the successful achievement of CNST Year 6, with all 10 safety actions met. CNST Year 7 commenced in April, and the service is currently on track with 8 out of 10 safety actions achieved. There is an expectation that all actions will be met by March 2026.

The smoking rate at delivery remains consistently at or below 6%, meeting the national target. Screening before 10 weeks has now been added as a metric to the dashboard. Data validation for dating ultrasound scans is required to ensure accuracy before reporting (for example, April data will be reported in mid-June). Performance has continued to improve, with early screening rates increasing to 54% in February and 61% in March. Monitoring continues, with the aim of reaching the target of 75%.

The midwife-to-birth ratio is currently 1:23, which remains within reassuring and safe levels.

### **Gynaecology Services**

- Senior Nurse Leadership remains challenged; however, the Gynae-Oncology CNS and Gynaecology Advanced Nurse Practitioner have now commenced into post as has the Lead Colposcopy Nurse.
- Ongoing work is being carried out by the Hysteroscopy Transformation Group to address complaints and rectify elements of poor practice previously identified.
- A review of the patient pathway for women with suspected benign conditions has been initiated to prevent delays in the management of their conditions.
- Further work on the pessary pathway is underway to ensure clarity around collaborative management responsibilities.
- Outsourcing companies are supporting the service to significantly reduce the current theatre waiting lists of which the results have been significant to date.
- SaTH launched a comprehensive menopause support programme for staff as a commitment to health and wellbeing; this programme is being led jointly by Gynaecology Consultant, Dr Jo Ritchie, and our CEO, Jo Williams.

### **Fertility Services**

- Nursing and medical staffing levels are gradually improving due to the introduction of new working practices and a reduction in nursing team sickness absence. Recent nursing vacancies have attracted significant interest, and posts have been successfully appointed to.
- The HEFA review took place on 8th & 9th May 2025 and received impressive verbal feedback; the written report is awaited.

### **Paediatric Services**

- Significant planning has taken place to enable additional surgery to be undertaken via long day lists on Fridays and super weekends in TESH and additional patients accommodated on Ward 19 during the week. Nursing staff have worked very flexibly to cover both the surgical activity and the pre-operative assessment appointments, resulting in patients no longer waiting more than 52 weeks for surgery which is a huge achievement. The key areas of focus are head and neck surgery, largely tonsils and grommets, followed by dentistry and some maxillo-facial surgery.



- The split nursing rosters which went live on 11<sup>th</sup> May are working very well and in terms of safe staffing, and largely green compliance with some amber compliant shifts was achieved in May. This also appears to have improved staff morale.
- Nurse recruitment remains positive and on trajectory to meet the summer / winter template targets, following commencement of new starters at bands 4, 5 and 6 between July and September. A further 8 band 5 staff are being recruited to achieve the full winter template (wintertime working). 3 Children's Support Workers from Ward 19 have been successful in their application to commence the Student Nurse Associate programme in September 2025.
- General activity and acuity in the paediatric areas began to reduce in line with the predicted forecast, however July has seen an unexpected increase in activity. Activity specific to CYP with mental health illnesses/eating disorders has been unremarkable.
- My Little Journey app is being created to equip CYP and their families with knowledge, preparation, virtual tours of the paediatric areas and support to navigate their healthcare experience and journey at home; this is known to reduce anxiety and improve patient outcomes.
- The CDOP Key Worker to support the parents following death of a CYP under the care of SaTH has been recruited and commences into post on 1<sup>st</sup> September.
- Paediatric life support training availability on the PRH site remains a significant challenge as does the limited EPALS course availability; this is being addressed.
- The recent appraisal days were very positively received and resulted in achievement of 92% compliance, the ward's first green compliance!
- The Paediatric Transformation Plan (PTP) has demonstrated further progress in completion of agreed actions and aims to complete them by September 2025: -

Overall Delivery: -

74 actions **'Evidence and Assured' (59%)**

25 actions **'Delivered, Not Yet Evidenced' (20%)**

27 actions **'Not yet Delivered' (21%)**

Overall Progress: -

74 actions **'Complete' (59%)**

41 actions **'On Track' (31%)**

2 actions **'At Risk' (2%)**

2 actions **'Off Track' (2%)**

7 actions **'Descoped' (6%)**

## Neonatal Services

- The neonatal senior nursing leadership team is now fully recruited and making a significant contribution to progression of action plans and key activities, alongside the co-clinical directors. The Interim Care Group Manager has commenced to fill the triumvirate vacancy and will lead the operational agenda.
- The workforce plan/trajectory to train neonatal nursing staff to Qualified In Specialty (QIS) level is progressing as per trajectory and is on target to achieve BAPM compliance of 70% registrants QIS trained by July 2026.

- Recruitment of the neonatal quality nursing posts to further meet BAPM compliance is on target, with the 4th nurse appointed / in post and a further post in the recruitment process.
- The Neonatal Unit were awarded the Bliss Baby Charter Silver Award which demonstrates their progress in delivering the foundations of family integrated care (FIC) and also achieved UNICEF Baby Friendly Standards Level 2 in April. This level focuses on a well-educated workforce.
- The Neonatal “Pace” Group is developing, and discussions with the MNVP have resulted in a commitment to increase their support to the Unit. The work to upgrade the parent flats is complete, and future plans include refurbishing the quiet room.
- The MNVP supported the Team in completing a 15-steps audit in June; initial verbal feedback was positive, and the written report is awaited
- Procurement of the Neonatal Badgernet digital system has achieved approval status on 3<sup>rd</sup> April and is currently awaiting a start-date on the digital roadmap.
- The Freedom to Speak Up Team has continued to report positive feedback and engagement during walkabouts in the neonatal area and has now recruited a neonatal F2SU Ambassador in the area.
- The West Midlands Neonatal ODN peer review took place on 2nd December 2024. The initial feedback was very positive; however, the formal report is still awaited.

2. **Update on any current or future service developments or changes and how are you involving the community in these changes?**

**Divisional representatives will be expected to verbally present this section to PAF**

### **Maternity**

A single delivery plan continues to be developed in partnership with the LMNS. This integrated plan brings together the 3-year maternity and neonatal delivery objectives alongside the equality and equity action plan, reducing duplication and silo working.

Maternity service improvements remain a key focus, with good progress being made on commissioned quality improvement projects in the following areas:

- Maternity Triage
- Postnatal Ward
- Diabetes Service
- Antenatal Clinic

Pilot antenatal education classes commenced in late April. The sessions, co-designed with MNVP and LMNS, are delivered face-to-face over three weeks in the evenings. External funding to deliver the programme was provided by the LMNS. Initial feedback is being evaluated following the first three months of delivery.

### **Gynaecology Services**

- **Re-establishment of the Gynaecology PACE group**  
Using volunteers, previous complainants, staff, volunteers and the MNVP, to review issues, prioritise and create a project plan and to improve the service offer to neonatal unit users

## Paediatric Services

- **Reduction of “was not brought” (WNB) appointments in paediatrics**  
Engagement of the Youth Engagement Panel (YEP), our young people’s consultation group to seek the views of CYP and parents / carers to find out why they do not attend appointments and what would improve attendance rates
- **Improvement in asthma and epilepsy pilot projects (CORE20PLUS5)**  
A further extension to these projects has been agreed to enable learning to be embedded to improve treatment compliance, wellbeing and to reduce morbidity and mortality. This work is supported by SaTH staff on secondment to the project.

## Neonatal Services

- **Development of a Neonatal “PACE” group**  
To action family feedback and improve current services. The group will include volunteer parents and the MNVP to add lived experience to the improvement plan. Projects include refurbishment of the quiet room and breastfeeding room (parent flats, one of which has a double electric bed, have been completed

### 3. Action update from previous meeting (if applicable)

**Divisional representatives will be expected to verbally present this section to PAF**

- **Completion of refurbishment of the 3 neonatal unit flats**  
To enable breast feeding mothers to stay on-site with their babies to establish breastfeeding and for parents to learn specific skills to enable their babies to be discharged in a timely manner. Specific positive feedback has been received from mothers who have delivered by caesarean section and disabled parents due to the proximity of the flats to their babies and the electric bed which improves their mobility and comfort
- **Review of CYP food offered on the paediatric ward**  
CYP engagement with the Catering Manager during the YEP meeting where the food menu was reviewed and refreshed using the CYP preferences
- **Engagement of CYP and families of able bodied and disabled CYP in the HTP facilities and project**  
Focus groups specific to CYP and families arranged in order to fully engage users in the planning of the new building when the CYP facilities move to RSH in 2028. Good engagement and participation in all meetings has been achieved to date.

**Report by:** Zain Siddiqui

**Date** July/2025

Public Assurance Forum	
Divisional Update	
<b>Name of Speciality: Patient Experience</b> <b>Name of Speciality Lead: Kara Blackwell</b> <b>Date: 21<sup>st</sup> July 2025</b> <b>Time: 13.00-16.00 Location: Microsoft Teams</b>	
1.	<b>Key updates from Division</b> <ul style="list-style-type: none"> <li> <b>PALS and Complaints</b> <p>The Patient Advice and Liaison Service (PALS) is being well used, with positive feedback in response to the seven day cover and experience of using the service.</p> <p>The Complaints Team have increased the training offered to areas on how to investigate and respond to complaints, to improve knowledge and skills, with the aim to improve responses.</p> <p>In response to feedback, the Complaints Team have introduced a new process for complaints which involve a bereavement. The complainant is contacted by a senior nurse, who will then ensure a prompt response to address concerns and minimise any additional distress.</p> <p>Whilst work continues to improve and embed complaints processes, progress has been made in reducing the backlog of complaints and reducing the amount of time that complaints are open for.</p> </li> <li> <b>Non-Medical Education</b> <p>The Non-Medical Education Team have been developing enhanced simulation training scenarios used in staff training and development. The simulation is based on actual events which have happened in the Trust, ensuring learning is authentic and applicable to experiences of the workforce.</p> <p>The Trust have recruited 50 Student Nurse Associates who will commence training with Keele University at Telford College for the first time in September 2025. This is the largest cohort recruited by the Trust, and at the end of the two year programme, successful students will qualify as Nursing Associates. Candidates have been recruited from both internal and external applicants, creating a career pathway opportunity for Health Care Assistants.</p> </li> </ul>

Cohort 5 of the Volunteer to Career programme has commenced. The cohort brings together maternity, and families who are connected to military service personnel. The Volunteer to Career programme has received national acclaim, with a previous attendee recently featuring in regional and national media due to the programmes success.

The Trust provides a preceptorship programme for Nurses, Midwives, and Allied Health Professionals. The programme has recently been extended to include Health Sciences who have seen the benefits the programme provides. The Trust holds the quality mark for nursing preceptorship and are working towards accreditation for the multi professional preceptorship quality mark.

- **Equality, Diversity and Inclusion**

Equality, Diversity and Inclusion (EDI) training is being offered to clinical leaders, covering key topics and active bystander training. Feedback from the initial sessions has been very positive.

A Learning Disability Standard Self-Assessment has been completed through a range of workshops, identifying areas of good practice and opportunities to make improvements. Findings have been shared at the Learning Disability and Autism Patient Experience Group, and an action plan developed.

- **Patient Experience**

A patient experience eLearning package has been developed and published on the trust Learning Made Simple (LMS) training system available to staff.

Digital stories are captured from patients, the people important to them, and on occasion staff members. Through the personal narration of experiences, digital stories can provide a unique and invaluable insight that can drive improvements in care delivery, foster empathy, and enhance patient-centred practices. Digital stories are being used in a range of learning environments, enabling staff to learn from people with lived experience. To further build upon this, in the last quarter, a library of digital stories has been made available on the LMS training system available to staff to access to undertake reflective practice, support revalidation or appraisal.

Information display screens in waiting areas across the Trust have been reviewed, ensuring information displayed is relevant, meets health literacy recommendations, and incorporates information in British Sign Language. This will continue to be reviewed and developed further to provide people accessing the Trust with information they need.

Following the 'It's OK To Ask' initiative being piloted within the Outpatient Department at the Princess Royal Hospital, the programme has been rolled out further across all outpatient areas. The initiative focuses upon encouraging an environment where people accessing services feel encouraged and supported in asking questions to be more informed about their health problem. Input from Patient Partners ensured that the message to patients is focused and responsive to their needs. An additional workshop was held with the Youth Engagement Panel to develop specific materials for children and young people which is being used in children's outpatient areas. The initiative will be rolled out wider across inpatient areas during the summer months.

- **Facilities**

A survey has been undertaken, seeking patient feedback on inpatient catering options. Responses identified a preference for one main meal each day, with a lighter bite meal for the other. Breakfast provision will remain the same. Further feedback has been sought from Dietetics to ensure we meet the nutrition and hydration requirements, and we plan to implement the changes from September 2025.

We understand that parking is a challenge at our hospitals so at RSH the Park and Ride provision is available for patients & visitors as well as NHS Staff. The Facilities Team is working to help deliver a safer, more accessible experience as part of the broader Hospitals Transformation Programme. While we know the current situation is not ideal, every step forward brings us closer to our transformation ambitions. Thank you for your continued patience and understanding whilst we work to put systems in place to improve safety across the site and improve the experience for all.

Proactive enforcement with new equipment is in place at RSH and we will be working to put this in place at PRH. The new pay machines at RSH enable payments to be made more easily and after feedback 3 more are being installed in September. The new cameras enable us to gather data to inform and manage demand.

2.	<b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b>
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The Trust is continuing to recruit patient representatives to support 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](#)

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, Patient Led Assessment of the Care Environment (PLACE) group, 15 Step Challenges, Exemplar assessments, mock CQC assessments and a range of other activities.

<b>3.</b>	<b>Action update from previous meeting (if applicable)</b>
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None at this time

<b>Report by:</b>	Ruth Smith
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<b>Date</b>	17 <sup>th</sup> July 2025
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# Hospitals Transformation Programme: Public Assurance Forum

21 July 2025



HOSPITALS  
TRANSFORMATION  
PROGRAMME



HIGHER QUALITY,  
SAFER CARE



IMPROVED  
OUTCOMES



BETTER  
ACCESS



A GREAT PLACE  
TO WORK



# Why are we here?



- Where are we in the process?
- Latest developments
- Your feedback
- How can you get involved?
- Questions

**Adam Ellis-Morgan**, HTP Technical Director

**Tom Jones**, HTP Implementation Lead

**HOSPITALS  
TRANSFORMATION  
PROGRAMME**



HIGHER QUALITY,  
SAFER CARE



IMPROVED  
OUTCOMES



BETTER  
ACCESS



A GREAT PLACE  
TO WORK

# The clinical model



## RSH will specialise in emergency care and will have:

- A modern, purpose-built Emergency Department – with separate children's footprint
- A critical care unit
- Consultant led maternity care
- Children's inpatient services
- Emergency Medical Specialist Services, including Cardiology, Stroke, Respiratory and Acute Medicine
- Emergency and trauma surgery
- Head and neck inpatient services
- Radiotherapy and inpatient and day cancer care and treatment

## Both sites will continue to provide a number of services, which include:

- Adult, children's and maternity outpatients
- Endoscopy services
- Urgent care services and medical Same Day Emergency Care
- Diagnostics, imaging services including X-ray
- Frail and elderly care services



## PRH will specialise in planned care and will have:

- **24/7** urgent care services
- Planned inpatient surgery and medical and surgical emergency patients on a planned pathway of care
- Local anaesthetic procedures
- Day case surgery
- Midwife led maternity unit
- Enhanced rehab facilities and therapy led wards
- Cancer treatment day unit – aligned to HTP
- Respiratory treatment centre – future opportunity

# Latest developments



The Shrewsbury and  
Telford Hospital  
NHS Trust



Integrated  
Care System  
Shropshire, Telford and Wrekin



# Latest drone footage of construction



HOSPITALS  
TRANSFORMATION  
PROGRAMME



HIGHER QUALITY,  
SAFER CARE



IMPROVED  
OUTCOMES



BETTER  
ACCESS



A GREAT PLACE  
TO WORK



# Main build progress

- Completed site reconfiguration and set up to ensure traffic and ambulance access are maintained
- Works are progressing well with the full height and all floors completed in the southwest corner of the building (Area 1 and 2)
- The whole structure is planned to complete at the end of 2026, with the building becoming weathertight soon after
- We are working to connect the new building with the existing hospital estate – expected to complete in the coming months



# Building overview

## Third floor

- Purpose-built critical care facilities with access to outdoor spaces
- Cancer inpatient ward

## Second floor

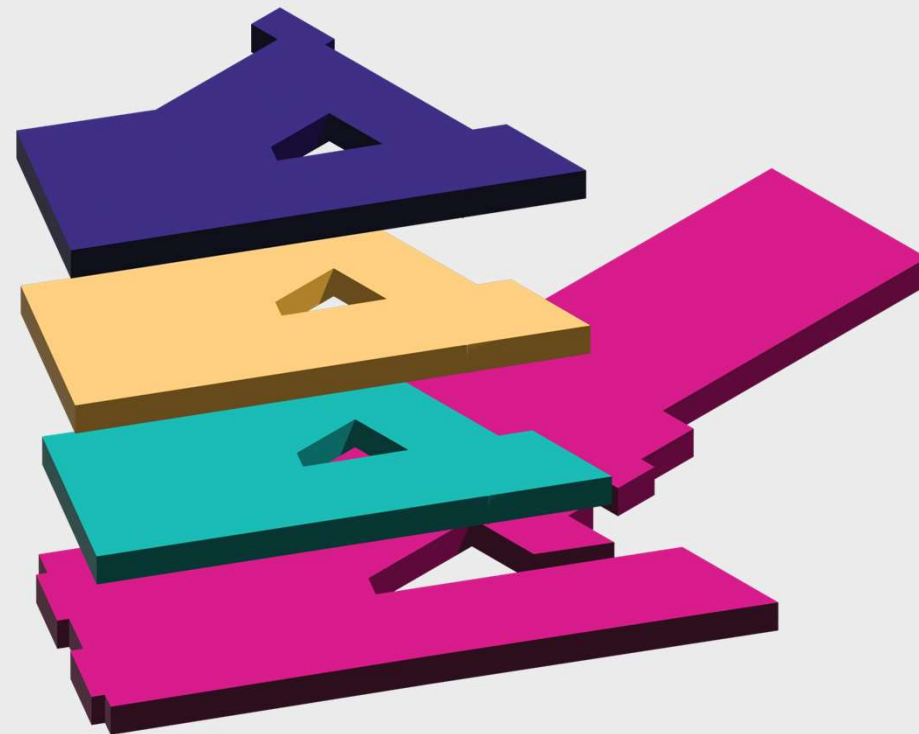
- Maternity inpatients
- Children's services (including inpatient care and oncology)

## First floor

- Maternity delivery
- Neonatal ward
- Gynaecology (including Early Pregnancy Advisory Service)

## Ground floor

- New improved front entrance
- Acute medical floor
- Remodelled, bigger Emergency Department





# Project overview

- Construction of a new 27,000 sqm building and refurbishment of 4,500 sqm existing Emergency Department
- 6 floor levels, with 4 clinical floors, basement and roof level
- Linking at the ground floor to the existing hospital and ED which remains fully operational throughout

774 piles into ground



1240 internal doors



16,711 tonnes of concrete



406 external windows



277 tonnes of steel



Circa 1700 rooms



# Build process – key elements

Foundations – CFA piles and caps

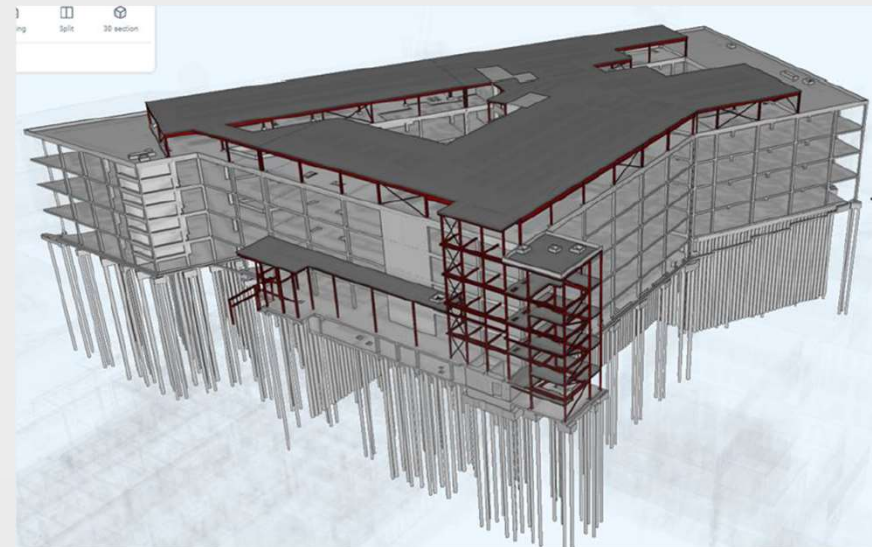
Frame – RC frame with suspended ground floor (300mm thick slabs)

Steel frame – roof plant room and bridging structure between new and existing building

Envelope – exterior brickwork, rain screen cladding, curtain walling and windows

Inner leaf – SFS construction with insulation and cementitious board

Fit-out – Dry lining/partitions with hospital fit-out





# Site logistics

- Maintain emergency service and vehicle access throughout
- Drive in and drive out lane within the construction site to maintain flow
- Courtyard management
- Just In Time Delivery (JIT) – materials are delivered to site as needed via booking system
- Vehicle holding area – ensure compliance with delivery protocol
- Two tower crane strategy – in situ throughout build and dismantled following completion
- Twin hoist allocated in courtyard and gable
- Vertical and horizontal distribution strategy
- Using latest technology to ensure build efficiency and safety

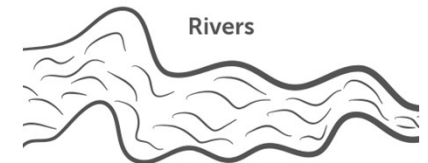
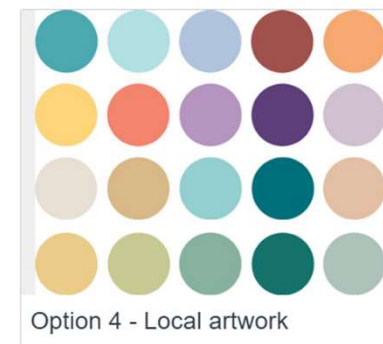


# Help us shape the look and feel of our new building

- As we prepare to open our new building, we want your input to shape the look and feel of healthcare facilities
- The colours are inspired by local landscapes, nature, and artwork, and designed to support a calm, inclusive, and accessible environment

- Voting is now open – you can cast your vote here:

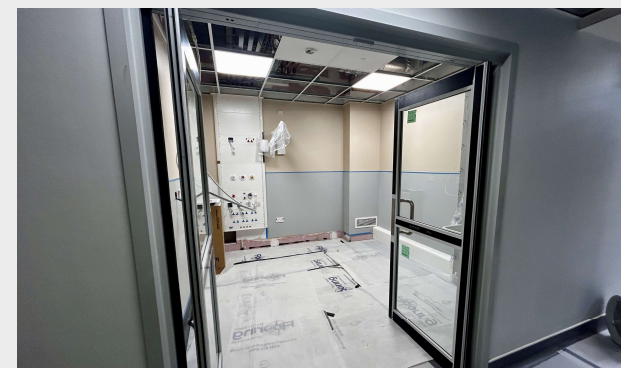
<https://www.surveymonkey.com/r/2507PP01>





# Improving our Emergency Department

- Refurbishment now taking place to create 8 majors' cubicles (**blue outline**) – will form part of the new majors' that completed in March (**green outline**)



## What will this mean for patients and staff?

- Improved experience in purpose-built facilities
- Faster access to the right care and clinicians
- Larger patient bays
- Modern staff bases with improved visibility



# Improving our Emergency Department

## Next steps – from Autumn 2025

- 2 new adult mental health rooms – expected to complete in Spring 2026
- New separate adult and children ED reception - expected to complete in Summer 2026
- New children's triage rooms – Spring 2027
- New children's emergency footprint – Spring 2027
- New Ambulance Receiving Area footprint creating 6 cubicles – Autumn 2027





# Working with our communities



## IHP are working with the local community to provide:

- 400 weeks of training for site operatives and upskilling
- 145 weeks of work placements and experience
- 2202 apprentice weeks, with apprentices working across the project in a range of roles

## Recent activity has included:

- Donations to the Trust to contribute to Easter and Christmas celebrations for patients
- Supported DFN intern into full time, paid position on site
- Provided T-level placements to two students from Shrewsbury Colleges Group
- Donation of materials and supply to Shrewsbury Mens Shed to assist with community activities



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# Social values Activity Tracker



	Overall Target	Delivered To Date
Education Activities	120	12
Community Engagement Activities	50	7
Apprentices	2202	17
Employment Activities	11	8
Employment Opportunities	52	0
Work Placements	145	6
Training Weeks	400	46.11
Considerate Constructors	40	0
Local Labour	50	0
Local Spend	30	5.6
SME Spend	50	36.7
Payment Practices	95	94





# Planned Care Hub at PRH

The Planned Care Hub has now been in operation for one year, and since opening has treated nearly 5000 patients.

Feedback from patients and staff is very positive, and recent success includes:

- Reinstatement of planned orthopaedic joint replacement surgery in December 2024
- Completing 11 hernia operations in a single day – the usual maximum on a standard list is six as part of a High Intensity Theatre (HIT) list



Patient preparation pod



Discharge waiting area



Recovery area



One of 4 new operating theatres that include laminar flow and laser surgery facilities

# Growing cancer services at PRH



- We are working with Lingen Davies Cancer Support to bring new cancer services to PRH
- The multi-million pound appeal is a collaboration between Lingen Davies and SaTH as part of HTP
- Cancer services are planned to be available in PRH by 2029 and will be created in addition to the existing services and clinics running at RSH
- As well as the chemotherapy centre, we are aiming to introduce outpatient clinics, a specialist Urology Investigations Unit, and a Lung Diagnostic Centre to PRH through this important fundraising campaign

## What this means for our patients and communities:

- Care closer to home where clinically appropriate which will reduce patient travelling
- Extra capacity to support increasing future demand so ensuring faster access to diagnosis, treatment and ongoing support through providing the new unit at Princess Royal Hospital
- Releasing capacity at Royal Shrewsbury Hospital for patients living within this catchment area to have their treatments more quickly
- Access to therapy services within the treatment unit and outpatient clinics
- Improved links between the treatment services and Lingen Davies Cancer Charity by inclusion of dedicated charity space within the new unit



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# Developing a Respiratory Treatment Unit



Vacated clinical space in Princess Royal Hospital, as part of HTP, provides an opportunity to develop a Respiratory Day Unit – with support from charitable funding

Our vision is:

- Consolidate our respiratory specialists in one centre that will serve our entire region.
- Provider faster diagnostics and treatment for respiratory conditions.
- Utilise existing clinical space in the current PRH W&C centre, which will be freed up through HTP.

Costs and designs are currently in process, and we look forward to sharing these in the near future

## The plans currently include:

- Increased capacity for sleep and ventilation medicine, a growing part of respiratory services
- A small, bedded, recovery area
- Inpatient area, with respiratory patients being looked after by respiratory consultants
- Comprehensive respiratory diagnostics

# Transforming PRH – together with charities

- In August we will be opening our **Transforming PRH – Charity Hub** in collaboration with our charity partners; SaTH Charity, Lingen Davies, and League of Friends
- The hub will provide a place for the Trust and charities to come together to promote the fantastic development work happening at PRH, including:
  - **Lingen Davies Cancer Centre** – planned to open in 2029
  - **Respiratory Treatment Unit** – future ambition
  - **Community Diagnostic Centre** – providing quicker diagnostic tests for patients
  - **£24million Planned Care Hub** – treated over 5,000 patients since opening
  - **Improvements to PRH restaurant**
  - **Sustainability** and working towards our Net Zero ambitions
- The hub will also serve as a fundraising space for charities and provide the HTP team an increased presence at PRH



# Looking forward

- Emergency Department refurbishment works – now completing the 8 majors' cubicles to complete in September
- Phase two refurbishment works expected to start in Autumn 2025 – to include:
  - New fit to sit area
  - Additional cubicles
- Development of clinical pathways – working with our divisions to develop our new ways of working
- Structural completion – planned for end of 2026
- Thank you for your patience as we progress with construction. Your support throughout this is valued – please continue to read Construction Cascade for the latest updates
- Working with our system partners on the delivery of the health and care models to improve care for everyone
- Works ongoing to ensure we have the right energy infrastructure for our hospital
- Supporting Lingen Davies Sunflower Appeal – to grow cancer services at PRH



# How can you remain involved?



The Shrewsbury and  
Telford Hospital  
NHS Trust



Integrated  
Care System  
Shropshire, Telford and Wrekin

# Recent engagement

In June, we held two fantastic focus groups on the below topics. Both were well attended and well received – here's what you said...

## Communications ready for 2028

- Keep messaging and communications as simple as possible
- Do not cause confusion about where public can still currently attend – make clear the changes are from 2028
- Use a mix of digital and traditional communications methods to accommodate for all needs
- More focus on the how and the when – clearly explain how patient care will be improved
- Ensure plain language is used and avoid NHS jargon

## Signage & wayfinding

- Produce a survey to be shared with staff and public, to decide a colour palette for the new building, as well as a naming convention for spaces within the building
- Investigate use of coloured lines/dots/arrows on the walls to help navigate through the building
- Include car park number on the way-out signs in the new building
- Signs should be bright in colour but not too many, they should not be too high up and no brown colour



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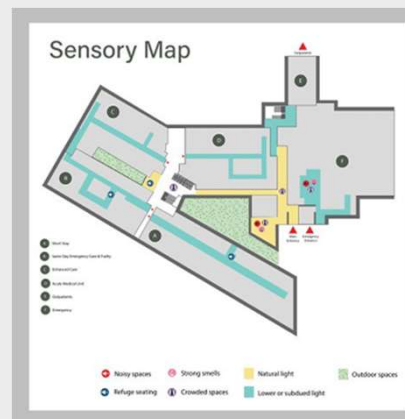


# Public Focus Groups

We have been holding quarterly focus groups as well as one-offs covering specific topics, through which our communities have provided guidance on many aspects of the programme.

Focus Group output includes:

- A **redesigned front entrance**
- A **sensory map**, **sensory room**, and **calm spaces** for neurodiverse patients
- Plans for **dementia clocks** and **dementia friendly signage**
- Design guidance including **colour palettes**, **appropriate seating**, and **details such as USB charging ports**



## Upcoming Focus group sessions

### HTP Focus Group

Thursday 4th September, 10:00-12:00  
In person at William Farr House (SY3 8XL) or online over MS Teams



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# Engagement in the Community

We will be holding informational public drop-ins and delivering presentations through 2025 and beyond, with confirmed dates below. We are always looking for opportunities to share information, if there is an event you think we should be attending, please email [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

## Drop-ins

- Brookside Community Centre – 24<sup>th</sup> July, 11:00-14:00
- Market Drayton Indoor Market – 17<sup>th</sup> September, 10:00-13:00
- Lydham Friday Market – 3<sup>rd</sup> October, 10:00-13:00
- The Wakes, Oakengates – 9<sup>th</sup> October, 12:30-14:30
- Montgomery Medical Practice Patients Association (Newtown) – 14<sup>th</sup> October, venue/time TBC

## Presentations

- Rotary Club of Oswestry & Cambrian – 7<sup>th</sup> August
- Nursing, AHP and Midwifery Conference – 26<sup>th</sup> September
- Rotary Club of Wellington – 26<sup>th</sup> September
- Telford Visually Impaired Group – 2<sup>nd</sup> October
- Rotary Club of Ironbridge – 23<sup>rd</sup> October



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# Additional engagement routes



Event & Date	Subject
<p>Monthly Hospital Update – MS Teams, August 27th, 11:00-12:00</p> <p>Register here: <a href="https://bit.ly/join-an-event">https://bit.ly/join-an-event</a></p>	Monthly Trust News Update including update on HTP
<p>Monthly newsletter email update - sent to our 5000+ community members</p> <p>Sign up here: <a href="https://bit.ly/sath-community-member">https://bit.ly/sath-community-member</a></p>	Update from Public Participation team including HTP update and details on how to get involved
<p>Quarterly About Health online updates, next one 29th July, 18:30-19:30</p> <p>Find out more and register here: <a href="https://bit.ly/AboutHealth-HTP">https://bit.ly/AboutHealth-HTP</a></p>	One hour MS Teams online presentation for public from HTP team with Q&As
<p>Quarterly Public Assurance Forum (next one July 2025) with representatives from organisations across health &amp; social care in Shropshire, Telford &amp; Wrekin &amp; Mid Wales</p>	Presentation from HTP team with Q&As
<p>SaTH website and intranet</p> <p><a href="http://www.sath.nhs.uk">www.sath.nhs.uk</a></p>	<p>Webpages which support public engagement and</p> <p>Latest HTP meetings/feedback</p>



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# Thank you for joining us...



- If you sign up to become a community member [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net) we will keep you updated on how you can get involved and updated on the programme through our monthly update.
- Any further questions, please email: [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

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# Questions



The Shrewsbury and  
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## Public Assurance Forum – 21 July 2025

Agenda item		2025/32	
Report Title		Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 1 2025/26	
Executive Lead		Julia Clarke, Director of Public Participation	
Report Author		Hannah Morris, Head of Public Participation	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe		Our patients and community	√
Effective		Our people	
Caring		Our service delivery	
Responsive		Our governance	
Well Led	√	Our partners	
Consultation Communication			
Executive summary:		1. The Public Assurance Forum’s attention is drawn to the following sections: <ul style="list-style-type: none"><li>Engagement approach and engagement activities for Quarter 1 (page 1-4)</li><li>Summary of feedback received and actions to date (page 4 – 5)</li><li>A forward look of engagement activities planned for Quarter 2 2025/26 (page 5-6)</li></ul> 2. The risks are: <ul style="list-style-type: none"><li>Fail to engage our communities around the Hospitals Transformation Programme, resulting in lack of confidence within our communities.</li><li>Fail to deliver statutory duties (s242) to engage with the public.</li><li>Staff not having the skills or confidence to engage with our communities.</li></ul> 3. We are have the following actions: <ul style="list-style-type: none"><li>An ongoing calendar of events to support public engagement in the HTP. Regular report to the HTP programme Board relating to engagement activity and any feedback and actions needing to be taken</li><li>Continue to support our HTP team to ensure they meet their Statutory Duties.</li><li>The Public Participation Team are providing support to the HTP team to engage and involve our local communities and their representatives within the Programme.</li></ul>	

<b>Recommendations for PAF:</b>	<p>The Public Assurance Forum is asked to:</p> <p><b>NOTE</b> the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 1 2025/26 including:</p> <ul style="list-style-type: none"> <li>• the engagement which has taken place during Quarter 1</li> <li>• feedback received from our local communities and any actions taken as a result of the feedback</li> <li>• The engagement activities planned for Quarter 2 2025/26</li> </ul> <p>This report is provided <b>for information only</b>.</p>
<b>Appendices:</b>	<p>Appendix 1: Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 1 2025/26</p>

## **1.0 HTP Community Engagement Report (Quarter 1)**

Plans to transform our hospital services in Shropshire, Telford & Wrekin and mid-Wales are now well underway. As part of our statutory duties (under Section 242 of the Health and Social Care Act) and our ongoing commitment to engage and involve our local communities and patients, we have developed a range of regular events to support public engagement with the Hospitals Transformation Programme. This report has been prepared to inform the Public Assurance Forum of the engagement activity in the Quarter 1 2025/26.

## **2.0 Engagement Approach and engagement activities for Quarter 1 2025/26.**

Since January 2023, SaTH has developed existing and new methods to inform and engage with the public around HTP, this includes:

- Public Focus Groups
- About Health Events
- Public Assurance Forum (PAF)
- Attending external meetings and events
- Community Cascade
- Community and Organisational Membership
- Monthly Hospital Update meetings

Table 1 of the paper outlines community engagement activities which took place in Quarter 1 2025/26 in relation the Hospitals Transformation Programme. **Local elections took place in Shropshire on 1<sup>st</sup> May 2025 most public engagement related to HTP stopped on the 10<sup>th</sup> March, due to being in pre-election period. All public engagement recommenced on the 2<sup>nd</sup> May 2025.** Engagement activity relating to the Hospitals Transformation Programme in Quarter 1 is outlined below:

Date	Event	Attendees	Outcome
17 April	HTP Topping out ceremony	Execs, HTP team, and volunteers	Positive events with volunteers signing the internal pillar.
2 May	Church-Stretton Co-op Drop-in	Members of the public	Spoke to 30 members of the public, setup worked well in supermarket vestibule. Interest level was not particularly high, people were grateful for the information.
6 May	HTP About Health Event	Members of the public, HTP and engagement team	20 members of the public in the call, presentation was well received, atmosphere positive. Some questions from T&W resident about difference between Urgent and Emergency Care and importance of this for people in T&W
8 May	Wellington U3A presentation	Members of U3A	35 retirees from Wellington area in attendance. Questions were taken in an informal matter after presentation, with SaTH circulating amongst room. Some doubts remained but attendees largely understood the need for change and with appropriate information felt much more positive about plans
9 May	Research Participant Celebration Event	Members of the public who are interested in research	Handed out HTP leaflets, there was a lot of interest.
9 May	Wellington Market Drop-in	Members of the public	Spoke to 67 members of public, most local to Wellington. Some strong doubts about plans, at points, but information provided did help to reassure. Undoubtedly the most successful drop-in to date in terms of numbers, footfall was steady throughout and interest was high. A return to Wellington Market once their refurb is complete would be ideal.
12 May	Ironbridge Co-op Drop-in	Members of the public	Large convenience store, located near exit, so catching people on the way out. Struggled to spark lengthy conversations so focused on handing out A5 flyers which did generate interest. Good interest from Tradesmen between appx 12-1. Handed out 59 short form A5 flyers, 1 community sign-up, and talked to staff from GP practice, leaving 10 A4 leaflets for waiting area.
21 May	Wem Rural Community Drop-in	Members of the public	Very slow, talked to 7 people, however these included 4 local councillors and clerk, Age UK digital inclusion lead (interested in focus groups), and signed a member of the public up for focus group.
28 May	Hospital Update	Members of the public	18 members of the public attended, slides presented that gave an update on HTP
3 June	Communications for Urgent and Emergency Care Focus Group	Members of the public	5 in the room, 13 online. Very useful session with public appreciating the two-way conversation. Many comments to take away and inform further comms and engagement for the programme. Positive feedback regarding our engagement from a local councillor.
3 June	RSH Neighbours drop-in	Members of the public	7 members of public including local councillor Jon Tandy
5 June	Signage and Wayfinding Focus Group	Members of the public	6 in attendance online, very useful 2-way conversation with agreed next steps for finalising colour pallet and further engagement on this subject.

Date	Event	Attendees	Outcome
6 June	Oswestry Charity Market Drop-in	Members of the public	Steady, spoke to 25 members of the public and handed out similar number of flyers. Shared feedback on P&R with comms and made connections with Oswestry Rotary leading to stall at Ellesmere Regatta (hosted by Ellesmere and Oswestry Rotary)
10 June	SALC HTP Update	Members of the public	28 town/parish councillors and clerks in attendance, meeting went well with no question to the clinical model and some questions outside the scope of HTP. Received a number of queries or invites from councillors afterwards, which are being actioned.
13 June	Shrewsbury Library Drop-in as part of wider Men's Health week event	Members of the public	Fairly quiet, spoke to 13 people over 2.5 hours, but conversations were very productive. High level of interest in HTP but no real concerns. Library presented a different environment and clientele. Has sparked discussion with Shropshire Libraries about winter engagement in libraries.
16 June	Welshpool Market Drop-in	Members of the public	Useful session, spoke to 26 people. Feedback included request for a larger print version of leaflet for visually impaired which will be discussed with comms team. Two student nurses studying in Liverpool attended specifically to see about new facilities as they will qualify next year and want to stay in the Welshpool area so are interested in SaTH. Will consult with HTP to see if information is being shared with Keele/Stafford/etc universities.
23 June	Ludlow Market HTP Drop-in	Members of the public	Spoke to 22 members of public, HTP information appreciated, and a number came specifically to see us, but main interest was Ludlow hospital. ICB Engagement invited but unable to attend. More information needed about HTP in community hospital (will discuss in weekly meeting), and misinformation in Powys regarding surgery wait lists (contacted PTHB comms)
24 June	Rotary Club Presidency	Members of the public	Rotary event (16 members) handed out some HTP Leaflets. Shrewsbury Rotary Club are looking to support HTP fundraising
25 June	Community Connectors South East	Members of the public	20 people in attendance, promoted Bridgnorth and Brookside drop-ins as well as About Health, handed out flyers. Made connections with a number of Shropshire Council community officers who now have contact details for HTP info.
25 June	Hospital Update	Members of the public	12 members of the public attended, slides presented that gave an update on HTP
29 June	Armed Forces Fun Day (Telford)	Members of the public	Extremely well attended event, lots of conversations about HTP and leaflet really well received.

### **3.0 Summary of feedback received from the public**

Feedback from our communities about the Hospitals Transformation Programme is important as the project moves forward in supporting us to develop two thriving hospitals for our local communities. The views and feedback from our local communities are important, the below table highlights some of the feedback we have received, and any actions taken:

<b>Date</b>	<b>Activity</b>	<b>Outcomes</b>
2 May	Church Stretton drop-in	Multiple attendees and we received feedback from numerous people about the parking issues at RSH. We spoke to the public about the Park and Ride service which patients can use. We promote the P&R at all public events as this is an area of concern for our communities, which we received regular feedback on.
6 May	About Health event: HTP update	A Telford & Wrekin Councillor wanted clarification on difference between Urgent and Emergency Care, the question was answered at the meeting and the individual was encouraged to attend the forthcoming UEC Comms Focus Group.
8 May	Wellington U3A presentation	Shared dates for drop-ins with U3A members, including Wellington Market, which we were attending the following day. A number of people who attended the drop in stated they attended following recommendation from U3A friends and following the talk they received the previous day.
21 May	Wem rural drop-in	Age UK were at the drop in and reported concerns around SaTH/Shropcomm joint CEO, fed back to Communication colleagues regarding providing information on website and address gap with stakeholders.
3 June	Urgent and Emergency Care Communications Campaign focus group	Lots of feedback and comments regarding how we communication changes around UEC in 2028, the feedback is being used to support our UEC communications campaign. Shropshire Councillor Bernie Bentick is interested in joining the Local Care Transformation Plan meeting.
5 June	Signage and wayfinding focus group	At the focus group it was agree to develop a public survey to get public feedback on the wayfinding colour palette, this will help inform our decision for the wayfinding in the new build. AHR finalising options and survey to be sent ASAP.
6 June	Oswestry Market drop-in	Secretary of Oswestry & Cambrian Rotary club attended and invited us to have a stand at the Ellesmere Regatta, which the Rotary club are sponsoring. The club would be interested in fundraising for HTP but requested a briefing first, this has been arranged for 7 <sup>th</sup> August.
10 June	Shropshire Area of Local Councillors (SALC) update	Questions regarding HTP answered on the night but a further discussion regarding public transport occurred. Agreed to keep SALC updated going forward.
13 June	Shrewsbury Library drop-in	Conversation with Shropshire Libraries staff leading to plans for winter drop-ins to reach seldom heard groups using the library as warm community spaces, dates to be arranged in coming months.
16 June	Welshpool market drop-in	Request for larger print version of leaflet for visually impaired that will be taken into account when designing next version. Local student nurses hoping to work in area were seeking and received information on new facilities, HTP team looking into links with local universities.
23 June	Ludlow market drop-in	Ludlow hospital staff member requested more HTP information in the community hospitals which will be pursued. Attendee reported

	Powys residents being moved to bottom of waiting lists in England due to PTHB financial situation, PTHB comms have been approached to better understand the concern.
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#### **4.0 Forward Look**

A forward plan of current known engagement activity relating to the Hospitals Transformation Programme with HTP team attendance as well as Public Participation team for Quarter 1 2025/26 is outlined below. There are many other events that the Public Participation team are attending alone (see Appendix 1)

<b>Date</b>	<b>Event</b>	<b>Required attendees</b>
6 July	Ellesmere Regatta	Public Participation
11 July	Bridgnorth Market Drop-in	HTP, Public Participation
15 July	Newtown Market Drop-in	HTP, Public Participation
24 July	Brookside Community Centre HTP Drop-in	HTP, Public Participation
29 July	About Health - HTP	HTP, Public Participation
30 July	Hospital Update	Public Participation
28 August	Hospital Update	Public Participation
2 September	HTP Focus Group	HTP, Public Participation
4 September	HTP Focus Group	HTP, Public Participation
17 September	Market Drayton Indoor Market	HTP, Public Participation
24 September	Hospital Update	Public Participation
26 September	Nursing, AHP, and Midwifery Conference	HTP, Public Participation
26 September	Rotary Club of Wellington - HTP Presentation	HTP, Public Participation

#### **5.0 Recommendations**

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 4 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 1 (2025/26)

Julia Clarke  
**Director of Public Participation**  
 July 2025



## **Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 1 2025/26**

### **1. INTRODUCTION**

Plans to transform our hospital services in Shropshire, Telford & Wrekin and mid Wales are now well underway. As part of our statutory duties (under Section 242 of the Health and Social Care Act 2012) and our ongoing commitment to engage and involve our local communities and patients, we have developed a range of regular events to support public engagement with the Hospitals Transformation Programme. This report has been prepared to inform the Public Assurance Forum of the engagement activity in the previous Quarter 1 (April-June 2025).

As outlined in the Hospitals Transformation Programme Communications and Involvement Plan the key objectives to involving the public are:

- To build public and internal awareness of HTP, encouraging key stakeholders and staff to become ambassadors for change.
- To communicate the clinical voice and clinical need for change and how this will improve the safety and sustainability of our services across Shropshire, Telford and Wrekin and Powys
- To deliver our statutory duties and continue to engage service users and carers, interested groups, partners and staff in the design of future services
- To ensure the lived experience of patients and staff are used to inform the programme by using inclusive, representative, and accessible involvement approaches.
- To work across the local health and care system to support the development of relationships and to support partners in communicating the changes that are happening and the benefits this will bring to all communities.
- To ensure communications are consistent, timely, responsive, accessible, and proactive.

Whilst SaTH is leading on the HTP communication and engagement, the objectives are supported by our partners across the sector. This has been strengthened by a presentation by the ICB Director of Partnerships and Place attending the Medicine & Emergency Care and Surgery, Anaesthetics, Critical Care & Cancer (MEC&SACCC) HTP focus group in December to update on wider transformation plans and agreement from Shropshire Community Trust that the Deputy Chief Operating Officer would attend future MEC&SACCC focus group meetings from March 2025 onwards.

### **2. ENGAGEMENT APPROACH**

Since January 2023, the Public Participation team has developed existing and new methods to inform and engage with the public around HTP, this includes:

- **Public Focus Groups** - Focus groups are held quarterly with all the presentations published on the Public Participation pages of the SaTH website along with all Questions and Answers and Action logs for full transparency, website: [Hospitals Transformation Programme Focus Groups – SaTH](#). The focus groups are aligned to the clinical workstreams within the HTP programme:

- Medicine and Emergency Care and Surgery, Anaesthetics, Critical Care and Cancer focus group (MEC & SACC)
- Women's and Children's focus group

In addition we have held bespoke focus groups on specific issues including.

- the RSH planning application
  - Two focus groups for RSH and PRH Travel and Transport
  - Mental Health
  - Dementia
  - Learning Disabilities and Autism
  - Children and Young People
  - Visual and Hearing Impairments
  - Veterans
- **HTP About Health Events** – Held via MS Teams, these are quarterly events which are accessible to members of the public and staff with the HTP presenting on latest developments across SaTH with an opportunity for members of the public to ask questions. These are recorded and the recording is published on the website.
  - **Public Assurance Forum (PAF)** – PAF receives a quarterly update from the HTP. PAF is an advisory group who bring a public and community perspective to, and scrutiny of processes, decision making and wider work at SaTH. The Forum meets quarterly, and all external members represent community organisations across our catchment areas and are able to identify and help us link with our wider communities. Feedback from PAF is included in the Public Participation Report which is presented at Public Board meetings so there is a direct link from our communities to the Trust Board
  - **Attending community meetings** – Through our links with community organisations we attend a wide range of community meetings to provide an update on the HTP and other developments at SaTH. This includes local Parish Councils and other organisations who serve local communities.
  - **Community Events** – The Public Participation Team regularly attend external events to link with our local communities, this includes seldom-heard groups and communities. Providing information on the Hospitals Transformation Programme is also important, currently a short A4 booklet is distributed with an updated version prepared each quarter.
  - **Community and organisational membership** – SaTH have over 5000 community members and 400 organisational members, who each receive a regular email newsletter update (#GetInvolved) from SaTH, which includes information on HTP and ways to get involved with the programme e.g. focus groups and About Health Events. It also includes news updates and public messages.
  - **Monthly Hospital Update** – Hospital Update is a monthly Teams meeting which provides an update to our local communities on news at SaTH (including a regular update on HTP). The presentation is published and there is an opportunity for members of the public to ask questions

### **3. ENGAGEMENT ACTIVITY IN Quarter 1 2025/26**

**Local elections took place in Shropshire on 1<sup>st</sup> May 2025 most public engagement related to HTP stopped on the 10<sup>th</sup> March, due to being in pre-election period. All**

**public engagement recommenced on the 2<sup>nd</sup> May 2025.** Engagement activity relating to the Hospitals Transformation Programme in Quarter 1 is outlined below:

Date	Event	Attendees	Outcome
17 April	HTP Topping out ceremony	Execs, HTP team, and volunteers	Positive events with volunteers signing the internal pillar.
2 May	Church-Stretton Co-op Drop-in	Members of the public	Spoke to 30 members of the public, setup worked well in supermarket vestibule. Interest level was not particularly high, people were grateful for the information.
6 May	HTP About Health Event	Members of the public, HTP and engagement team	20 members of the public in the call, presentation was well received, atmosphere positive. Some questions from T&W resident about difference between Urgent and Emergency Care and importance of this for people in T&W
8 May	Wellington U3A presentation	Members of U3A	35 retirees from Wellington area in attendance. Questions were taken in an informal matter after presentation, with SaTH circulating amongst room. Some doubts remained but attendees largely understood the need for change and with appropriate information felt much more positive about plans
9 May	Research Participant Celebration Event	Members of the public who are interested in research	Handed out HTP leaflets, there was a lot of interest.
9 May	Wellington Market Drop-in	Members of the public	Spoke to 67 members of public, most local to Wellington. Some strong doubts about plans, at points, but information provided did help to reassure. Undoubtedly the most successful drop-in to date in terms of numbers, footfall was steady throughout and interest was high. A return to Wellington Market once their refurb is complete would be ideal.
12 May	Ironbridge Co-op Drop-in	Members of the public	Large convenience store, located near exit, so catching people on the way out. Struggled to spark lengthy conversations so focused on handing out A5 flyers which did generate interest. Good interest from Tradesmen between appx 12-1. Handed out 59 short form A5 flyers, 1 community sign-up, and talked to staff from GP practice, leaving 10 A4 leaflets for waiting area.
21 May	Wem Rural Community Drop-in	Members of the public	Very slow, talked to 7 people, however these included 4 local councillors and clerk, Age UK digital inclusion lead (interested in focus groups), and signed a member of the public up for focus group.
28 May	Hospital Update	Members of the public	18 members of the public attended, slides presented that gave an update on HTP
3 June	Communications for Urgent and Emergency Care Focus Group	Members of the public	5 in the room, 13 online. Very useful session with public appreciating the two-way conversation. Many comments to take away and inform further comms and engagement for the programme. Positive feedback regarding our engagement from a local councillor.
3 June	RSH Neighbours drop-in	Members of the public	7 members of public including local councillor Jon Tandy
5 June	Signage and Wayfinding Focus Group	Members of the public	6 in attendance online, very useful 2-way conversation with agreed next steps for finalising colour pallet and further engagement on this subject.

Date	Event	Attendees	Outcome
6 June	Oswestry Charity Market Drop-in	Members of the public	Steady, spoke to 25 members of the public and handed out similar number of flyers. Shared feedback on P&R with comms and made connections with Oswestry Rotary leading to stall at Ellesmere Regatta (hosted by Ellesmere and Oswestry Rotary)
10 June	SALC HTP Update	Members of the public	28 town/parish councillors and clerks in attendance, meeting went well with no question to the clinical model and some questions outside the scope of HTP. Received a number of queries or invites from councillors afterwards, which are being actioned.
13 June	Shrewsbury Library Drop-in as part of wider Men's Health week event	Members of the public	Fairly quiet, spoke to 13 people over 2.5 hours, but conversations were very productive. High level of interest in HTP but no real concerns. Library presented a different environment and clientele. Has sparked discussion with Shropshire Libraries about winter engagement in libraries.
16 June	Welshpool Market Drop-in	Members of the public	Useful session, spoke to 26 people. Feedback included request for a larger print version of leaflet for visually impaired which will be discussed with comms team. Two student nurses studying in Liverpool attended specifically to see about new facilities as they will qualify next year and want to stay in the Welshpool area so are interested in SaTH. Will consult with HTP to see if information is being shared with Keele/Stafford/etc universities.
23 June	Ludlow Market HTP Drop-in	Members of the public	Spoke to 22 members of public, HTP information appreciated, and a number came specifically to see us, but main interest was Ludlow hospital. ICB Engagement invited but unable to attend. More information needed about HTP in community hospital (will discuss in weekly meeting), and misinformation in Powys regarding surgery wait lists (contacted PTHB comms)
24 June	Rotary Club Presidency	Members of the public	Rotary event (16 members) handed out some HTP Leaflets. Shrewsbury Rotary Club are looking to support HTP fundraising
25 June	Community Connectors South East	Members of the public	20 people in attendance, promoted Bridgnorth and Brookside drop-ins as well as About Health, handed out flyers. Made connections with a number of Shropshire Council community officers who now have contact details for HTP info.
25 June	Hospital Update	Members of the public	12 members of the public attended, slides presented that gave an update on HTP
29 June	Armed Forces Fun Day (Telford)	Members of the public	Extremely well attended event, lots of conversations about HTP and leaflet really well received.

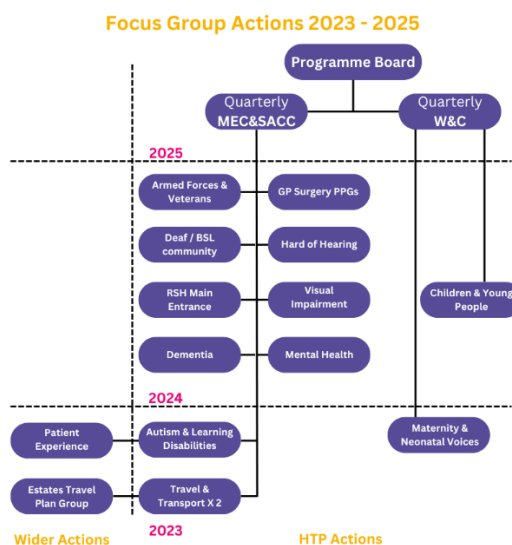
Please see the map below which highlights the areas of the Shropshire, T&W and Powys which were visited in Quarter 1:



### **3. SUMMARY OF FEEDBACK RECEIVED AND ACTIONS TO DATE**

From the events we organise and from those we attend in relation to the Hospitals Transformation Programme we receive feedback, suggestions, and questions from our communities. For every public focus group we produce a questions and answers sheet and action log. This information is available on our website: [Hospitals Transformation Programme Focus Groups - SaTH](#)

Feedback from our communities about the Hospitals Transformation Programme is important as the project moves forward in supporting us to develop two thriving hospitals for our local communities. The diagram below outlines the Divisions/department that actions from our focus group action logs have been assigned to this Quarter, including the actions which are outside the remit of the Hospitals Transformation Programme:



The views and feedback from our local communities are important, the below table highlights some of the feedback we have received, and any actions taken:

Date	Activity	Outcomes
2 May	Church Stretton drop-in	Multiple attendees and we received feedback from numerous people about the parking issues at RSH. We spoke to the public about the Park and Ride service which patients can use. We promote the P&R at all public events as this is an area of concern for our communities, which we received regular feedback on.
6 May	About Health event: HTP update	A Telford & Wrekin Councillor wanted clarification on difference between Urgent and Emergency Care, the question was answered at the meeting and the individual was encouraged to attend the forthcoming UEC Comms Focus Group.
8 May	Wellington U3A presentation	Shared dates for drop-ins with U3A members, including Wellington Market, which we were attending the following day. A number of people who attended the drop in stated they attended following recommendation from U3A friends and following the talk they received the previous day.
21 May	Wem rural drop-in	Age UK were at the drop in and reported concerns around SaTH/Shropcomm joint CEO, fed back to Communication colleagues regarding providing information on website and address gap with stakeholders.
3 June	Urgent and Emergency Care Communications Campaign focus group	Lots of feedback and comments regarding how we communication changes around UEC in 2028, the feedback is being used to support our UEC communications campaign. Shropshire Councillor Bernie Bentick is interested in joining the Local Care Transformation Plan meeting.
5 June	Signage and wayfinding focus group	At the focus group it was agree to develop a public survey to get public feedback on the wayfinding colour palette, this will help inform our decision for the wayfinding in the new build. AHR finalising options and survey to be sent ASAP.
6 June	Oswestry Market drop-in	Secretary of Oswestry & Cambrian Rotary club attended and invited us to have a stand at the Ellesmere Regatta, which the Rotary club are sponsoring. The club would be interested in fundraising for HTP but requested a briefing first, this has been arranged for 7 <sup>th</sup> August.
10 June	Shropshire Area of Local Councillors (SALC) update	Questions regarding HTP answered on the night but a further discussion regarding public transport occurred. Agreed to keep SALC updated going forward.

13 June	Shrewsbury Library drop-in	Conversation with Shropshire Libraries staff leading to plans for winter drop-ins to reach seldom heard groups using the library as warm community spaces, dates to be arranged in coming months.
16 June	Welshpool market drop-in	Request for larger print version of leaflet for visually impaired that will be taken into account when designing next version. Local student nurses hoping to work in area were seeking and received information on new facilities, HTP team looking into links with local universities.
23 June	Ludlow market drop-in	Ludlow hospital staff member requested more HTP information in the community hospitals which will be pursued. Attendee reported Powys residents being moved to bottom of waiting lists in England due to PTHB financial situation, PTHB comms have been approached to better understand the concern.

#### 4. FORWARD LOOK

A forward look of current engagement Activity in Quarter 2 (July-September 2025) relating to the Hospitals Transformation Programme with HTP team involvement as well as Public Participation Team is outlined below in **Table 3**. A full list of all known activity including events attended only by Public Participation team is in Appendix 1

Date	Event	Required attendees
6 July	Ellesmere Regatta	Public Participation
11 July	Bridgnorth Market Drop-in	HTP, Public Participation
15 July	Newtown Market Drop-in	HTP, Public Participation
24 July	Brookside Community Centre HTP Drop-in	HTP, Public Participation
29 July	About Health - HTP	HTP, Public Participation
30 July	Hospital Update	Public Participation
28 August	Hospital Update	Public Participation
2 September	HTP Focus Group	HTP, Public Participation
4 September	HTP Focus Group	HTP, Public Participation
17 September	Market Drayton Indoor Market	HTP, Public Participation
24 September	Hospital Update	Public Participation
26 September	Nursing, AHP, and Midwifery Conference	HTP, Public Participation
26 September	Rotary Club of Wellington - HTP Presentation	HTP, Public Participation

#### 5. RECOMMENDATIONS

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 1 (2025/26)



- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 2 (2025/26)

## **Appendix 1**

Wider engagement events which the Public Participation Team are attending next quarter includes:

DATE	EVENT	VENUE	TIME
03/07/25	V2C Session 2 -Industry session / personal statement writing workshop	PRH	10:00-12:00
03/07/25	Visit to Prees Traveller site	Prees Traveller site, SY13 2HT	17:00 - 19:00
03/07/25	SaTH Charity Thank You Event	Captain Tom's Garden, PRH	10:00-13:00
04/07/25	SaTH Charity Thank You Event	Mytton Oak Restaurant, RSH	18:30 - 19:30
06/07/25	Ellesmere Regatta	The Mere, Cremorne Gardens Play Area, Ellesmere, SY12 0DQ	11:00 - 12:00
08/07/25	Community Connectors	Mencap Market Drayton	9:00-17:00
10/07/25	Knitters & Volunteers Café and Swan Fund 10 <sup>th</sup> Birthday –	SECC Dining Room	13:30-14:30
11/07/25	Bridgnorth Market Drop-in	Charter Market (Under Town Hall), 32-37 High Street, Bridgnorth, WV16 4DX	08:30 - onwards
15/07/25	Shropshire Patient Group	MS Teams	10:00-12:00
15/07/25	Newtown Market Drop-in	Newtown Market	17:00 - 19:00
17/07/25	Volunteer to Career 5&6 Celebration Evening	Education Centre PRH	10:00-13:00
23/07/25	Dementia Friendship Group	Albrighton Library	18:30 - 19:30
24/07/25	Brookside Community Centre HTP Drop-in	Brookside Central CIO (community centre), Burford, Brookside, Telford, TF3 1LP	11:00 - 12:00
29/07/25	About Health - HTP	MS Teams	9:00-17:00
30/07/25	Hospital Update	Teams	13:30-14:30
19/08/25	Shropshire Patient Group	MS Teams	08:30 - onwards
27/08/25	Hospital Update	Teams	10:00-12:00
30/08/25	Theo's Birthday Fundraiser for NICU	Details TBC - Much Wenlock	17:00 - 19:00
07/08/25	Rotary Club of Oswestry and Cambrian	Wynnstay Hotel, Oswestry	10:00-13:00
02/09/25	W&C Focus Group	K2 (William Farr House) and MS Teams	18:30 - 19:30
03/09/25	Telford Patients First	Dawley Town Hall	11:00 - 12:00
04/09/25	V2C - Session 3 - Industry session / values-based interviews	PRH	9:00-17:00
04/09/25	MEC&SAC Focus Group	K2 (William Farr House) and MS Teams	13:30-14:30
16/09/25	Shropshire Patient Group	MS Teams	08:30 - onwards
17/09/25	Market Drayton Indoor Market	Cheshire Street, Market Drayton, TF9 4BX	10:00-12:00
19/08/25	About Health - Diabetes 1	MS Teams	17:00 - 19:00
24/09/25	Hospital Update	MS Teams	10:00-13:00
26/09/25	Nursing, AHP, and Midwifery Conference	SECC/SERII	18:30 - 19:30
26/09/25	Rotary Club of Wellington - HTP Presentation	The Pheasant Inn, Shawbirch Road, Admaston, Telford	11:00 - 12:00
28/09/25	Shrewsbury Half Marathon	The West Mid Showground	

# Fit for the Future

## The 10 Year Health Plan for England

**July 2025**

Prepared by the Strategic Communications team.  
Contact [strategic.comms@nhs.net](mailto:strategic.comms@nhs.net)

# Key messages

- The 10 Year Health Plan sets out a bold, ambitious and necessary new course for the NHS.
- It seizes the opportunities provided by new technology, medicines, and innovation to deliver better care for all patients - no matter where they live or how much they earn - and better value for taxpayers.
- The Government is fundamentally reinventing its approach to healthcare, so that it can guarantee the NHS will be there for all who need it for generations to come.
- Through the three shifts – from hospital to community, from analogue to digital, and from treatment to prevention – they will personalise care, give more power to patients, and ensure that the best of the NHS is available to all.

# The three shifts

**This is the 10 Year Health Plan to get the NHS back on its feet and to make it fit for the future, delivered through three big shifts.**

- **From hospital to community;** transforming healthcare with easier GP appointments, extended neighbourhood health centres, better dental care, quicker specialist referrals, convenient prescriptions, and round-the-clock mental health support - all designed to bring quality care closer to home.
- **From analogue to digital;** creating a seamless healthcare experience through digital innovation, with a unified patient record eliminating repetition, AI-enhanced doctor services and specialist self-referrals via the NHS app, a digital red book for children's health information, and online booking that ensures equitable NHS access nationwide.
- **From sickness to prevention;** shifting to preventative healthcare by making healthy choices easier—banning energy drinks for under-16s, offering new weight loss services, introducing home screening kits, and providing financial support to low-income families.

# What will the Government deliver by 2028/29?

While this is a plan for the next 10 years, much of what is in the plan will be delivered more quickly than this.

## HOSPITAL TO COMMUNITY

- Same-day digital and telephone GP appointments will be available and calls to GPs will be answered more quickly – ending the 8am scramble.
- A GP led Neighbourhood Health Service with teams organised around groups with most need.
- Neighbourhood Health Centres in every community; increased pharmacy services and more NHS dentists.
- Redesigning outpatient and diagnostic services.
- Redesigning urgent and emergency care, allowing people to book into UEC services before attending via the NHS App or NHS 111.
- People with complex needs will have the offer of a care plan by 2027 and the number of people offered a personal health budget will have doubled.
- Patient-initiated follow-up will be a standard approach.

## ANALOGUE TO DIGITAL

- **The NHS App** will be the front door to the NHS, making it simpler to manage medicines and prescriptions, check vaccine status and manage the health of your children.
- **‘HealthStore’ to access approved health apps:** Enabling innovative SMEs to work more collaboratively with the NHS and regulators.
- **A Single Patient Record** will mean patient information will flow safely, securely and seamlessly between care providers.
- **Digital liberation for staff** with the scale of proven technology to boost clinical productivity.

## SICKNESS TO PREVENTION

- **Health Coach** will be launched to help people take greater control of their health, including smoking and vaping habits later this year.
- **New weight loss treatments and incentive schemes** to help reduce obesity.
- **The Tobacco and Vapes Bill** will be passed, creating the first smoke-free generation.
- **Women** will be able to carry out cervical screening at home using self-sample kits from 2026.

# What this means for Shropshire Telford & Wrekin (1)

- Integrated care boards (ICBs) will play a central role in shaping the market.
- Changing relationships for ICB with partners as part of change to NHS Operating model - Providers (not on ICB Boards), Local Authorities (ICP stood down), patient groups (changes to Healthwatch), change to CSUs. Devolve to & empower local leaders and communities, which offers significant freedoms for the highest performers. Plans for more empowered foundation trusts (FTs), eventually integrated health organisations (IHOs) who will hold outcomes-based contracts for a local population.
- Closer collaboration with local government, aligned planning cycles, and co-terminosity will be vital for supporting integration.
- Building on work done so far in Neighbourhood working. Already received initial Neighbourhood Health self assessment maturity matrix (return by 24 July). Aligning a number of programmes to underpin neighbourhood approach eg UEC, Place, Local Care Transformation
- Establishment of a neighbourhood health service – expansion of integrated, multi-professional teams working in local communities and often co-located. Includes focus on preventative model of care, including LTCs.
- Aim is to establish a neighbourhood health centre in every community, beginning with places where healthy life expectancy is lowest. NHCs will be open at least 12 hours a day and six days a week. Funding to deliver neighbourhood health centres (NHCs)?





## What this means for Shropshire Telford & Wrekin (2)

- Data led programmes – especially driving proactive coordinated care, plus prioritising neighbourhoods, risk stratification for patient cohorts
- Finance - Changes to a number of payment mechanisms – eg Carr-Hill formula for primary care, shift from hospital to community (Plan commits to invest more money as a proportion of health spend in the community over the next 3-4 years), “fair share” of funding, reform of the capital regime. Additional funding for deficits will end - phased out by 26/27. Greater long-term planning with 3-year revenue allocations and 4-year capital settlements being introduced from 26/27
- Commissioning – new models of care, changes between providers, Two new contracts for neighbourhood health
  1. A single neighbourhood provider will deliver enhanced services for groups with similar needs for neighbourhood of 50,000 people. In many areas, primary care network footprints will be the starting point for this type of working.
  2. Multi neighbourhood providers will provide services to 250,000+ people across several neighbourhoods, for instance for end-of-life care
- A number of major changes to how care is delivered – will challenge the established ways of working (for all)
- Range of timetables for changes with some tests of change across England



# What this means for Shropshire Telford & Wrekin (3)

- Digital. Changes to digital inc NHS App as the 'digital front door', pathway to the 'Single Patient Record', wearable devices, expansion of AI and associated technology. How our local strategic plan aligns to NHS AI strategic roadmap plus technology plans
- Performance focus and outpatient redesign – plenty to consider as part of changes to operating models, where and how services are delivered inc use of community estate.
- Mental health services will be transformed into 24/7 neighbourhood care models
- Quality of care - National quality strategy will be published in the autumn. National independent investigation into maternity and neonatal services. Changes to complaints process
- Workforce - 10 Year Workforce Plan later this year. Aim for fewer staff by 2035 than projected by the 2023 Plan. Reduce international recruitment to less than 10% by 2035 (currently 34%). Support for Messenger Review (leadership & mgt)
- Health Inequalities - role of neighbourhoods. Moving closer to fair share of funding locally, based on health need



# Further information

- An open letter to staff from NHS Chief Executive Jim Mackey and the Secretary of State for Health and Social Care can be found here: [open letter](#).
- The video for the 10 Year Health Plan has been published here: [YouTube page](#).



# Better Care, Better Together

## Public Assurance Forum

21 July 2025

# Better care by working together

- One NHS: focused on our patients
- Together we know how to improve care and deliver value for everyone
- Phase one: recruiting a shared Chief Executive
- Phase two: exploring options to form a Group:
  - Shropcom and SaTH working together
  - Two separate statutory organisations – one leadership team
- We are working with other NHS trusts who have done this successfully





# Why change?

- Two small trusts working together – a bigger voice and more opportunities
  - More care in the community helping patients stay well for longer – realising the left shift
  - Value for patients and taxpayers
  - Supporting our staff – better career opportunities, shared training and development
  - Releasing more time and money for investment – digital





# Informing the case for change

- Developing Case for Change for trusts' Boards/NHS England
- Informed by feedback:
  - Staff survey
  - Listening events with staff across community and acute sites
  - Online focus group with volunteers/ patient representatives/PAF
  - Joint Health Overview and Scrutiny Committee
  - Ongoing offer to attend local groups/ networks
- Future engagement activity Autumn/Winter to inform the Group – vision, values, priorities





# You told us... benefits

Better care/ better health	Shared vision and goals	Better pathways and care standards for patients – funding whole pathway	Reduced duplication and bureaucracy/ added value
Shared resources/ digital/estates /workforce	Simpler system for patients to navigate	Better transition of care between acute and community	Faster decision making / shared leadership
Less blame culture – joint working/ respect/ shared understanding	Improved referrals and sharing of data	Improved flow and discharges/ reduced waiting times and readmissions	Seamless access to medical records and consultant advice
Greater opportunities: education/ rotation/careers/research	Smoother service level arrangements	Increased resilience/ support overstretched teams	Improved communication/ problem solving

# You told us... issues/risks

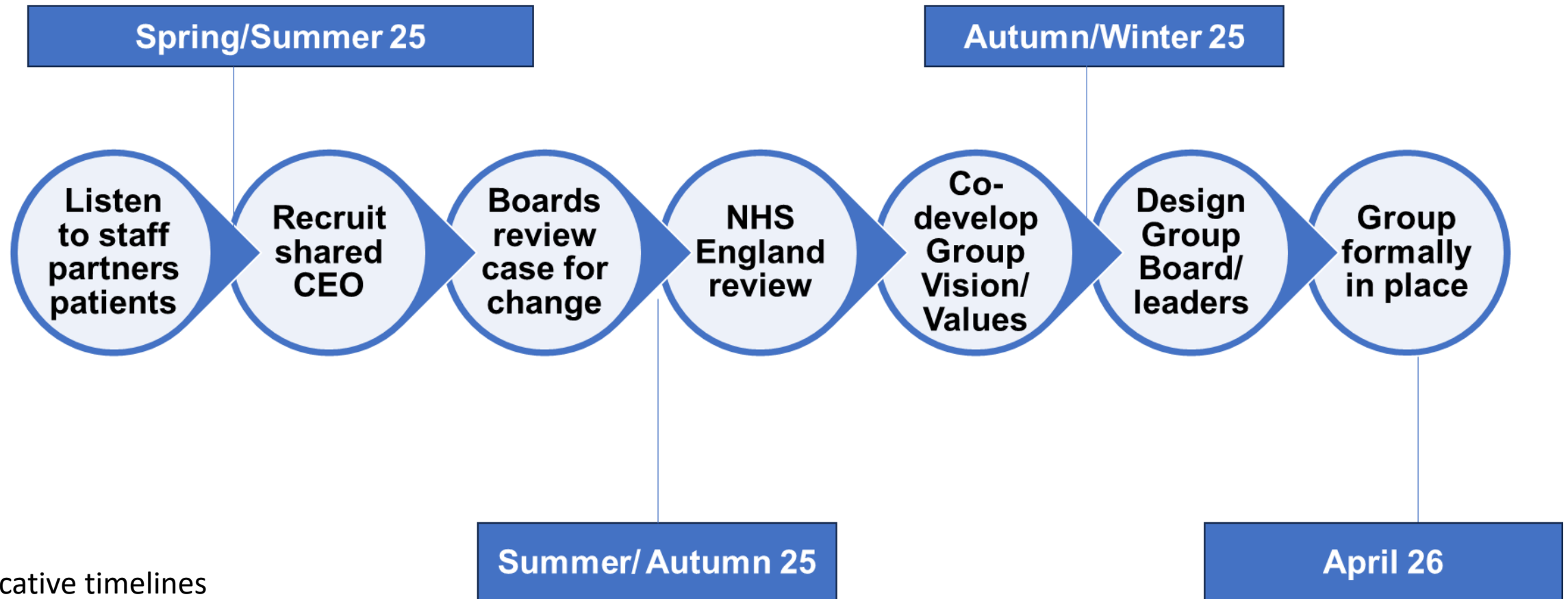
Cultural change needed less blame/ shared vision	Digital investment whilst maintaining accessibility	Red tape – need to streamline processes	Fair use of funding for whole pathway
Ensure community not overshadowed by acute	Understand local needs – not one size fits all (e.g. digital)	Focus on quality not just cost efficiency	Uncertainty during change
Need strong voice – focused on community	SaTH reputation/cultural improvement	Financial challenge	Time/capacity for change
Delays in transformation/ improvement	Nothing changes – staying two trusts	Disparity in roles and responsibilities	Lack of shared risks/ understanding/ data

# You told us... what does success look like

Closer working with patients/voluntary sector	Shared volunteering opportunities	More patients supported in community	More community health and wellbeing hubs
Focus on prevention	Improved staff morale	Happy, motivated, less stressed staff	Greater training and development opportunities
Improved flow	Improved health and outcomes for patients	Better partnership working	Single NHS, equal partners – focused on patients
Simpler pathways/care for patients	Improved resilience in teams	Right service, right time, right place	Better care/better patient experience



# What happens next?



\* Indicative timelines



# One NHS working together

- One goal – better care and value for patients and a better work environment for staff



Be part of the change



Shropshire Community Health  
NHS Trust



The Shrewsbury and  
Telford Hospital  
NHS Trust

# Thank you for listening



## **Supplementary Information Pack**

### **Agenda item**

**2025/35**

- i. Public Participation Plan: 2024/25 Action Plan Update **Pages 114 - 120**

## Public Assurance Forum: 21 July 2025

Agenda item		2025/35	
Report Title		Public Participation Department Priorities 2025/26	
Executive Lead		Julia Clarke, Director of Public Participation	
Report Author		Hannah Morris, Head of Public Participation	
CQC Domain:		Link to Strategic Goal:	Link to BAF / risk:
Safe		Our patients and community	√
Effective		Our people	
Caring		Our service delivery	
Responsive	√	Our governance	
Well Led	√	Our partners	√
Consultation Communication		Public Engagement throughout 2021 Approved by Trust Board October 2021 Regularly presented to PAF at quarterly meetings and SaTH Charity to Charitable Funds Committee meetings	
Executive summary:		1. The Forum’s attention is drawn to Appendix 1 – Plan on a Page for: <ul style="list-style-type: none"><li>• Community Engagement (including HTP)</li><li>• Volunteers</li><li>• SaTH Charity</li></ul> 2. The key risks are: <ul style="list-style-type: none"><li>• Fail to deliver the Public Participation Plan, resulting in a lack of confidence for our communities</li><li>• Fail to deliver statutory duties (s242) to engage with the public, resulting in possible judicial challenge</li></ul> 3. We are have the following actions: <ul style="list-style-type: none"><li>• Continue to support our Divisions to ensure they meet their Statutory Duties.</li></ul>	
Recommendations for the Public Assurance Forum:		The Public Assurance Forum is asked to: <b>NOTE</b> The Activity completed by each of the areas during Quarter 1 This report is provided <b>for information only</b> .	
Appendices:		Appendix 1: Plan of a Page for Community Engagement, SaTH Charity and Volunteers	

## 1.0 **Introduction**

- 1.1 The Public Participation team consists of community engagement (including HTP), volunteers and SaTH Charity
- 1.2 The Public Participation Plan (PPP) was developed in 2021 partnership with our local communities with over 1000 contributions to identify the main theme. The Plan outlines how we will work with our communities over the next five years and was approved by the Trust Board in October 2021. Following approval of the Plan, an action plan was developed. This update also contains the full suite of Public Participation annual plans (i.e. Community Engagement Volunteers and SaTH Charity).
- 1.3 We have issued a SaTH Charity Strategy 2025-2030: **SaTH Charity Strategy 2025 - 2030 by The Shrewsbury and Telford Hospital NHS Trust - Issuu** We will be developing a five-year Community Engagement Strategy for 2025-30 and will engage with PAF and members of the wider community throughout its development. We will also be developing a Volunteers Strategy 2025-2030 and will engage with our volunteers and the wider community.
- 1.4 Highlights of key achievements from Quarter 1 from each of the Public Participation areas includes:
- 1.5 **Volunteers:**
  - Due to a vacancy freeze there were 3 vacant posts within the team. All 3 new members of the team started on 31 March 2025, and recruitment of new volunteers started at the beginning of May.
  - Volunteer to Career programme Cohort 5 to start in May and included Veteran and Families, as well as maternity. The maternity cohort if full, and we have recruited 9 Veterans/veteran family members (nationally our trust has recruited the highest number of veterans to this scheme).
  - The discharge driver scheme has now been successfully trialled at both sites, with 53 journeys taking place in the first two weeks of June. Currently we have 7 operational drivers, 8 volunteers who are undergoing their recruitment checks and two expressions of interest from existing volunteers.
  - At the beginning of June, we celebrated National Volunteer Week, which included a celebratory afternoon tea with our volunteers at Wroxeter Hotel. During the week we also had a number of social media post and media releases which highlighted the important work of volunteers.
  - Volunteer Coffee and Catch Up's are being held monthly at both hospital sites.
  - The annual volunteer annual survey has now closed, and results are being analysed with action plan to be developed.
  - Volunteer applications opened in May, and targeted recruitment of volunteers to roles where there is the most need, including: volunteer drivers, buggy drivers (RSH), A&E and telephone support.

## 1.6 **Community Engagement:**

- There has been a pause in community engagement for 6 weeks before the local elections on 1 May 2025.
- Full time engagement post is currently going through the authorisation process.
- Working with Trust Health Inequalities network to identify areas for targeted engagement over the coming months. Working with the Accelerated Preventative Programme to share key information through engagement activity.
- Details and outcomes of our engagement are shared monthly through our Public Participation report. The department has a calendar of events which also reports all the outcomes of events attended in the community.
- Support provided for HTP through monthly email update and sharing information at community meetings and events attended by the community engagement manager.
- Two “About Health” events delivered in Q1 – HTP update (HTP team) and an Operational Update (Ned Hobbs), both were well received by the public.
- No support required by Divisions regarding service changes required this Quarter

## 1.7 **SaTH Charity:**

- The Charity’s Policy has been reviewed, updated and approved by the Corporate Trustee. and along with the updated expenditure request form is now on the intranet. Fund advisors are now working with the new charity policy and request form
- Progressing with the Tap and Donate for fracture clinic, currently awaiting feedback from our Information Governance department before progressing.
- SaTH Charity are working alongside the Lingen Davies Charity to support the Sunflower Appeal, which is raising funds for a new cancer centre at PRH.
- Charitable Funds Committee have approved an apprentice post which will support the charity with its fundraising.
- SaTH Charity is working with our communications department to look at reviewing the branding of the charity.
- The annual staff SaTH Charity tournament took place in June and raised over £5,000. We are currently planning a charity concert in November and all our spaces for the Shrewsbury Half Marathon have been filled.
- There is regular review of how we communicate and engage with supporters and potential supporters of the charity. Next newsletter sent in the last week in June.
- A plan is being developed to support fundraising opportunities in relation to HTP

## 2 **Recommendations**

The meeting is asked to:

NOTE the current activity in Quarter 1 2025/26 across the Public Participation Team against the Public Participation action plan.



Julia Clarke  
**Director of Public Participation**  
July 2025

# SaTH Volunteer Development & Action Plan

## April 2025 to March 2026

### Stakeholder Groups

#### A. Volunteers

Volunteers provide additional capacity to support staff, patients and visitors through a combination of tasks that would not otherwise be fulfilled. Improving the patient journey, outcomes and staff wellbeing.

#### B. Staff

This is a key group that should be aware of SaTH Volunteers to help and support the Trust to achieve the agreed desired outcomes.

#### C. Public

Engagement with the public is key to ensure the number of Volunteers is maintained to meet the needs of the Trust. Volunteering provides a step into engaging with the Trust and supporting SaTH Charity

#### D. Schools, Organisations and Local Business.

Provides candidates for our young Volunteers Schemes. Groups and Organisations support with corporate volunteer days.

#### E. Other Volunteer Organisations.

Maintain relationships with other volunteer organisations such as LoF, Lingen Davies, British Red Cross, RVS etc.

#### Programme

The Volunteer Team is based in William Farr House at RSH and provides support across both hospital sites.

## Strategic Aims

- To improve the patient journey through a vibrant and effective volunteer programme. To ease pressures on staff and support their wellbeing.
- Widen the reach and further develop the Volunteer to Career Programme (VtC), including targeted programme for specific groups e.g. Veterans and Families
- Develop our discharge volunteer programme (volunteer drivers and telephone support services) and measure the impact of the project for our services and volunteers
- Develop and implement a 5 year volunteer strategy
- To work towards maintaining the required number of volunteers to meet the demand from the areas supported by the volunteer service.
- To hold quarterly volunteer focus groups to engage with our volunteer cohorts
- Support our staff to effectively manage and support our volunteers while on placement.

V1 17/03/2025



## Desired Outcomes

- To increase the number of active volunteers and target recruitment to the areas within the Trust which has the highest need
- Ensure those who have completed the recruitment process have meaningful and regular placements.
- To deliver a successful discharge programme and continue to develop our VtC programme

Key Risks / Benefits	L	C	LxC	Mitigation
Hight turnover of volunteers creates capacity issues within the volunteer management team	4	1	4	Ensure robust recruitment process are in place, including structured interview. Those who do not meet the requirements to volunteers are, where possible, offered alternatives e.e.g work experience. Provide ongoing support through welfare calls and catch ups
The risk of providing adequate training prior to commencement with the Trust.	2	3	6	Strict on-boarding process to ensure that volunteers understand where they can work and how to mitigate risk through their training
Required Volunteer Recruitment to meet Trust need	2	3	6	All volunteer checks are done through the central Volunteer Dept. following an agreed protocol and the Manager has extensive experience of recruitment and Trust Policy. A recruitment focus is in place.

Q1	Q2	Q3	Q4	General Notes
April – May – June	July — August — Sep	Oct — Nov — Dec	Jan — Feb – March	Progress against Q1
<ul style="list-style-type: none"><li>New members of the volunteer team to start in post and have an induction period</li><li>Progress with the Volunteer to Career Programme in Midwifery and Veterans and families (cohort 5 to start in June)</li><li>Develop Discharge Volunteers programme action plan and start the implementation of the discharge driver role and the discharge support phone calls</li><li>Deliver Volunteers' Week celebration event June 2025</li><li>Coordinate monthly coffee and cake catch up with volunteers</li><li>Review the feedback from the 2025 volunteer survey and develop an action plan</li><li>Targeted recruitment of volunteers for areas where there is the most need for the Trust eg waiting list validation</li></ul>	<ul style="list-style-type: none"><li>Develop with the input from volunteers and staff, a draft of the 5 year Strategy for volunteering and annual plan on a page</li><li>Launch 2025/6 September Youth Volunteer Programme</li><li>Review and update website content and social media exposure</li><li>Review Better Impact content (files, templates etc.) to ensure it is current.</li><li>Organise 2x Focus Group on selected area</li><li>Monthly coffee and cake catch up with volunteers</li><li>Review the discharge programme and outcomes.</li><li>Plan implementation of discharge programme as business as usual</li><li>Plan Cohort 6 of the VtC programme</li></ul>	<ul style="list-style-type: none"><li>Interviewing, processing and training for the new cohort of Youth Programme volunteers</li><li>Plan and send volunteers annual survey</li><li>Contribute to Trust Volunteers awards process</li><li>Ensure volunteers are included in staff Christmas celebration</li><li>Monthly coffee and cake catch up with volunteers</li><li>Organise 2 x Focus Group on selected area</li><li>Engage with schools and colleges with on and off site presentations regarding volunteering</li><li>Review VtC programme Cohort 6</li></ul>	<ul style="list-style-type: none"><li>Volunteer annual survey to go out to all volunteers</li><li>Develop a plan on a page for 2026/2027</li><li>Plan Volunteers' Week 2026</li><li>Review Better Impact as our management platform and implement updates</li><li>Organise 2 x Focus Group on selected area</li><li>Launch second intake for Youth Programme to open in February</li><li>Organise monthly coffee and cake catch up with volunteers</li><li>Active database and volunteer role review</li></ul>	<ul style="list-style-type: none"><li>New members of the department started in April 2025, however there has been some long term sickness absence within the team.</li><li>Cohort 5 of Volunteer to Career started in May 2025—the cohort is full and this cohort combines Veterans and families with the midwifery volunteers</li><li>Discharge driver scheme has now been successfully trialled at both sites. With 53 journeys taking place in the first two weeks of June. Currently recruiting and processing more volunteer drivers so that we can expand the service.</li><li>At the beginning of June we celebrated National Volunteers Week, which included a celebratory Afternoon Tea with our volunteers at the Wroxeter Hotel. During the week we also had several press release and social media posts.</li><li>Monthly volunteer catch up are happening at each hospital site</li><li>Volunteer survey has been reviewed, action plan to be developed</li><li>Targeted recruitment of volunteers, currently to the following roles: Drivers, buggy drivers, telephone support, A&amp;E</li></ul>



Areas of Focus

- Dementia
- Diabetes
- Respiratory
- Cardiovascular

Methods of Engagement

- Online**  
Targeted messaging around prevention and management of conditions identified above with appropriate audiences  
Sharing hospital knowledge through **About Health** programme  
Sharing information from stakeholders through **#GetInvolved**
- Partnership**  
Working with VCSA groups, representatives and forums. Building relationships with community leaders. Providing articles for community newsletters.  
Liaising with community advocates to ensure engagement is appropriate.  
Collaborative engagement with local authorities and other statutory bodies.
- Involvement**  
**Internal**  
Working with divisions to develop meaningful engagement with target communities.  
Working collaboratively with the SaTH internal Health Inequalities group (**\*Accelerated Preventative Programme workstream**) to ensure a “whole of SaTH” approach to engaging our seldom heard communities.  
**External**  
Increase opportunities for the public to take part in SaTH involvement activity by identifying and mitigating barriers to involvement, developing new methods of involvement as required.

SaTH Community Engagement Action Plan 2025/2026



Our Vision: To provide excellent care for the communities we serve



Strategic Aims

To contribute to delivery of the Public Participation Plan, namely:

1. **INCLUSION:** To increase the number and diversity of people involved with SaTH, ensuring that they are provided with meaningful and timely involvement opportunities

2. **RESPONSIVE:** Build greater public confidence, trust and understanding by listening and being responsive to our local communities

3. **DECISION-MAKING:** 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

4. **GET INVOLVED:** 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.

5. **COMMUNICATION:** 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)

6. **OUR STAFF:** Enabled our staff to have the skills and confidence to engage with our communities

Desired Outcomes

- Make every contact count, and identify and find ways to engage with those communities who may have barriers to engage with us
- Key barriers to engagement identified & mitigation in place
- Regular meetings/networks in place to keep in contact with stakeholders
- Increase in incoming enquires and active and ongoing engagement from stakeholders
- Increase in both group & individual membership (Target 10% over the year)

Key Risks / Benefits	L	C	LxC	Mitigated L&C
Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities	2	4	8	A detailed Action Plan and yearly plan on a page will be drawn up and submitted quarterly to the Public Assurance Forum (PAF)
Fail to deliver our statutory duties (S242) to engage with the public	3	4	12	Continue to support our Divisions to ensure they meet their statutory duties. Update PAF on engagement relating to service changes
Failure to continue to involve communities during the building stage of HTP could result in challenge	2	5	10	Full programme until 2028 and ongoing attendance/events planned until 2028

Q1		Q2		Q3		Q4		General Notes
April—May—June 2025		Jul-Aug-Sep-2025		Oct—Nov—Dec-2025		Jan—Feb—March-2026		Outcomes—Q1
<div>1. Recruit to Engagement vacancies</div> <div>2. Work with SaTH Health Inequalities group to identify key audiences for thematic engagement.</div> <div>3. Create a diary of engagement events/invites and share internally to enable collaborative engagement</div> <div>4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</div> <div>5. Deliver About Health events</div> <div>6. Provide support for Hospitals Transformation Programme</div> <div>7. Work with divisions to ensure they meet their Section 242 duties.</div>		<div>1. Create plan for Public Participation strategy development including community survey and workshop events.</div> <div>2. Visit 2 priority community groups</div> <div>3. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</div> <div>4. Deliver About Health events</div> <div>5. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)</div> <div>6. Provide support for Hospitals Transformation Programme</div> <div>• Work with divisions to ensure they meet their Section 242 duties.</div>		<div>1. Carry out mid-point review of collaborative engagement and revisit plans for Q3 &amp; Q4.</div> <div>2. Progress Public Participation Strategy engagement.</div> <div>3. Visit 2 priority community groups</div> <div>4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</div> <div>5. Deliver About Health events</div> <div>6. Provide support for Hospitals Transformation Programme</div> <div>7. Work with divisions to ensure they meet their Section 242 duties.</div>		<div>1. Review social media outcomes and develop standard protocols for ongoing use.</div> <div>2. Visit 2 priority community groups</div> <div>3. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</div> <div>4. Deliver About Health events</div> <div>5. Provide support for Hospitals Transformation Programme</div> <div>6. Work with divisions to ensure they meet their Section 242 duties.</div>		<div>1. Full-time engagement vacancy currently going through authorisation in the TRAC system and will remain on hold for the remainder of this financial year.</div> <div>2. Working with the Accelerated Preventative programme to share key information through engagement activity.</div> <div>3. Details of engagement shared through SLC slides every month. A calendar of events is updated weekly highlighting all events attended and their outcomes.</div> <div>4. Ongoing but limited attendance at community events and meetings due to capacity issues.</div> <div>5. About Health events reinstated in May with HTP and Operational Update. Ongoing programme in place.</div> <div>6. Ongoing collaboration with HTP engagement and information shared at all engagement outreach.</div> <div>7. Support requests received for surveys and EQHIA. Involved in ongoing work to review survey platform use within the Trust</div>



## Stakeholder Groups

### A. Public (incl. patients)

Appealing to the public is important to achieve our core objectives of raising funds, community engagement and creating a platform to recognise care received.

### B. Local Business and Organisations

SaTH provides health care for the workers of local businesses, many will have employees who either or their family are patients at SaTH. Supporting SaTH Charity is likely to be popular with employees. SaTH Charity is keen to engage, encouraging fundraising and their support.

### C. Staff

The Charity recognises SaTH staff as its key asset and is focussed on supporting their wellbeing to aid wellbeing and retention. Staff can influence patients to be supporters and are also valuable fundraisers.

### D. Existing charitable organisations providing support

SaTH Charity must not be seen as a threat but as a complimentary partner to other charities. Engagement with our ICB partners is an opportunity.

### E. Volunteers

They might develop into active fundraisers. Volunteers give time which is comparable to giving money and aligns to supporting SaTH. Volunteers can raise the profile of the charity.

### Charity Team

The SaTH Charity Team sits within the Public Participation Team, aligning it with engagement and volunteering.

Finance support is based at The Shrewsbury Business Park under the management of Vicky Hall, Senior Accountant Charitable Funds.

## Strategic Aims

- We will build strong, dynamic relationships with local businesses, national organisations, and community groups to amplify our reach and resources. By working together, we can achieve greater impact, fund ambitious projects, and inspire collective pride in our hospitals.
- We will grow our income to enhance patient care and staff well-being, ensuring the funds raised makes a meaningful difference. At the same time, we are committed to investing responsibly, safeguarding resources to maintain financial stability and sustain our impact over the long term.
- We will create user-friendly and inclusive donation experiences that inspire generosity. From digital platforms to visible on-site opportunities, we'll ensure that everyone in our community can easily contribute and see the tangible impact of their support.
- We will launch a joint appeal to inspire community support, funding advanced medical equipment and creating uplifting environments that redefine care for patients and staff. By enhancing the patient journey and celebrating staff dedication, we will make the charity integral to the hospitals' transformation.
- We will support and develop our fund advisors, staff, and internal teams to maximize their potential. By providing training, tools, and guidance, we will align charitable efforts with the Trust's priorities and deliver exceptional outcomes together.

## Desired Outcomes

- To increase charitable income, raised or left by legacy to SaTH Charity by 5% year on year based on a rolling 3 year average.
- Increase the visibility of SaTH Charity as the Trust's Hospital Charity locally, measured by increased engagement through social media and supporters and fundraising
- Develop partnership working with corporate organisations in county to maximise relationships with business sector
- Enhancing community involvement with SaTH through positive media opportunities engagement events and fundraising activity.

Key Risks / Benefits	L	C	LxC	Mitigation
5. Fundraising income falls below target of 3yr rolling average +5%	2	4	8	Activity targets and reports monitored through CFC to identify any variance and take action
6. Success of the HTP Appeal	2	3	6	Clear strategic plan to be developed with actions and activity targets and reports monitored through CFC to identify any variance and take action
8. SaTH Charity team capacity & succession planning	2	3	6	Annual review to CFC of team function and comparison with NHS CT data. Secure fixed term funding for Charity Comms and engagement post.

Q1	Q2	Q3	Q4	General Notes
April – May – June	July – August – Sep	Oct – Nov – Dec	Jan – Feb – March	Progress against Q1
<ul style="list-style-type: none"> <li>Introduce digital donation pilot (TapDonate). Initially working with Fracture Clinic at PRH</li> <li>Engage with Fund Advisors and partners to implement new SaTH Charity Policy and online request form</li> <li>Develop HTP fundraising strategy working with HTP (and Lingen Davies for Cancer Centre).</li> <li>Submit paper to CFC for additional Charity resource to support HTP fundraising</li> <li>Review branding of SaTH Charity (to also include consideration for HTP appeal)</li> <li>Plan and promote annual charity fundraising events (Football Tournament, SaTH Charity Thank You Campaign, Shrewsbury Half Marathon and Jackfield Brass Band Charity Concert).</li> <li>Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter</li> <li>Work on branding awareness at new PRH Main reception HTP/Charity hub</li> </ul>	<ul style="list-style-type: none"> <li>Submit draft copy of the Annual Report for review by CFC.</li> <li>Work with HTP and other stakeholders to develop a plan for HTP appeal. Work with the HTP team to make HTP experts available to support fundraising activities</li> <li>Reach out to "corporate" HTP support eg Rotary, Foundations</li> <li>Work closely with the Trust's Communication team to promote SaTH Charity with external and internal audiences</li> <li>Awareness campaign on Staff Lottery Sign Ups and summer promotion of Small Things Fund</li> <li>Submit draft copy of the Annual Report for review by Auditors.</li> <li>Deliver SaTH Charity Thank You Campaign on NHS Birthday</li> <li>Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter</li> </ul>	<ul style="list-style-type: none"> <li>Explore and develop partnership working to create opportunities to support major appeals for HTP</li> <li>Ensure fundraising priorities and divisional charity expenditure plans are aligned to Trust's strategic priorities</li> <li>Deliver key milestones for HTP appeal plans.</li> <li>Awareness campaign on Staff Lottery Sign Ups and summer promotion of Small Things Fund</li> <li>Promotion of 'Small Change Big Difference' Scheme</li> <li>Deliver SaTH Charity Concert</li> <li>Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter</li> </ul>	<ul style="list-style-type: none"> <li>Deliver key milestones for HTP appeal plans.</li> <li>Provide guidance and training for fund advisors and staff on donor stewardship and fundraising activities</li> <li>Analyse investments in clinical equipment, the hospital environment and enhanced service delivery based on divisional annual plans to ensure we are meeting the objectives of the charity.</li> <li>Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter</li> </ul>	<ul style="list-style-type: none"> <li>DPIA sent to IG for the Tap Donate and trying to book in a meeting with Fracture clinic about the design but no response yet.</li> <li>Fund advisors now working with the new charity policy and online request form</li> <li>The charity team are working alongside Lingen Davies to support the Sunflower appeal</li> <li>Paper for additional resource accepted and job is on Trac waiting to be approved</li> <li>Branding with Comms designer, waiting for initial designs to be sent over.</li> <li>Football Tournament a great success (along £5k raised) and all spaces filled for Shrewsbury Half Marathon. Plans for charity concert progressing well</li> <li>Supporters Newsletter to be sent last week in June</li> <li>Work on the Transforming PRH Hub going well. Estates work in progress, branding being developed,</li> </ul>

## **Public Assurance Forum meetings 2025**

**Monday 3<sup>rd</sup> November 13.00-16.00**