The Shrewsbury and Telford Hospital NHS Trust

AGENDA

Public Assurance Forum

Date: **Monday 3rd November 2025**

Time: **1pm – 4pm**

Location: **Microsoft Teams**

OPENING MATTERS AND PROCEDURAL ITEMS					
Item No.	**Agenda Item**	**Paper No / Verbal**	**Lead**	**Require Action**	**Time**
2025/37	Welcome and apologies	Verbal	Co-Chairs	For noting	13:00
2025/38	Minutes of previous meeting	Paper 1	Co-Chairs	For noting	13:05
2025/39	Matters Arising/Actions	Paper 2	Co-Chairs	For approval	13:10
2025/40	Partner's updates	Paper 3	Forum Members	For approval	13:15
2025/41	SaTH Divisional updates on key issues	Paper 4	Divisions	For information	13:25
2025/42	Park & Ride	Presentation	Louise Kiely (Head of Facilities)	For information	13:45
2025/43	Modular Wards	Verbal	Ned Hobbs (Chief Operating Officer)	For information	14:10
2025/44	Volunteer Drivers	Presentation	Eve Simmonds-Jones (Volunteer Manager)	For information	14:30
2025/45	Patient Engagement Portal	Presentation	Sally Orrell (Business Change Manager - Digital)	For information	14:45

2025/46	Update on HTP: • Proposed HTP About Health Public update July 2025 • HTP Programme Board Engagement Report	Presentation Paper 5	HTP team Julia Clarke (Director of Public Participation)	For approval For discussion	15:00
2025/47	SATH Strategy & Partnership update	Paper 6	Carla Bickley (Associate Director of Strategy & Partnership)	For discussion	15:30
2025/48	Supplementary Information Pack i. Public Participation Plan: 2024/25 Action Plan Update ii. Draft Public Participation six monthly Board Report	Paper 7	Julia Clarke (Director of Public Participation)	For information – to address any comments /queries	15:40
2025/49	Any Other Business	Verbal	Chair		15:55
	Dates for the Forum for 2026 and close of meeting	Paper 8	Chair	To note	16:00

The Shrewsbury and Telford Hospital NHS Trust

Public Assurance Forum

Held on Monday 21st July 2025
13:00 – 16:00hrs via MS Teams

MINUTES

Present:

Trevor Purt	Trust Vice Chair
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
Carl Bailey	Service Manager & Safeguarding Lead for Challenging Perceptions
Kate Ballinger	Community Engagement Facilitator
Carla Bickley	Associate Director of Strategy & Partnership
Adam Ellis-Morgan	HTP Technical Lead
Andrew Evans	Centre Manager- Ophthalmology, Head & Neck, Trauma & Orthopaedics
Aaron Hyslop	Public Participation Team Facilitator (HTP Engagement)
Dianne Lloyd (part meeting)	Acting Deputy Divisional Director of Operations – Clinical Support Services
Sean McCarthy	Shropshire Council
Ruth Smith (part meeting)	Head of Patient Experience
Jayne Stevens	Strategic Co-ordinator: PODS Parent Carer Forum
Lydia Hughes	Communications and Engagement Manager
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)	Interim Deputy Divisional Director of Operations – MEC Division

In attendance:

Rachel Fitzhenry	Senior Administrator (Minute taker)
Tom Jones (part meeting)	HTP Implementation Lead
Rachel Webster (part meeting)	HTP Nursing, Midwifery and AHP Lead

Apologies:

Nigel Lee	Director of Strategy and Partnerships
Kara Blackwell	Deputy Director of Nursing

Item No.	Agenda Item
2025/25	**Welcome and Introduction**
	Trevor Purt opened the meeting by welcoming the group to the MS Teams meeting.
2025/26	**Minutes of previous meeting (14th April 2025)**
	The Minutes of the previous meeting on 14th April 2025 were approved as an accurate reading.
2025/27	**Matters Arising/Actions**
	Separate Actions sheet attached.
2025/28	**Triage/waiting times and wider UEC transformation**
	Hannah Walpole gave a presentation on the CQC Action Plan Update on Urgent & Emergency Care, paper provided: <u>Progress:</u> There are now 22 actions associated with the two UEC conditions. Currently 19 actions are "complete" with 14 evidenced and assured and five Delivered, not yet evidenced. An application will be submitted to remove the remaining conditions in June. <u>Left before treated – Paediatrics:</u> 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 16th 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. 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 31 conditions. **Trevor Purt** informed the group, from the previous Board meeting it was noted the SaTH Trust is one of the most improved in scheduled care within the region. Trevor asked Hannah Warpole to applaud the team. **Julia Clarke** asked when the CQC will be ready to give feedback on whether the Section 31conditions are going to be lifted or not. **Mary Aubrey** informed the group an application will be submitted towards the end of the year.

Graham Shepherd informed the group, he waited in Fit to Sit for over 25 hours a few months back. **Hannah Walpole** had a discussion with Graham Shepherd after the meeting about his experience in 'Fit to Sit'.

Julia Clarke informed Hannah Walpole, in regard to the screen, if they look at costs and send a charity request form through, there is a possibility some improvements can be funded by the charity.

Mary Aubrey gave a presentation on the ED wait times on the SaTH website, paper provided:

Finalising the soft launch of our revised Emergency Department waiting times on the website. Expected to go live in August 2025.

ED wait times- SaTH website:
The information given 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

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)
- All feedback welcome to ensure this service is as effective as possible - sath.commsteam@nhs.net

Trevor Purt questioned Mary Aubry, on why the times are in the colour red, as this will give people the impression that ED is behind target time and possibly this colour should be green when it is below the four-hour target.

Mary Aubrey informed the group, this is not being colour coded because it will change every two minutes. It is red because this is the national colour for ED wait times, also the public will see it straight away. This has been amended constantly with the public feedback.

Julia Clare asked the wider organisations, to act as a signpost with feedback to be shared with the group based on patient feedback which would be helpful.

Graham Shepherd informed the group, all this information is on the website but so few people go onto the website. The public might find the SaTH website difficult to navigate.

Mary Aubrey agreed, when people look on the website ED area, they will have that information displayed for them. When people go onto the website it helps divert them to the right place. All these views will be taken on board. The website has been streamlined, so if A&E wait times are input it will show the live wait times.

Lynn Pickavance commented on how good the new screens look, and feedback has been taken on board from Telford Patients First patient group. We would like to see the performance times on the website. There have been great efforts to make changes, and it is appreciated.

	Cllr Joy Jones congratulated the team for all their hard work and noted it is being used by the public and this has especially been helpful for people who live in Powys.
2025/29	**Partner's updates**
	Liz Florendine (Healthwatch Shropshire Representative) provided paper within the agenda. **Julia Clarke** informed the group, Healthwatch are part of the changes declared in the ten-year health plan issued by the government. Their future is not certain, but there will be much closer links with patient engagement, both commissioning and providers. **Julia Clarke** thanked Healthwatch Shropshire over the years for all the support that they have given to the Trust. **Graham Shepherd (Shropshire Patient Group Representative) informed the group, at the previous PAF meeting he asked if someone from SaTH or HTP can come and talk to the SPG and Marden Patient Participation Group. Graham is arranging some proposed dates.** **Sean McCarthy** informed the group; it was announced this morning SaTH received their Employee Recognition Scheme Gold Award confirmed. This is to represent everything that SaTH is doing to support veterans and armed forces personnel who come into the hospital. The presentation of the award will be later in the year.
2025/30	**SaTH Divisional Updates on Key Issues**
	<u>i) Clinical Support Services</u> - 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, paper provided: 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: <u>Service moves at PRH:</u> 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. <u>Cardio-respiratory Service at PRH:</u> 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. <u>Stroke Rehabilitation at PRH:</u> 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.

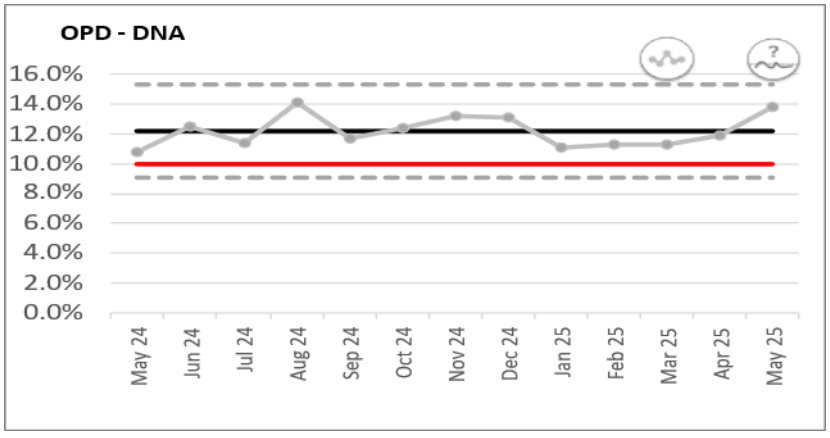
Lingen Davies Unit, RSH:
A new garden area is to be created outside the RSH Lingen Davies Unit once the building materials have been removed following the construction of the new Linac. Patient views have been sought.

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 5th June. Two 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. Two 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 the 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 3rd July • Phlebotomy in William Farr House – 16th July • CDC – Radiology and Cardiorespiratory – 23rd July • Evolution Scanning Suite, RSH (MRI and new Nuclear Medicine unit) – 14th August • RSH Outpatient and Community Therapy Department on the William Farr House site – 21st August Our forward plan is to carry out 15 steps visits in: • Chemotherapy Unit, RSH • Radiotherapy Unit, RSH • Haematology Unit, RSH **Trevor Purt** asked Dianne Lloyd, do we understand what the majority of reasons are for DNAs. **Dianne Lloyd** informed the group, it is mainly due to forgetfulness. The appointments for breast screening are sent out via letter. There has been a great reduction in the DNA rate due to text reminders. **Julia Clarke** informed the group, we are about to pilot reminder phone calls a week before for the DNAs, using volunteers. This will be started in Gynaecology because that has the highest DNA rates. **Hannah Morris** informed the group, it will be recorded when a patient is unable to attend, we will be asking them why to see if there are any patterns on why people are unable to attend their appointments. **Kate Ballinger** informed the group; through the engagement groups we have become aware that some people are unable to read the letters they receive, and some letters don't arrive when expected. **ii) Medicine & Emergency – Hannah Walpole (Interim Deputy Divisional Director of Operations for MEC) gave an update on current/future service developments/ changes and how the team are involving the community in these changes, paper provided:** • 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.

iii) <u>Surgery, Anaesthetics Critical Care & Cancer</u> – Michelle Cole (Acting Deputy Divisional Director of Operations for SACC), gave an update on current/future service developments/ changes and how the team are involving the community in these changes, paper provided:

<u>Surgery, Gastro:</u>

- Business case approved for the interim Urology Investigations Unit, currently awaiting pricing and timescales.
- Engagement with GPs by way of a monthly forum to update on Colorectal TRIOMIC.
- Collaborate work with ICB (Integrated Care Board) currently in progress to support weight loss management service (weight loss management injections).

<u>MSK:</u>

- FLS (Fracture Liaison Service) – Resubmission of business case to ICB following "system wide" discussion around inequity in service provision for T&W patients.
- Trauma HTP – The centre continues to work towards single site trauma with an active working group now in place.
- Ward 5 – Ventilation works still due to commence August 2025. Plans in place to ensure no major increase to waiting lists.

<u>Patient Access:</u>

- Patient representative from PACE group came to visit the Bookings and Scheduling Teams at William Farr House.
- Medical records storage space management of change is under way.
- Rollout plans for Patient Engagement Portal confirmed, PAC team supporting all specialties.

iiii) <u>Women & Children's</u> – Zain Siddiqui (Deputy Director of Operations for W&C), gave an update on current/future service developments/ changes and how the team are involving the community in these changes, paper provided:

<u>Maternity:</u>

A single delivery plan continues to be developed in partnership with the LMNS (Local Maternity and Neonatal System). 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 (Maternity and Neonatal Voices Partnerships) 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

iv) 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, paper provided:

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.

Julia Clarke thanked the divisions for their participation within this meeting. One of the recommendations in the 2018 Care Quality Commission Report was to have a process where representatives of the public can meet with people other

	than the Board at an operational level which is what the Public Assurance Forum does.
2025/31	**Digital Transformation Programme Update**
	Sally Orrell (Digital Programme Communications and Engagement Manager) update on the Digital Transformation Programme: Sally Orrell not in attendance. The Digital Transformation Programme update will be discussed in the next PAF meeting.
2025/32	**Update on HTP**
	Tom Jones and Adam Ellis-Morgan gave a presentation on the Proposed HTP About Health Public update July 2025, paper provided: <u>Main build progress:</u> • 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 • Working to connect the new building with the existing hospital estate – expected to complete in the coming months <u>Site logistics:</u> • 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 <u>Planned Care Hub at PRH:</u> 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 <u>Growing cancer services at PRH:</u> • 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

<u>Transforming PRH – together with charities</u>

- In August we will be opening our Transforming PRH – Charity Hub in collaboration with 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

Cllr Joy Jones thanked the HTP team for all their hard work and informed the group about how impressive the new building is looking.

Jane Randall-Smith commented on the amazing drone footage; it gives a perspective on how the site is changing.

Jane Randall-Smith asked what will happen to the ward block at RSH due to planned care moving to PRH.

Tom Jones informed the group, all the ground floor (level 2, in the new plans) in the ward block at RSH will still be kept in use. The next two floors up which has around 70-80 beds per floor, will be kept active and devoted to medicine. The team are unsure what the top floor will be used for, it could possibly be used if the Trust has a surge of winter patients. There will be more wards coming online within the next few months, with some modular wards constructed off site hopefully in October/November 2025.

Tom Jones, Adam Ellis-Morgan and Lydia Hughes left the meeting

Julia Clarke gave a brief update on the HTP Programme Board Engagement Report, paper provided.

Trevor Purt thanked Julia Clarke and the team for doing a fantastic job.

Graham Shepherd asked what will happen with the staffing situation when the modular wards are in position.

Trevor Purt informed the group, there are a few different components to this. We know what the building will provide, and we know the activity to expect from the building and the care pathways that will link what happens in the hospital to the community and looking at what services are moving between the two sites.
We are going to look at the existing workforce, re-education, training and

	deployment and we will be mapping in terms of a workforce plan where we might need to recruit. We will then know how many we need to recruit and when they need to be in place by.
2025/33	**SATH Strategy & Partnership Update**
	Carla Bickley (Associate Director of Strategy & Partnership) provided a presentation of key actions within the Fit for the Future – The 10 Year Health Plan for England, paper provided: <u>Key messages:</u> • 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. <u>The three shifts:</u> 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. **Trevor Purt** thanked Carla Bickley and mentioned he was very pleased with all the items being talked about and noted it is now about pace to get things moving as quickly as we can. **Jane Randall-Smith** commented about the cross-border arrangements in Wales, with around 50,000 people across Montgomeryshire covering a large area. **Jane Randall-Smith** also asked if some services move from the acute sector into the community, where would that leave the Powys patients

	Trevor Purt informed the group, community hubs are the key focus that sit behind this. There has been a push for several years to move more into the community where possible, and we are seeing a lot of new centres being built. The art is around how we connect those patients into the system and how some of the Welsh Health Boards will fund the movement that needs to be required. **Jane Randall-Smith** informed the group that people were still waiting for an update on the North Powys Wellbeing Centre for care closer to home and more diagnostics within the community and the issues with cross border IT. Residents in North Powys are very concerned that they are being left behind.
2025/34	**Group Model**

	Jenny Fullard gave a presentation on Better Care, Better Together Group Model, paper to be provided to the group:
	
	<u>Better care by working together:</u>
	• 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
	
	<u>Why change:</u>
	• 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
	
	<u>Informing the case for change:</u>
	• 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.

2025/35	**Supplementary Information Pack**
	i. Public Participation Plan: 2024/25 Action Plan Update **Julia Clarke** gave a brief update of the Plan on a Page for SaTH Charity, Engagement and Volunteers, paper provided.
2024/36	**Any Other Business**
	Trevor Purt asked all presenters for future PAF meetings to arrive 15 minutes before their section.

	Dates for the Forum 2026
	Monday 19th January 13:00-16:00 **Monday 27th April 13:00-16:00** **Monday 6th July 13:00-16:00** **Monday 12th October 13:00-16:00**

PUBLIC ASSURANCE FORUM ACTION LOG

Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
14th April 2025						
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. Mary Aubrey chased up with IT who will check for any spare screens due to the cost. If not ED will need to look at purchasing a screen to go in the Fit to Sit area. Mary to finalise in the next PAF meeting. UPDATE: The team will put through a Charitable Expenditure Request Form for the screen.	**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. **FYI** - 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 https://www.sath.nhs.uk/about-us/trust-information/board-papers/	**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**

Public Assurance Forum	
Divisional Update **Paper 4**	
Name of Division: Surgery, Anaesthetics, Critical Care, Cancer **Name of Divisional Lead: Michelle Cole – Divisional Director of Nursing** **Date: 03/11/2025** **Time: 14.00-17.00 Location: Microsoft Teams**	
1.	**Key updates from Division** *This section is for information only and will only be discussed at the meeting if there are any questions from members*

CQC Mock Inspections Action Plan

Divisional areas that have been inspected were Theatres, Critical Care Units, SAU, Ward 4 PRH. Wards and departments are saving evidence from several meetings to comply with the requirements (patient safety, governance, exemplar reports, exception reports)

National safety standards for invasive procedures (NatSSIPS)

There has been revision and key changes for theatres. Theatre safety practice is largely unchanged, the narrative has been amended to reflect the standard changes

- Consent and procedural verification (including site marking)
- Reconciliation of items to prevent retention of foreign objects (the scrub count)
- Sign out

Elective Care at SaTH

There are fewer patients waiting for elective care at SaTH. No patients are waiting more than 65 weeks for their planned treatment. The number of patients waiting more than 52 weeks for elective treatment has reduced by more than 75%. This is because of the improvements the Trust is making to enable more operations and outpatient appointments to take place, reducing the length of time patients are waiting for their treatment. These include:

- The introduction of a new elective theatres timetable, increasing the number of operations
- An increase in the number of outpatient appointments, which are also scheduled further in advance
- The opening of the Planned Care Hub (high volume, low complexity day case surgery) at Princess Royal Hospital, with more than 5,570 patients now treated
- A successful inaugural High Intensity Theatre list (HIT)
- Investment in new digital tools such as the Dr Doctor patient engagement portal

Medical Day Unit

Earlier in the year the MDU has moved to their new location at PRH. The unit composes of 2 side rooms and 6 reclining chairs. They are open from Monday to Friday 08.30 – 16.30 and can accommodate patients from both planned and emergency pathways

Divisional awards

There were 5 areas from the Division awarded certificates for Experience of Care Week, and 3 improvement awards have been received

Theatre academy project
The Theatre academy was shortlisted for a 2025 Nursing Times Awards and the team were runners up within the category

Surgery and Gastro Centre

- New Gastroenterologist settled in post with a second due to join the team end of October. Further recruitment plans in place to advertise for a second Hepatologist
- Work completed for three clinic rooms at Hollinswood House for TRIOMIC 12-month research project, this has been extended to June 2025. Current wait time for Colorectal USC appointment between day 3-5
- Wait time for first routine Vascular appointment has reduced from 42 weeks January 2025 to 12 weeks October 2025
- Consultant Urologist due to join the department November 2025, with two further posts out to advert
- Consistent wait time for Breast USC appointment now in line with best practise between day 8-10- this has been achieved since May 2025
- Reductions in one stop urology cystoscopy clinics from 26 days to 8-10 days with further improvements under way for the bladder pathway

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*

Surgical Ambulatory Care and Surgical Assessment Unit Dashboard
A new dashboard has been created that shows live data which is updated every 15 minutes. It helps to manage patient flow and capacity in the assessment and trolley areas on SAU. It captures where the patients are referred from and the number of staff on duty in each area, the number of admissions and discharges and % of bed base conversion

Modular Wards at RSH
The 2 surgical modular wards at RSH are on track for completion in December 2025. These wards will house the colorectal and gastro patients in a purpose-built unit. The staffing skill mix / template are agreed, and recruitment is on track

Pre-Operative Assessment
At PRH, the Pre-Op assessment has moved into the new location of the Mailing Health Centre. This has provided them with a stand-alone, dedicated space for pre op assessment patients, with their own dedicated patient car parking. The new area has increased staff morale and patient satisfaction. A further additional 4 clinic rooms will be created which will further increase pre-assessment slots

At RSH, Pre-Op assessment will move off the acute site to the Sentinel Park based in Sundorne, Shrewsbury. This is a purpose designed facility to accommodate pre-assessment and will also have the potential to increase slots. With the 2 locations providing additional capacity and agreement for the new digital tool ‘my pre op’, the Trust will see a dramatic increase in the number of pre-assessments available to our patients which will have a positive impact on theatre utilisation, RTT and the length of time patients are waiting for surgery

See it My Way: learning sessions
Nursing staff have been reminded to book onto the ‘see it my way’ learning sessions. It actively promotes the voices of people who are not normally heard or given a platform. Real-life stories shared

by patients inspire staff and increase empathy, compassion, and kindness across all staff roles, and help staff develop listening skills and reflective practice

15 Steps Challenges: Outpatient Department

The 15-step challenge is a National tool kit involving patients, carers, family and quality assurance, helping organisations gain a better understanding of what people see when they attend hospital and what they perceive as the care they are going to experience. Visits to took place in Outpatients at PRH, Pre-Operative assessment, Ophthalmology, Fracture Clinic and General Outpatients. Outcome reports and action plans have been received and recommendations identified. The department managers have been asked to report back to the PACE (patient and carers experience) meeting on progress made

Friends and Family Test (FFT)

A working group has been introduced to address the low FFT scores noted across the Division, and how we can improve results. It includes working with new QR codes alongside paper responses. It is agreed that there is the need for a more sustainable system. The Patient Experience team are liaising with the IT department to progress the plan of sending an SMS (text) to all inpatients on their discharge with a link to complete the FFT. This is in development stage due to IT workload. This system is currently in place in Emergency Department (sent out to patients 2 days after discharge)

The Divisional PACE meeting in October is expected to update on Head and Neck Cancer patients survey feedback and HTP and Pre-Operative assessment Department RSH relocation

Same day hip and shoulder replacements

The Division are pleased to continue with successful same day hip and shoulder replacement surgery. This is positive news for our patients and also supports our Stronger Together ambitions to improve patient flow and support a better patient experience. These achievements have been recognised by Dr John Jones, Executive Medical Director, SaTH

Orthopaedic joint replacement surgery which requires an overnight stay at Princess Royal Hospital is to be paused. This is to enable vital work to take place to create a safer environment for our patients:

- state-of-the-art ventilation units are being installed on Ward 5, where patients stay to recover after having elective orthopaedic procedures
- The ward will temporarily close for up to six months from 15 September 2025
- Day case surgery, where patients are discharged on the same day as their procedure, will continue within the Elective Surgical Hub during this time
- Action is being taken to minimise the impact on joint replacement patients with additional surgery taking place at the weekends preceding the closure
- Patients who require joint replacement operations during the ward closure are being offered their procedure at the Robert Jones and Agnes Hunt Orthopaedic Hospital

Improvements to reducing deconditioning

Supporting patients on Ward 37, Therapists follow the Enhanced Recovery Pathway for surgical patients whereby they are seen immediately after surgery and possibly daily thereon. This reduces the average length of stay in hospital

Orthodontic, Maxillofacial department

The SaTH Charity has generously funded 4 new iPads to the department. These iPads will play a pivotal role in enhancing the ability to educate and inform patients about their treatments. As well as improve the process of gathering feedback and driving quality improvements. The department plans to expand promotion of oral health across the Trust, in collaboration with the Healthy Smiles Team at ShropCom. The iPads will ensure that this valuable work is able to be delivered to patients in a flexible and modern way

Surgery and Gastro Centre

- Business case approved for the interim Urology Investigations Unit, estimated to be complete by March 2026
- Collaborate work with Integrated Care Board currently in progress to support weight loss management service (weight loss management injections)

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

Report by:	Centre Managers
Date	27/10/2025

Public Assurance Forum	
Divisional Update **Paper 4**	
Name of Division: Corporate **Name of Divisional Lead: Kara Blackwell** **Date: Monday 3rd November** **Time: 1.00-4.00pm** **Location: Microsoft Teams**	
1.	**Key updates from Division** **This section is for information only and will only be discussed at the meeting if there are any questions from members**

- **PALS and Complaints**

PALS continues to be used well, with the team working to ensure that they are able to visit ward areas regularly so that they can support in addressing issues as they arise.

The Trust has seen a significant increase in complaints in quarter two, these cover a number of different areas and issues. Work continues on reducing the backlog and reducing the amount of time that complaints remain open, with focused work in the Medicine and Emergency Division. Processes are now embedded to ensure that for complaints where the patient has passed away, the family are offered a call and / or a meeting with senior clinical staff.

The team are reviewing the subject sub-categories on the reporting system (Datix) to allow for improved reporting and deep dives in the next financial year.

- **Non-Medical Education**

SaTH has been successful in securing University Hospital Status, in conjunction with Keele University. University hospital status offers significant advantages, including improved patient care through access to cutting-edge treatments and research-led practices, stronger partnerships with universities that enhance clinical research and innovation, and enriched education and training opportunities for healthcare professionals. It also boosts recruitment and retention by offering academic career pathways, raises the hospital's national profile, and contributes to better health outcomes for the local community through collaborative initiatives.

The Non-Medical Education Team is exploring the possibility of collaborating with local college drama students to take on roles as simulated patients in training scenarios. This initiative aims to offer mutual benefits: enhancing the students'

performance and communication skills while providing healthcare professionals with a more realistic and immersive learning experience.

Following recruitment to the latest Student Nurse Associates cohort, 47 candidates have now commenced training with Keele University at Telford College. 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.

Cohort 5 of the Volunteer to Career programme is due to complete in November. The cohort brings together maternity, and families who are connected to military service personnel. We will be looking at planning cohort 6 of this successful programme towards the end of the year.

We are currently progressing through the application process for the Quality Mark for our multi-professional preceptorship programme. The completed submission will be sent to the National Preceptorship Team in early 2026 for approval and validation. Achieving this recognition will enable us to continue supporting newly registered staff within the organisation through a nationally endorsed programme.

The Post-Registration Practice Education Facilitators (PEFs) are currently undertaking a research project aimed at bridging the gap between theoretical knowledge and practical skills, and how these are effectively transferred into the clinical setting. The findings will help identify and address barriers to implementation, ultimately supporting timely and effective patient care.

We are initiating a structured programme to formally quality assure the education and training provided to our non-medical workforce. This will involve the development of standardised lesson plans and schemes of work, verification of teaching materials, and peer review of educators. Through this approach, we aim to ensure our educational offer is consistently high-quality and contributes to safe, effective patient care.

- **Equality, Diversity and Inclusion**

Trust representatives are key stakeholders on multiple Integrated Care System Steering Groups for health inequalities including alcohol and drug misuse, tobacco dependency, Learning Disability / Autism, mental health and Equality, Diversity, and Inclusion. Significant progress has been made, with further work planned, to reduce health inequalities and support the prevention priorities outlined in the NHS Ten Year Plan and the national CORE20PLUS5 framework.

A new Learning Disability and Autism Improvement Group commenced in October with the aim to implement at pace the improvement plan derived from completion of the Reducing Deaths in Adults with Learning Disabilities Self Improvement tool and other actions arising from LeDeR, themes from complaints and the Learning Disability and Autism patient experience group. The group consists of internal stakeholders from all clinical divisions, along with external stakeholders such as Learning Disability specialist nurses, VCSE representatives and service users. The output of the group will be shared

at the patient experience meeting and Safeguarding Assurance to demonstrate progress against the improvement action plan.

- **Facilities**

Due to supplier issues the Catering service needed to expedite the commencement of one main meal and one lighter meal which commenced in September 2025, this ensured the continuation and stability of service. This change has been consulted on.

The Catering Service has moved to a new food contract and system moving from cook chill to a cook frozen main meal, due to supplier issues the contract was moved quickly to ensure continuity of service and to reduce the impact on patient care. The Team ensured that they worked closely with the Dietitians, the ward managers and Procurement. Wards have been visited to obtain verbal patient feedback in response to the change, which has been positive.

The Catering Service is to review meal service timings to standardise across both sites, PRH at present have 12 different mealtimes. Lunch service 12.00 & 13.00 and dinner service 17.00 & 18.00. This will be taken to relevant food groups that have patient representation for discussion.

- **Patient Experience**

An Experience Based Design (wave III) study has been undertaken in the Community Diagnostic Centre, Hollinswood House. The survey incorporated seeking feedback from staff within the area, and people accessing services. The aim of the workstream being to gain feedback from people accessing services, and working within the environment, to provide an understanding of their experience and identify potential opportunities for improvement. Of approximately 100 staff who work within the area, 88 provided feedback during August 2025, this helped to inform an action plan for improvement.

Patient Experience Volunteers and members of the Patient Experience Team were at the Community Diagnostic Centre for a week during September 2025 collecting feedback from service users. 251 patients and carers using the service shared feedback on their experience. The data is presently being analysed to provide insight, and a focus group will take place in November 2025 to review findings and identify potential improvement opportunities.

Key information displayed on screens in patient waiting areas across the Trust has been translated into the most frequently requested languages during 2024/2025, with the inclusion of Welsh for patients from across the border. The translation includes information on car parking, catering, chaplaincy, interpreting service and patient' rights to a chaperone.

The first British Sign Language (BSL) course for staff within the Trust concluded in June 2025. Colleagues from a range of professions participated, and feedback from course members was extremely positive. One candidate shared '… the course was amazing! … I really looked forward to the session each week and

could feel my confidence and understanding growing immensely week on week. The course progressed at an appropriate rate, and I never felt I didn't understand anything. I thoroughly enjoyed the course and would recommend it to all healthcare workers. Learning the basics of BSL is so useful and will help deaf or hard of hearing service users feel more welcomed and included in their care at SaTH.' In response to feedback, further training has been arranged, with shorter basic awareness sessions and a Level 1 accredited British Sign Language Course, additionally available to staff.

The 15 Steps Challenge is a quality improvement initiative used within NHS healthcare settings, to assess and enhance patient experience. It involves a group of staff, patient partners, and volunteers walking into a clinical area and observing the environment, interactions, and atmosphere from a patient's perspective. The challenge is based on the idea that people can often form an impression of a healthcare setting within the first 15 steps of entering it. Participants note what works well and what could be improved, focusing on aspects such as cleanliness, friendliness, communication, and accessibility. The feedback is then used to identify opportunities for improvement and to celebrate good practice. The process encourages staff to see their environment through the eyes of patients and visitors, supporting ongoing improvements in care quality and patient experience.

15 Step Challenge visits have taken place within both the Princess Royal Hospital and Royal Shrewsbury Hospital during quarter 2, with 7 patient partners and volunteers supporting visits across a range of areas. Participant feedback has been summarised into a report for each area, incorporating action plans with recommendations.

The Trust is collaborating with NHS England to pilot new 15 Step Challenge documentation. This initiative involves trialling updated templates and collating practical examples to inform a comprehensive review of the current approach. As part of this process, the Trust is systematically gathering feedback from participants to identify strengths and areas for improvement within the documentation and overall process.

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**

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, Patient Led Assessments of the Care Environment (PLACE) visits, 15 Step Challenges, focus groups, and a range of other activities.

Planning for completion of EDS 2022 for 2025/26 is now underway with the three services chosen and the stakeholder sessions planned for the end of November. The three services being reviewed this year are Cancer Services, Mental Health Liaison Service and CYP Asthma Service.

3.	**Action update from previous meeting (if applicable)** **Divisional representatives will be expected to verbally present this section to PAF**

None at this time.

Report by:	Ruth Smith
Date	23rd October 2025

Public Assurance Forum

Divisional Update
Paper 4

Name of Division: Women and Children's Services

Name of Divisional Lead:

Date: 3rd November 2025

Time: 1.00-4.00pm

Location: Microsoft Teams

1.	**Key updates from Division** **This section is for information only and will only be discussed at the meeting if there are any questions from members**

Maternity

- National Recognition: In September, Specialist EDII Midwife Sherilyn Ndhlovu received the National B.A.M.E Midwife of the Year Award at the National B.A.M.E Health and Care Awards.
- External Engagement: In July, the services were visited by David Probert, Deputy Chief Executive of NHSE, recognising ongoing improvement work across maternity and neonatal pathways.
- Community Engagement: The fourth Maternity and Neonatal Open Day was held in October, attracting 223 visitors and including 11 guided tours, enabling 177 people to view the maternity facilities and meet staff.
- Safety and Quality:
    - CNST Year 7 commenced in April, with 9 out of 10 safety actions already achieved.
    - The division remains on track to meet all requirements by the final submission deadline of 3rd March 2026.
- Workforce:
    - Current midwifery workforce shortfall is 31 WTE, driven mainly by long- and short-term sickness and parental leave.
    - Despite these pressures, one-to-one care during labour and supernumerary coordinator status have been consistently maintained, supported by positive acuity levels above 90% for the last nine months (target: 85%).
- Birth Options:
    - The Alongside Midwife-Led Unit (MLU) and dedicated Homebirth Team continue to provide midwifery-led birth choices, accounting for approximately 7% of all births.
- Induction of Labour (IOL):
    - The IOL rate for September was 46.2%, aligned with Saving Babies' Lives and NICE guidance.
    - Main indications: post-dates pregnancies, diabetes (including gestational), reduced fetal movements (RFM), spontaneous rupture of membranes (SROM), and small/large for gestational age (SGA/LGA).
- Public Health and Prevention:
    - CO monitoring at booking achieved 99.7% (above the 90% CNST metric).
    - Smoking at delivery rate was 5.7%, remaining below the national average (6%).
    - The Healthy Pregnancy Support Service continues to work closely with families to maintain and further improve these outcomes.

Gynaecology Services

- Strengthened Leadership: Senior nurse leadership has been enhanced following the appointment of a dedicated Matron for Gynaecology and Fertility, providing greater operational oversight and continuity across both services.
- Transformation Oversight: Development work is underway to establish the Gynaecology Transformation Assurance Programme, to be reviewed by the Gynaecology Transformation Assurance Committee (GTAC). This structured forum will oversee improvement plans across key sub-specialties, including hysteroscopy, pessary management, and other pathway optimisation initiatives.
- Improved Theatre Performance: Partnership working with outsourcing providers has significantly reduced theatre waiting lists, with marked improvements in compliance. As performance has stabilised, activity is now transitioning back to substantive in-house teams to maintain sustainable delivery.
- Health and Wellbeing Leadership: The SaTH Menopause Support Programme, jointly led by Consultant Dr Jo Ritchie and the Chief Executive, continues to be recognised as a model of good practice in staff wellbeing. The initiative recently won the Health Equality Hero award at the SaTH Staff Awards, reflecting its positive impact and success in supporting colleagues across the organisation.

Fertility Services

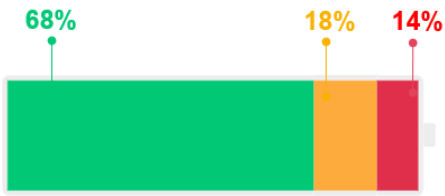
- Nursing and medical staffing levels have recently declined significantly due to long and short-term sickness. Nurse staffing has particular gaps at a senior level which could lead to an impact upon service delivery.
- The HEFA review took place on 8th & 9th May 2025 and received impressive written feedback,

Paediatric Services

- Elective Surgery Recovery: Significant planning has enabled additional surgery to be undertaken through long-day lists on Fridays and super weekends in TESH, with additional weekday capacity on Ward 19. Nursing teams have demonstrated exceptional flexibility in supporting both surgical activity and pre-operative assessment clinics. As a result, no patients are now waiting over 52 weeks for surgery—a major achievement. Key specialties include head and neck surgery (tonsillectomy and grommets), dentistry, and maxillo-facial procedures.
- Rostering Improvements: The split nursing rosters, introduced on 11th May, have proven highly effective in maintaining safe staffing levels, with the majority of shifts achieving green compliance and only a small proportion rated amber. This new structure has also contributed to improved staff morale, appraisal completion, and training compliance.
- Workforce Recruitment: Recruitment remains positive and on trajectory to meet the full winter staffing model, following the appointment of seven new Band 4–6 nurses in September and a further three Band 5 nurses and two Nursing Associates commencing in October.
- Patient Experience and Digital Innovation: The ‘My Little Journey’ app has been successfully adopted to prepare children and young people (CYP) and their families for planned procedures. The app provides information, virtual tours, and home-based preparation tools, helping to reduce anxiety and improve overall patient experience.
- Bereavement Support: A dedicated CDOP Key Worker has now commenced in post (as of 1st September) to provide emotional and practical support to families following the death of a CYP under SaTH care.

- Clinical Training and Safety: While paediatric life-support training capacity on the PRH site remains a challenge, the division has introduced on-site training sessions delivered by Advanced Paediatric Life Support (APLS)-trained ACPs, resulting in improved compliance and accessibility for staff.
- Service Transformation: The Paediatric Transformation Plan (PTP) continues to progress, with the programme on track for full assurance by March 2026. Evidence of green compliance now includes a strengthened "so what?" impact statement, ensuring each completed action demonstrates clear benefit to CYP and families.

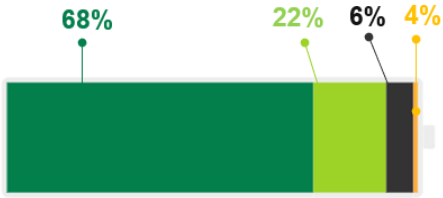
Overall Delivery



112/126 (89%) actions implemented

- 93 actions **'Evidence and Assured' (74%)**
- 19 actions **'Delivered, Not Yet Evidenced' (15%)**
- 14 actions **'Not yet Delivered' (11%)**

Overall Progress



93 actions **'Complete' (74%)**
22 actions **'On Track' (17%)**
3 actions **'At Risk' (3%)**
8 actions **'Descoped' (6%)**

Neonatal Services

- Strengthened Leadership: The senior neonatal nursing leadership team is now fully recruited and making a significant contribution to the delivery of improvement plans and operational priorities alongside the Co-Clinical Directors. The Interim Care Group Manager is fully embedded within the Triumvirate, leading on the operational agenda and supporting strategic service development.
- Workforce and Training Compliance: The QIS (Qualified in Specialty) training trajectory remains on track to meet BAPM compliance, with 70% of registered nurses expected to be QIS-trained by January 2027. Recruitment to neonatal quality nursing posts is also progressing well, with only one remaining vacancy before the quality team is fully established.
- Quality and Family-Centred Care: The Neonatal Unit achieved the Bliss Baby Charter Silver Award, recognising substantial progress in embedding Family Integrated Care (FIC) principles. The service is now preparing for assessment against Gold Charter standards in 2026, reflecting its ongoing commitment to partnership with families.
- Environment and Experience: The Neonatal PACE Group, developed in collaboration with the MNVP, continues to drive family-led improvements. The parent flats upgrade and breastfeeding room refurbishment are now complete, enhancing comfort and accessibility for families.
- Patient Experience and Audit: The MNVP supported the team to complete a 15 Steps Audit in June. The subsequent report was positive, with an action plan developed to address minor improvement areas identified during the review.
- Digital Transformation: The BadgerNet Neonatal Digital System has secured approval and remains a key divisional digital priority. Implementation has been delayed due to external supplier constraints, but the project remains on the Trust's digital roadmap for rollout.

- Staff Engagement and Culture: The Freedom to Speak Up (F2SU) Team continues to report positive engagement and feedback within neonatal areas, highlighting an open and supportive culture. A Neonatal F2SU Ambassador has been appointed to further strengthen staff voice and visibility across the unit.

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**

The Division continues to make strong progress in service improvement and community engagement across Maternity, Neonatal, Gynaecology, and Paediatric services.
Maternity and Neonatal Services

Maternity and Neonatal Services

- The Maternity and Neonatal Voices Partnership (MNVP) has completed the most successful “15 Steps” reviews to date across PRH, RSH, and Shrewsbury Community and Outpatient Services.
- MNVP also facilitated an LGBTQIA Q&A session at PRH Maternity, with feedback reports shared with the Maternity Governance Team to inform ongoing improvement work.
- Continued focus on Maternity Triage and Induction of Labour as part of the LMNS-commissioned quality improvement projects.
- The Health Equity Audit commissioned by the ICB has been finalised and will support the work of the Specialist EDII Midwife, who has mapped the maternity population to identify key Black and Ethnic Minority communities across Shropshire, Telford and Wrekin. This will inform equitable, culturally competent maternity care delivery.

Paediatric Services

- Ongoing work to reduce “Was Not Brought” (WNB) appointments, supported by the Youth Engagement Panel (YEP), which has gathered feedback from CYP and families on barriers to attendance and preferred appointment times.
- Asthma and Epilepsy (CORE20PLUS5) projects extended to enable embedding of learning, improve treatment compliance, and reduce morbidity and mortality.

Neonatal Services

- Development of a Neonatal PACE group to act on family feedback and improve services. The group includes volunteer parents and MNVP members with lived experience.
- Future projects include refurbishment of the quiet room and greater promotion of parents as equal partners in their babies’ care.

Gynaecology Services
- Penthrox reintroduction following completion of staff training, COSHH risk-assessment updates, and safety controls.
- Community feedback from patient-experience surveys has been positive and will continue to inform ongoing practice improvements.

- Re-establishment of the Gynaecology PACE group, engaging volunteers, previous complainants, staff, and MNVP representatives to review issues and prioritise improvement actions for service users.

Digital Developments

- Continued rollout of DoctorDr, improving communication with patients regarding outpatient appointments, reducing non-attendance rates, and supporting timely access to care.

3.	**Action update from previous meeting (if applicable)** **Divisional representatives will be expected to verbally present this section to PAF**

Breastfeeding Room Refurbishment

- Completed. The newly refurbished room provides a safe, private, and relaxing space for breastfeeding mothers to prepare equipment and express milk away from their babies, supporting improved comfort and experience.

Review of “Was Not Brought” (WNB) Appointments

- Completed. The YEP co-designed a questionnaire with CYP and families to understand attendance barriers and identify preferred appointment times. Findings will inform future outpatient scheduling and communication improvements.

Engagement of CYP and Families in the Hospital Transformation Programme (HTP)

- Ongoing. Focus groups have been held with children, young people, and families, including those with disabilities, to support co-design of the new facilities planned for RSH in 2028. Engagement and participation continue to be strong and well-received.

Report by:	Zain Siddiqui
Date	October 2025

Public Assurance Forum

Divisional Update
Paper 4

Name of Division: CSS

Name of Divisional Lead: Dianne Lloyd, HTP Clinical Implementation Lead for Clinical Support Services

Date: Monday 2nd November 2025

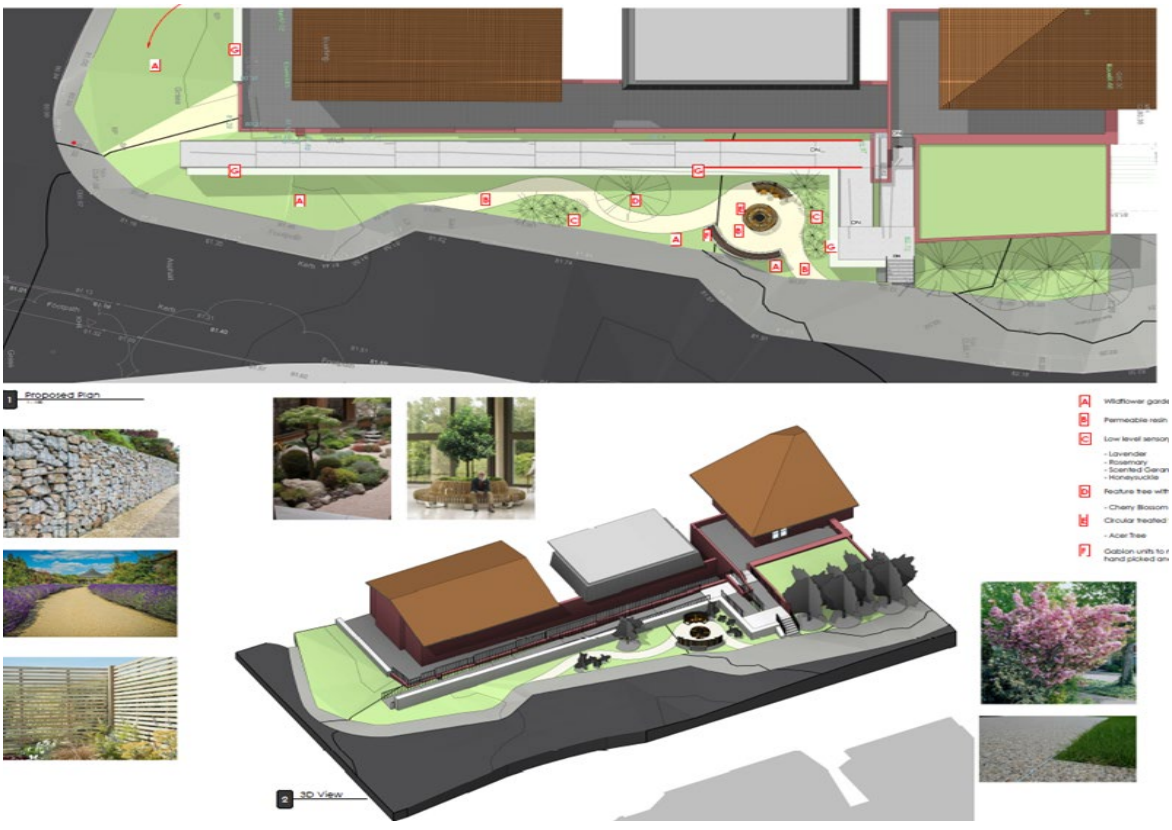
1.	**Key updates from Division**

Community Diagnostics Unit, Hollinswood House, Telford

The CDC has just conducted it's third Experience Based Design survey and for the first time this has included staff as well as patients. The results are now being analysed, and a report and action plan will be available at the next PAF meeting.

Oncology & Haematology

- Excellent progress with recruitment including 2 Consultant Radiographers have been appointed to start in the next few months – this is a new role for the Trust
- Reduction in waiting times for Radiotherapy – all sites now within target of 31 days
- New Linac – the first patient to use the new Linac Accelerator had their appointment in September and work has started on the garden outside the Lingen Davies Unit which was designed with patient engagement:



Pathology

Pathology organised an event in conjunction with the Whitchurch Rotary Club Charity which enabled 1,037 men to have a prostate cancer test. Our Phlebotomy team and Biomedical Scientists volunteered to support the event and ran the testing process. A small number of men have gone on to have further investigations which they would not have been aware they needed until they had this test. This is the second year for this event and next year's event is already planned.

Network partners have approved £2m funding to introduce automation into Cellular Pathology where a lot of cancer tests are carried out and this will speed up the current manual processes in preparing samples for analysis.

2 new Chemical Pathology Consultants have recently been appointed - these are difficult posts to fill and will help to reduce waiting times for these investigations.

Pharmacy

New Pharmacy Team for Emergency Departments (ED)

Successful recruitment has been completed for our newly funded dedicated Pharmacy Team who will be starting over the next few months. The team will provide an on-site service to support patient safety and improve flow through our ED's, so reducing the potential for harm e.g. by reducing the number of missed doses of critical medicines.

Automated Dispensing Cabinets

These are now in both ED's and fully operational with positive feedback from medical and nursing colleagues. We are now considering opportunities to install automated dispensing cabinets in the new modular wards, and we are developing the business case for the cabinets across both RSH and PRH and in the new build at RSH.

Dispensing Robot

Pharmacy is presenting a business case for a dispensing robot in the RSH Department which would work alongside the automated dispensing cabinets across the main hospitals to improve the efficiency of working practices and speed of dispensing drugs.

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.

Overall, performance has improved to 90.4% of patients being seen within 6 weeks in September 2025. For each imaging modality:

- CT – 99%
- MRI – 98%
- Non-obstetric ultrasound – 84%

Reporting recovery:
Cancer turnaround times for CT reports have improved significantly – now an average of 8 days from requesting the test to providing the report.

Cardio-respiratory Service at PRH

The Cardio-respiratory Department was 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 e.g. support for the Cardiac Cath Lab and patients on the wards, have moved into the main PRH Outpatients Department area.

Breast Screening

Following the introduction of text message reminders the DNA (Did Not Attend) rate continues to fall from 22% before text reminders were introduced to 10.8%.

A new screening unit has opened in Newport reducing the need for women to travel to PRH and the breast screening mobile unit will be going to Whitchurch next Spring.

A Breast Screening Awareness Day has been held for women with learning difficulties or who are neurodiverse to support them to attend appointments for screening.

Therapies

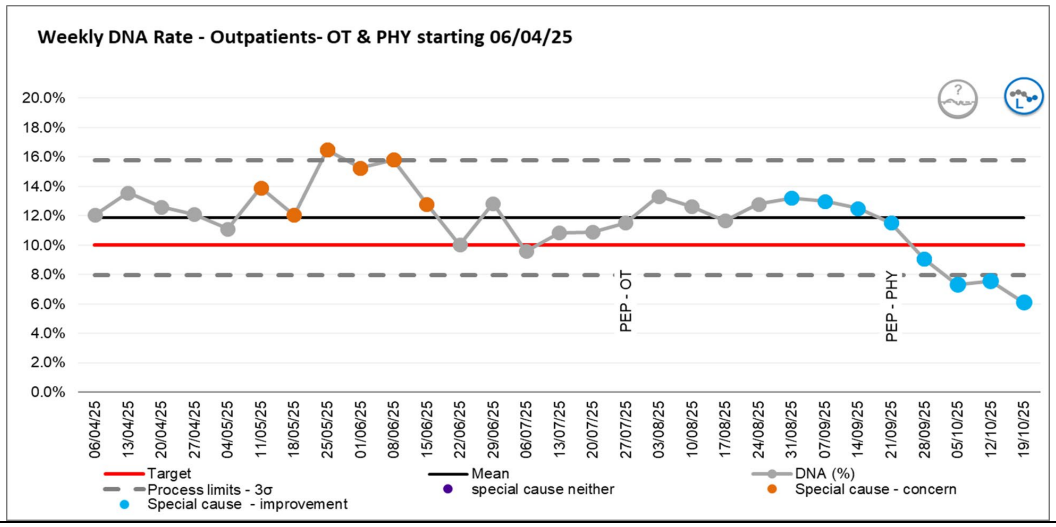
Stroke Service at PRH:

The Specialist Occupational Therapy weekend service that was suspended over the summer months due to vacancies and maternity leave was restored in September.

The Therapy Team continue to work with our Estates Team and Architects to design a new and improved gym and assessment kitchen in the Paul Brown Unit so ensuring our stroke patients can continue to be treated close to their ward.

Inpatient Occupational Therapy and Speech & Language Therapy vacancies have all been filled – this is a significant achievement as both are nationally recognised shortage professions.

Text message reminders for outpatient appointments have seen an improvement in DNA rates for Occupational Therapy (OT) and Physiotherapy (PT):



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

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

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. There are 4 significant projects where we are seeking involvement from our patient representatives as follows:

- **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 5th June. The new unit will be in Ward 19 (currently children's inpatients) at PRH once Women's & Children's services have moved to RSH in 2028. The design to convert ward 19 has been approved in principle and Architects and Estates are now working on the Feasibility Study to create detailed designs. 2 patient representatives have volunteered to join the Task & Finish Group in the new year.

- **Oncology & Haematology Ward** in the new build at RSH – Ward 23 will be relocating to the top floor of the new building in 2028, increasing the number of side rooms from 8 to 24 to improve patient care for this vulnerable group of patients. Patient representatives will be involved in considering the clinical model for the ward alongside the multi-disciplinary team.

- **Cardiac Cath Lab at RSH** including a recovery area that can also accommodate Interventional Radiology patients. This is going to be in the vacated ITU Department at RSH once it moves to the new Critical Care Unit on the top floor of the new building in 2028. An initial design has been developed that now needs to be progressed through a full Feasibility Study and involvement of our patient representatives will be sought as part of this process.

- **Integrated Breast Unit at PRH** to bring routine and symptomatic breast screening into the same location as breast surgery outpatients. We are currently scoping the options for suitable accommodation at PRH and if this proves to be possible then we will invite patient representatives to join the Task & Finish Group.

"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.

A full report from the 2025 summer 15 steps visiting programme was presented at our CSS Patient Experience Group in September and identified actions for consideration by the following services:

- PRH Breast Screening – visit carried out on 3rd July
- Phlebotomy in William Farr House – 16th July
- CDC – Radiology and Cardiorespiratory – 23rd July
- Evolution Scanning Suite, RSH (MRI and new Nuclear Medicine unit) – 14th August

- RSH Outpatient and Community Therapy Department on the William Farr House site – 21st August

During the visit to the **Evolution Scanning Suite** one of our Patient Representatives commented that although the department was spotlessly clean and tidy it didn't have any pictures on the walls and that something to look at whilst waiting is often helpful to reduce anxiety, especially given the nature of these investigations. The MRI and Nuclear Medicine staff would like to extend their thanks to our Patient Representative for donating some of her own photographs as pictures which are now on the wall and receiving very positive comments from patients and staff alike:

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

- Chemotherapy Unit, RSH
- Radiotherapy Unit, RSH
- Haematology Unit, RSH
- Ward 23 – Oncology & Haematology
- Hamar Centre

3.	Action update from previous meeting (if applicable)
None	
Report by:	**Dianne Lloyd**
Date	24.10.25

Public Assurance Forum	
Divisional Update	
Name of Division: Medicine and Emergency Care **Name of Divisional Lead: Rebecca Houlston (Deputy Director of Operations – UEC)** **Date: Monday 3rd November** **Time: 1.00-4.00pm** **Location: Microsoft Teams**	
1.	**Key updates from Division** **This section is for information only and will only be discussed at the meeting if there are any questions from members**

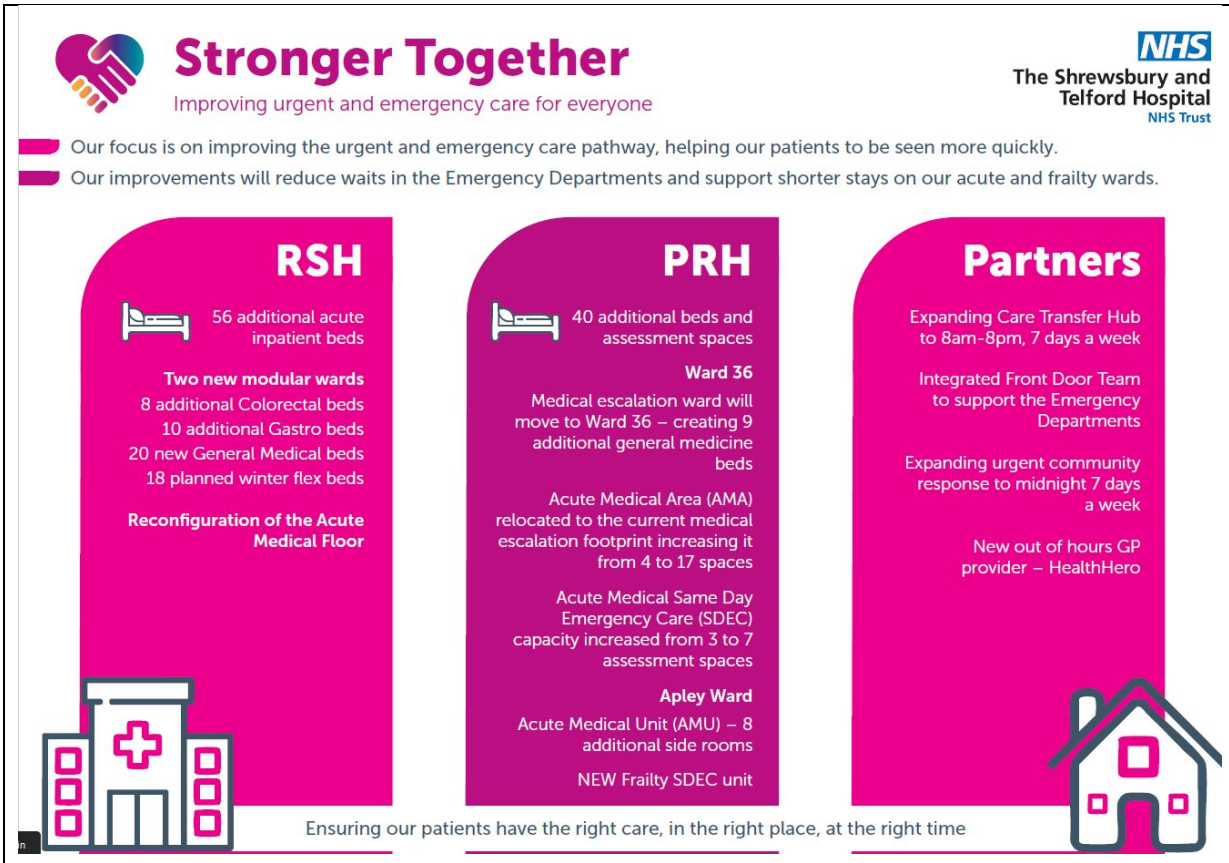
The Division of Medicine and Emergency Care has had a number of programmes approved and activated across both planned and unplanned care to respond to improving standards of care across both inpatient and outpatient settings.

Unplanned Care: Emergency Access Standards
The Trusts continued under performance against the 12 hour Type-1 Emergency Department (ED) Standard has caused significant concern with only 75 – 80% of patients typically being admitted, discharged or transferred within this timeframe, leading to a series of extra-ordinary actions and significant investment in response.

- **Additional Medical Capacity and Ward Reconfigurations**

From October through to December, the Division of Medicine are seeing a phased increase in the number of inpatient beds across the ward areas of both sites. 56 in-patient beds planned to be completed mid-December at RSH and 40 additional beds and assessment spaces at PRH will streamline pathways into inpatient areas, and reduce high pressurised areas of the Emergency Department that is currently impacting on quality of care and patient experience within ED.

A further reconfiguration of Acute Assessment Areas at RSH will be taking place through November to support flow, and remove the seated area in our Acute Medical Assessment area.



- **Additional Workforce in ED**

The Division has recognised that patients waiting too long in ED to see a clinician is a reason linked to the highest number of complaints received by the service. With this in mind, and linking the long waits to Emergency Access Standards, the Division has invested in additional resources. An additional SAS Doctor role is recruited into the ED Medical Rota to assist in seeing patients and reduce the time waiting to be seen.

- **Collaborating with Partners**

A number of interventions have been implemented working closely with partners to impact patient flow across the acute hospital setting. These include:

- Expanding Care Transfer Hub (CTH) to 08:00am – 20:00pm 7 days per week
- Introducing the Integrated Front Door (IDF) Team into the hospital setting to support enhancing care in the community and assisting patients to receive care closer to home
- Expanding urgent community response to midnight 7 days per week
- Introducing a new out of hours GP provider – Health Hero
- Conducting a number of Multi-Agency Discharge Events across inpatient wards to help expedite the use of care pathways into community and across the hospital setting

Planned Care: Elective Pathways

Service and pathways reform have been the priority within the Division of Medicine to contribute to the success of change that is being seen currently across the elective pathway.

- **Referral To Treatment (RTT) Waiting Times**

The organisation has recently seen the best RTT 18wk performance for 4 years with almost 30% reduction in total patients waiting for elective care last year. The Division has enacted interventions to aid in influencing this step change including the review of clinic

configurations, realigning demand across the workforce and receiving a control and grip on insourcing that is currently in place with specialties.

- **Reforming Pathways**

Targeted Health Lung Check (THLC) and Tuberculosis (TB) Care Modelling has been undertaken in a number of specialties that affect how our pathways deliver care. Most recently, Respiratory has been working alongside ICB to reform the Targeted Lung Health pathway to support the appropriate commissioning of services to manage the condition.

Similarly, across the UK, demand has been increasing to respond to TB so in line with GIRFT recommendations, the pathway to deliver a TB service is being supported by ICB. The Division are now reviewing the workforce that is required that can provide the specialist care to deliver the pathway.

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**

Developing Frailty Services
In September, the Care of Older Adults and Frailty Services hosted a Frailty Summit Workshop, inviting healthcare providers from across the wider system to discuss the pathway within the hospital setting. Stakeholders provided valuable contributions which is all being used to develop the Frailty Model of Care in line with national and local strategy, ensuring we are meeting the needs of our frail patients. The service has recently received investment into their workforce to increase their service hours and work towards a nationally recognised model of care at both PRH and RSH sites. The service will begin by implementing a 7 day service in a new dedicated Frailty Same Day Emergency Care (FSDEC) at PRH at the start of December.

3.	**Action update from previous meeting (if applicable)** **Divisional representatives will be expected to verbally present this section to PAF**

Report by:	Hannah Walpole
Date	28/10/25

Public Assurance Forum Update Oct 2025

Louise Kiely, Head of Facilities

Royal Shrewsbury Hospital

The Shrewsbury and Telford Hospital NHS Trust

- The Trust Car Parking Team and GroupNexus continue to manage the regular changes which arise as a result of the ongoing HTP project, and other Trust led initiatives to improve facilities. Every consideration is taken to protect the precious and limited parking resources available at the hospital site itself.
- Current parking capacities are:
    - Public (on site) – 362 spaces (temporary reduction of 64 spaces since the last meeting)
    - Staff (on site) – 705 spaces
    - Blue badge (on site) – 76 (the majority shared with public which gives staff blue badge holders the greatest flexibility to park conveniently in relation to their place of work)
    - Oxon P&R – 250 spaces available for both staff/patients and visitors

- The additional 60 spaces being created at the front of the hospital site on a gravel surface, are still on track for completion by their target date. It is still to be confirmed which user group will be allocated use of this area – decisions will always be made based on data which includes, but is not limited to, the available capacity of Oxon Park & Ride, other off site parking facilities and any prior or forthcoming changes that will arise as a result of the aforementioned works

Royal Shrewsbury Hospital

The Shrewsbury and Telford Hospital NHS Trust

Updates to parking across Trust sites

William Farr House is now fully managed using ANPR. Staff must make sure they have the right permit to park here. There are only 20 bays for public use, and these will be actively managed by the attendant team who will make sure the right people park in the right places.

We have installed 3 additional payment machines at **Royal Shrewsbury Hospital** - you'll find them near A&E, Copthorne, and the Evolution Scanning Suite.

You asked, we listened - and we've made some changes for staff

- The **Purple Zone** has been marked out with purple paint to make it really clear to staff. Signage and an ANPR camera will be installed very soon. This frees up attendants to help elsewhere. If you don't have a valid permit for this zone, you'll receive a PCN if you park there.
- As the HTP project moves to internal works, an increased number of contractors will be working on site. The plan is that these additional contractors will park off site to protect the already limited parking resources on site.

We know parking on site can be difficult. While we can't create more spaces, we're doing what we can to protect all parking:

- A process has been introduced to more thoroughly vet the frequent requests to cone off parking spaces for works and to challenge and find less disruptive solutions wherever possible

Update from HTP in support of Car Parking

- Gravel Car Park at the front of the site – 80 Contractor spaces – Works completed
- Extending Copthorne Car Park – Potential for 60 spaces – completion mid November 25
- Mytton Oak Road Memorial Park & Stride – Potential 200 spaces – Completion April 26

Royal Shrewsbury Hospital - stats

The Shrewsbury and Telford Hospital NHS Trust

In the month of September

- The average number of visits per day to the entire site was 9,350
- The average number of visits per day to public car parks was 2,240
- The average number of visits per day to staff car parks was 2,800

Princess Royal Hospital

The Shrewsbury and Telford Hospital NHS Trust

Princess Royal Hospital parking upgrade – progress update

Electrical works are underway and are expected to be completed by Friday 24th October.

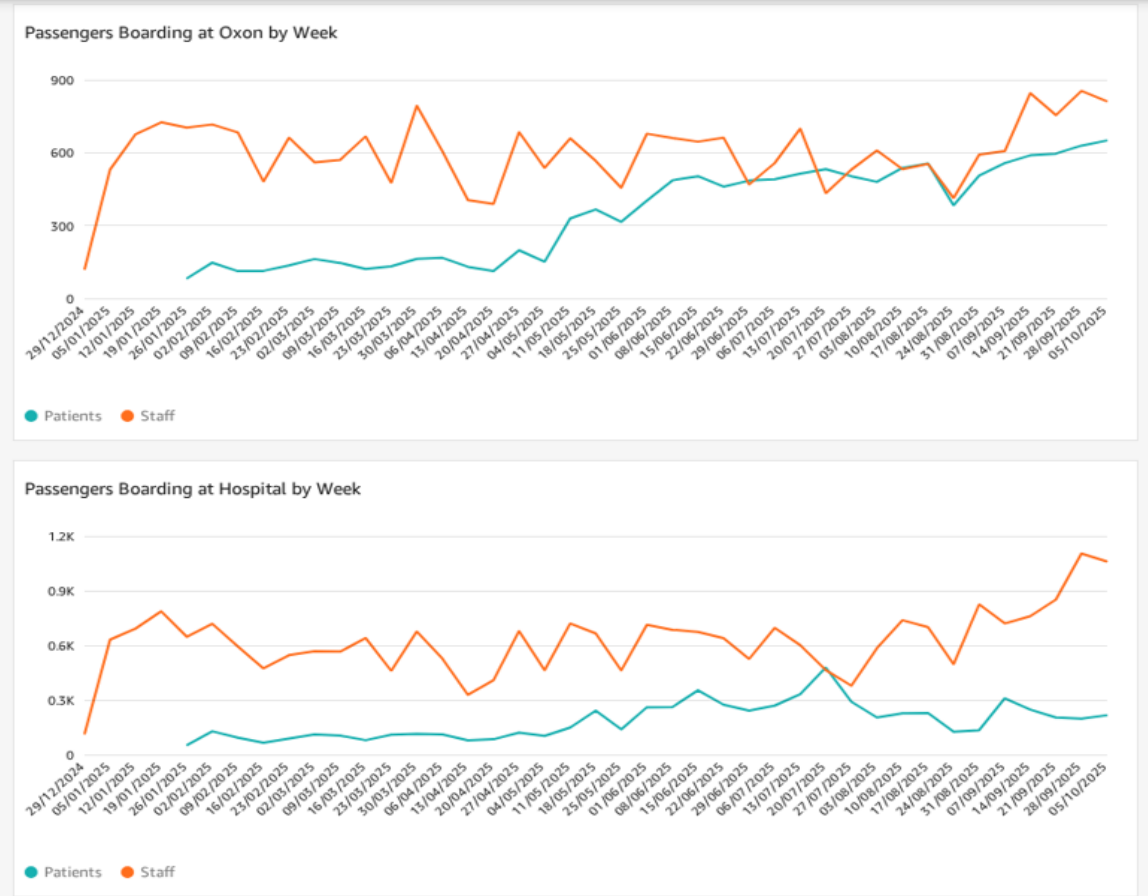
Mid November will see the installation of 12 ANPR cameras, 9 payment machines, an improved app payment option and updated clear and concise signage.

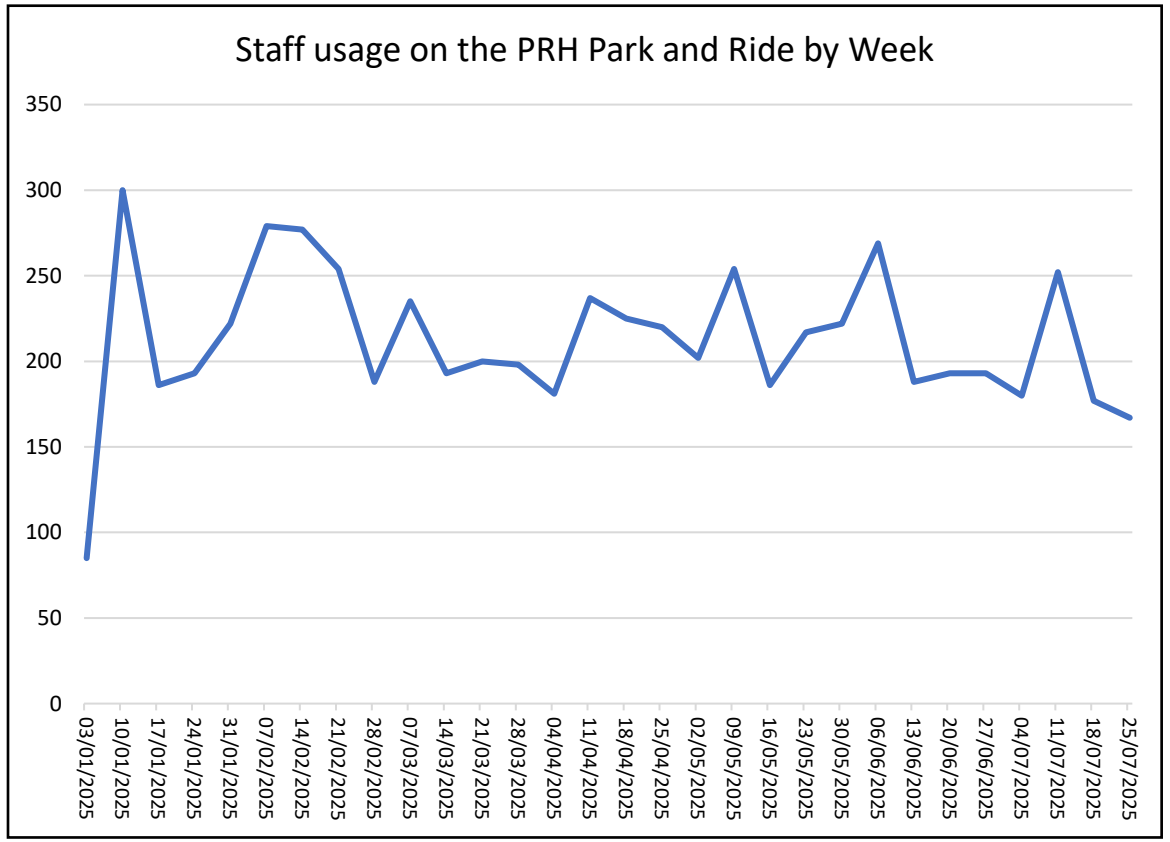
All pay machines will be pay on exit to prevent the possibility of unforeseen circumstances causing an overstay.

Parking areas will be split into designated staff and public spaces, located in proximity to the right healthcare services. This allows the Trust to understand demand and occupancy and provides the means to make informed changes.

Staff P&R operational exploring how we could make this available to patients/visitors – issue is that you have to pre-register to use.

Park and Ride Usage – RSH and PRH





Communications

The Shrewsbury and Telford Hospital NHS Trust

How we keep staff in the loop

We use a mix of channels to make sure staff get the updates they need - whether they're on site, working remotely or out and about.

Weekly Information Bulletin
Every Tuesday, this bulletin goes to all staff inboxes. Managers and Team Leaders are encouraged to use it in huddles and team meetings to help keep everyone informed. Parking has its own section and we update with the top three messages that need to be relayed.

Parking Newsletter
This monthly newsletter answers common questions about parking and Park & Ride. If the parking team gets an email query, it's passed to comms so we can include it in the next issue. This is posted on our intranet and on our SaTH App so that it can be accessed easily.

Cascade
We have a parking slide in our monthly teams meeting about parking. Again, we bring the most important issues here. This allows us to answer questions from colleagues directly if needed.

SaTH App
We know not everyone has easy access to email. That's why we're moving more updates to the app, so staff can check key info whenever they need it. The Park & Ride timetables can be accessed from here also.

Staff and Public

- Information updates on the internal intranet and websites
- Posters on site at our hospitals
- Usage of social media and GP Surgery's

Working with our Local Authority Partners

The Shrewsbury and Telford Hospital NHS Trust

Facilities regularly meet with the following local Cllrs

Cllr Jon Tandy, Cllr Roger Evans, Cllr Bernie Bentick and Cllr Rob Wilson.

Areas under discussion

- P&R for patients at PRH
- extension to the Halscott and Meole park and ride services for RSH
- ongoing issues with parking in residential areas near the RSH site noting that even with new parking restrictions, complaints continue as vehicles move to other streets, and we are investigating more effective solutions.
- Next meeting planned for December

Questions

Discharge Volunteer Driver
Analysis Report 1st June – 20th October

The Shrewsbury and Telford Hospital NHS Trust

(Royal Shrewsbury Hospital &

Princess Royal Hospital)

NHS
The Shrewsbury and Telford Hospital NHS Trust

October 2025

Overview of Volunteering at SaTH

We currently have **208 active volunteers**

We have **29 new volunteer applications** currently being processed

Our volunteers generously give **over 2500 hours per month** to SaTH

We are proud to offer **over 30 different volunteer roles**

We offer a **specialist volunteering programme** (Volunteer to Career) to **support individuals wanting a career in the NHS**

We are now a **Volunteer Approved Activity Provider** (AAP) for the **Duke of Edinburgh** for 14-24 year olds.

Service overview

Following 6 months of funding from the ICB, SaTH developed a new volunteer driver service which launched at the beginning of June at the Royal Shrewsbury Hospital and Princess Royal Hospital.

Our service provides:

- Transport to patients who qualify for non-emergency hospital transport. These patients are often referred to as '1PC'.
- We also support patients who do not qualify for hospital transport but are either unable to get home by themselves or face long waits for friends or family to collect them.
- A delivery service for medications, equipment and discharge letters to allow patients to get home quicker and arrive in time to meet healthcare staff affiliated with commencing care packages.
- Whilst the service prioritises patients being discharged, when volunteers are available, we support patients from outpatients, A&E and the clinics.
- A 'settling in service'. This involves checking that patients have water, electricity and heating, along with a working mobile phone or landline before leaving the patient in their home.
- This service is available to adult patients (over 18), who can get in and out of a vehicle unaided.

Insight: Service activity from June – August 2025

557
Journeys made by volunteer drivers since June

90.5%
Patients were collected in 30 minutes or less post-discharge

71.3%
Were patient transport journeys

28.7%
Journeys were delivering medication, letters and equipment

- At the beginning of June, SaTH had 2 operational drivers across both hospital sites.
- SaTH now has **20 volunteer drivers** either operational or going through the final stages of the volunteer recruitment processes.
- SaTH has new volunteer driver applications each week, although this has decreased over the summer months.
- We have seen an increase each month in the number of journeys made, there are several factors which impact upon this including, the number of volunteers available for shifts, capacity within the volunteer team, clinical support and volunteer recruitment/retention.

CASE STUDY: Positive patient experience

Our volunteer driver took an elderly patient home at lunchtime patient at lunchtime, and on arriving home was met with a very happy wife who became emotional when she explained that her husband had periodically spent time in hospital and how pleased she was to have him home so early this time, as he had arrived home at midnight the last time he was discharged. She went on to say that their daughter is unwell, she is unable to drive herself, and on the previous occasion, she had spent all day waiting and wondering where he was, so to have him home in time for lunch was a huge relief for her.

Number of Journey's made since June 2025

The volunteer service began operating at the beginning of June with only 2 drivers (one at each hospital site). We have increased the number of operational drivers over the past few weeks, and expanded the service to also support outpatients and A&E as well as patients who are being discharged. Please see the table below for the number of patients we have supported:*

Site	June	July	August	September	October (First 20 days only)	Total per Site
RSH	45	38	94	71	40	288
PRH	47	39	74	54	55	269
TOTAL	92	77	168	125	95	557

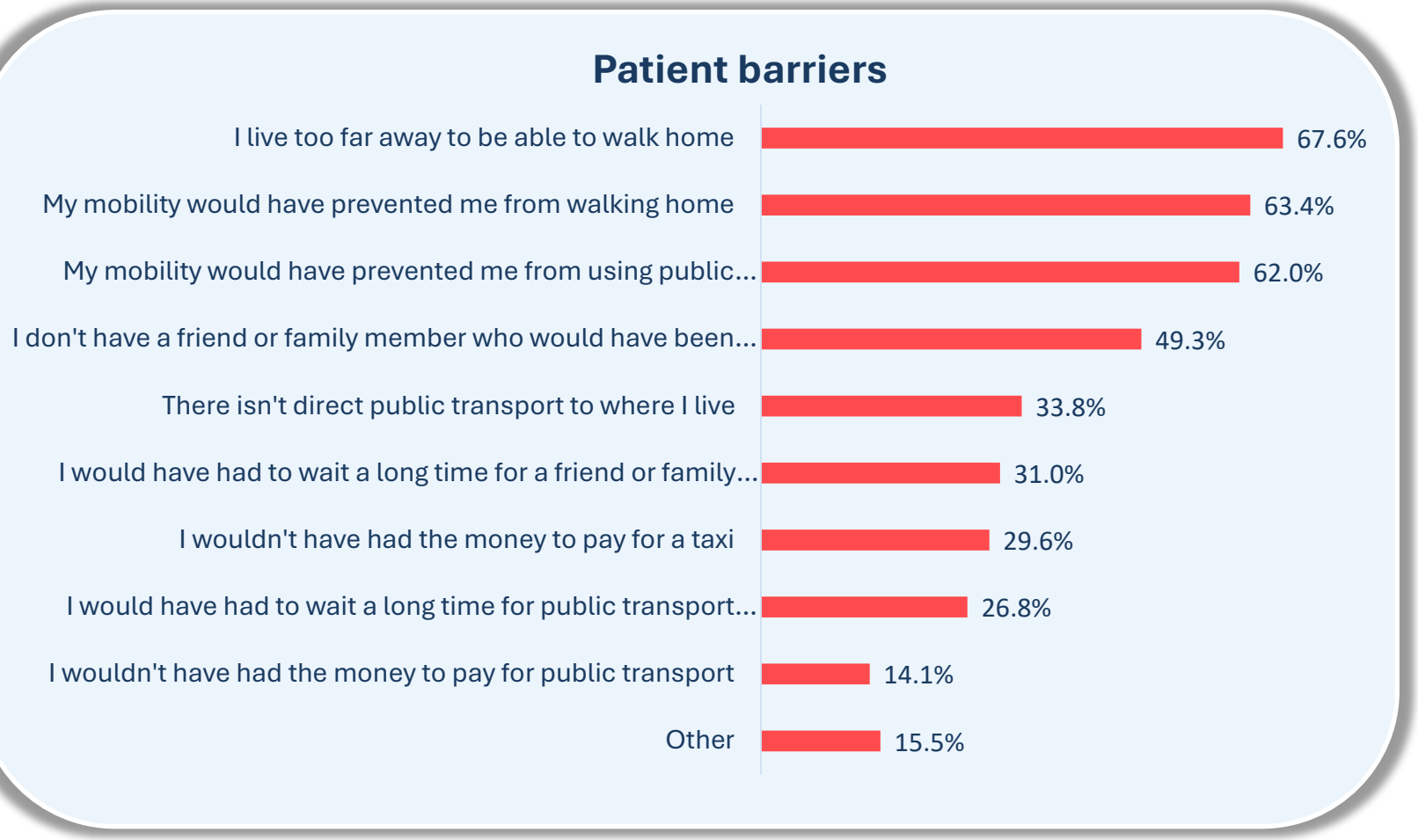
*This does not include the number of patients we have indirectly support by freeing up hospital transport to allow them to be allocated where they are needed most, therefore also improving the capacity and efficiency of their service.

Supporting the Trust

As we have developed the driver service, we have also expanded the areas in which we support. In June, we primarily supported the discharge lounges, but it was clear that other wards and departments could benefit from the support of our volunteer drivers. The table below shows the areas, and the number of patients we have supported since June:

Number of patients	Discharge (from wards & discharge lounge)	Outpatients	A&E	Medication/ equipment	Total Journeys per month
June	49	5	9	29	92
July	55	2	4	16	77
August	94	17	5	52	168
September	75	22	2	26	125
October	41	29	1	24	95 First 20 Days Only
Total	314	75	21	147	557

Insight: Barriers to patient's getting home following discharge



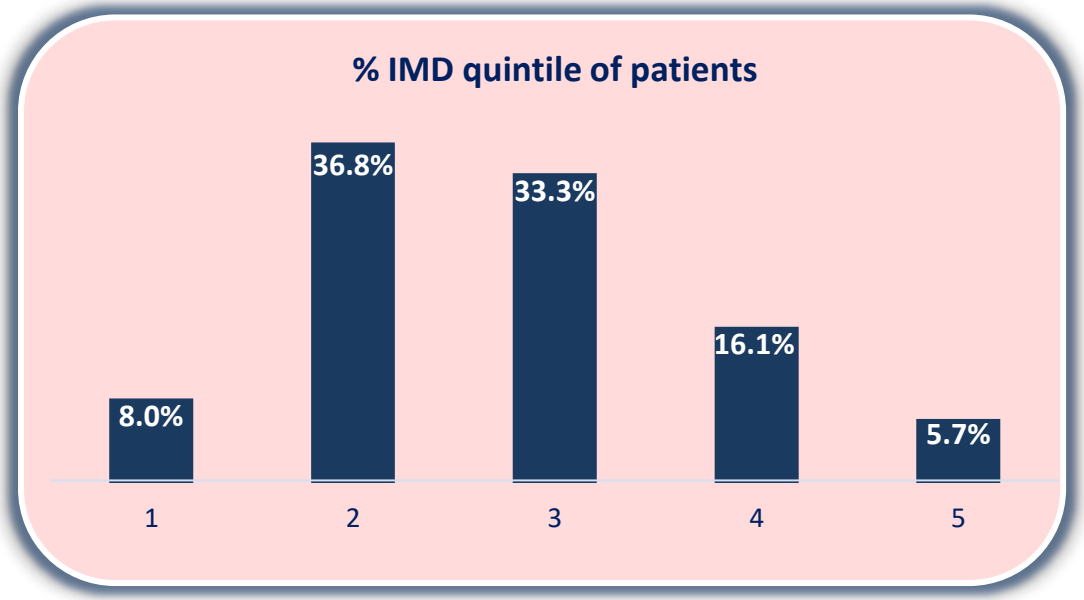
- The **most frequent barriers** experienced by patients towards getting home included **living too far away** and therefore not being able to walk home (67.6%) and having **challenges with mobility** precluding patients from walking home (63.4%) or **using public transport** (62.0%).

- Patients were also encouraged to report any further barriers by selecting **'other'** (15.5%). For instance**, patients reported having dementia or communication challenges and not being able to travel independently.**

All data and figures based on patient surveys represent data collected since project commencement (15th May – 30 June 2025)

Impact: Health inequalities and deprivation

- For all patient journeys, we recorded the postcode of the patient's destination address.
- We looked at the whether patients within areas of high deprivation were more likely to utilise our service.
- We compared our data with the Index of Multiple Deprivation (IMD)[1] quintile 1 is the most deprived and 5 is the least deprived.
- **44.8% of patients** who utilised our service were in the **1st and 2nd quintiles for deprivation.**



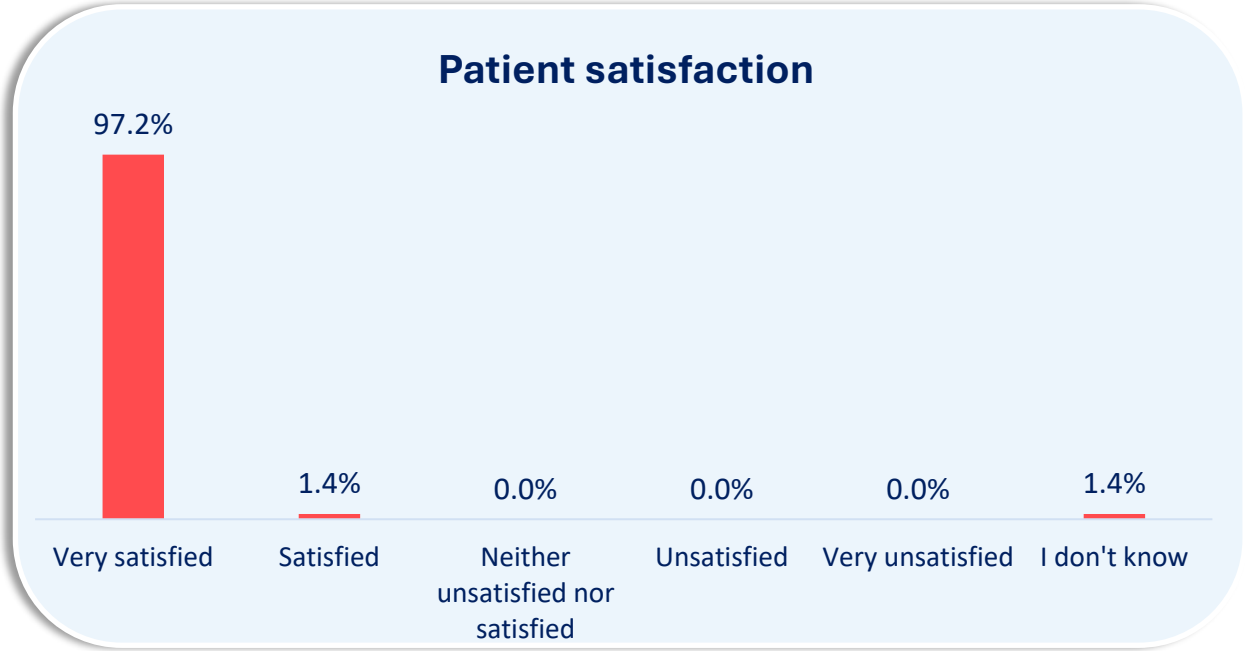
CASE STUDY: Supporting vulnerable patients who face health inequalities

A 38-year-old patient with no fixed abode had been in hospital for 4 weeks and was being discharged to hostel accommodation. The patient was not eligible for patient transport however he had no money to spare for a taxi and was unable to use public transport due to being on crutches and having multiple bags with him which due to his health condition was unable to carry. In addition, the only accommodation available to him at that time was an upstairs room. Our volunteer driver was able to take this patient to his new accommodation as soon as he was ready to discharge and carried the patient's bags to allow him to navigate the staircase with his crutches without having to struggle with his belongings. Our volunteer helped the patient to access his accommodation and delivered his belongings along with ensuring that everything was in working order and that the patient was safe, comfortable and able to focus on his recovery.

All data and figures based on patient surveys represent data collected since project commencement (15th May – 30 June 2025)

[1]English indices of deprivation 2019 - GOV.UK. Five patient postcodes were unable to be matched to an Index of Multiple Deprivation Decile

Impact: Patient satisfaction



98.6%

Of patients reported they were **satisfied or very satisfied** with the service they received from the discharge volunteer drivers.

"Without you guys, we'd be lost."
Patient

"You were there and took me home straight away."
Patient

"Very happy and well supported at home"
Patient

"I was given confidence that all would be ok."
Patient

** Please note the **response of 'don't know'** was endorsed by the volunteer driver on the patient's behalf **due to the patient having dementia and being deaf**.

All data and figures based on patient surveys represent data collected since project commencement (15th May 2025 – 30 June 2025)

Impact and building on success

There are many benefits to the volunteer driver service being imbedded within SaTH, including:

By providing a service to '1PC' patients EMED/hospital transport can focus on patients with more complex needs who require their service. This would be of huge benefit, as EMED/hospital transport can become booked up with outpatient appointments which impacts their capacity to provide transport for discharge to patients needing their specialist service. **SaTH can help EMED/Hospital transport to meet their deadlines for 'Stretcher' and 2PC' patients, reducing waiting times for patients.**

By providing an on-site service, SaTH can offer **prompt, efficient transport** to patients which also **reduces the need for staff to stay after their shift hours**, along with the associated costs with this.

SaTH's volunteer project manager has established great relationships and connections with Service Improvement Partners, Pathway Coordinators and Clinical Ward Managers, **which allows them to proactively identify patients** along **with having a presence within the hospitals** to encourage clinical teams to directly book transport with the volunteer service to **ensure the best possible flow of patients**.

By providing a medicine and equipment delivery service, SaTH can **reduce the potential of patients having to remain in hospital** due to medication or equipment delays. Volunteer drivers can take patients home in time for their care package and then deliver their medication and discharge letter later in the day once they have been dispensed.

Key highlights of the Volunteer Driver Scheme

Since June, the volunteer driver scheme has achieved the following:

557 journeys made by the volunteer drivers since June.

SaTH is currently has **20** volunteer drivers either operational or in the recruitment process. We are also receiving new applications per week.

90.5% of patients who have used the service were **collected within 30 minutes or less** post-discharge, improving patient flow and patient's experience.

An **overwhelming majority of patients (98.6%) reporting feeling satisfied or very satisfied with the service** they received from SaTH's volunteer drivers.

We have now expanded the volunteer driver service to support our **outpatient, renal A&E** and **maternity** departments.

We are also now trialling a collection service once a day to include **medication, equipment** and **personal belongs** which were left behind the day before or allowed a patient to go home more promptly.

The Future…

- We are currently looking into whether further funding can be secured to expand this project.
- We are also exploring ways to support more of our outpatients, maternity, A&E and renal patients.
- We plan to link our volunteer driver scheme to our new ‘appointment reminder’ volunteer role to help reduce DNA rates and appointment waiting lists.
- We hope to continue to expand the number of volunteers to support this service.

Thank you

Any questions?

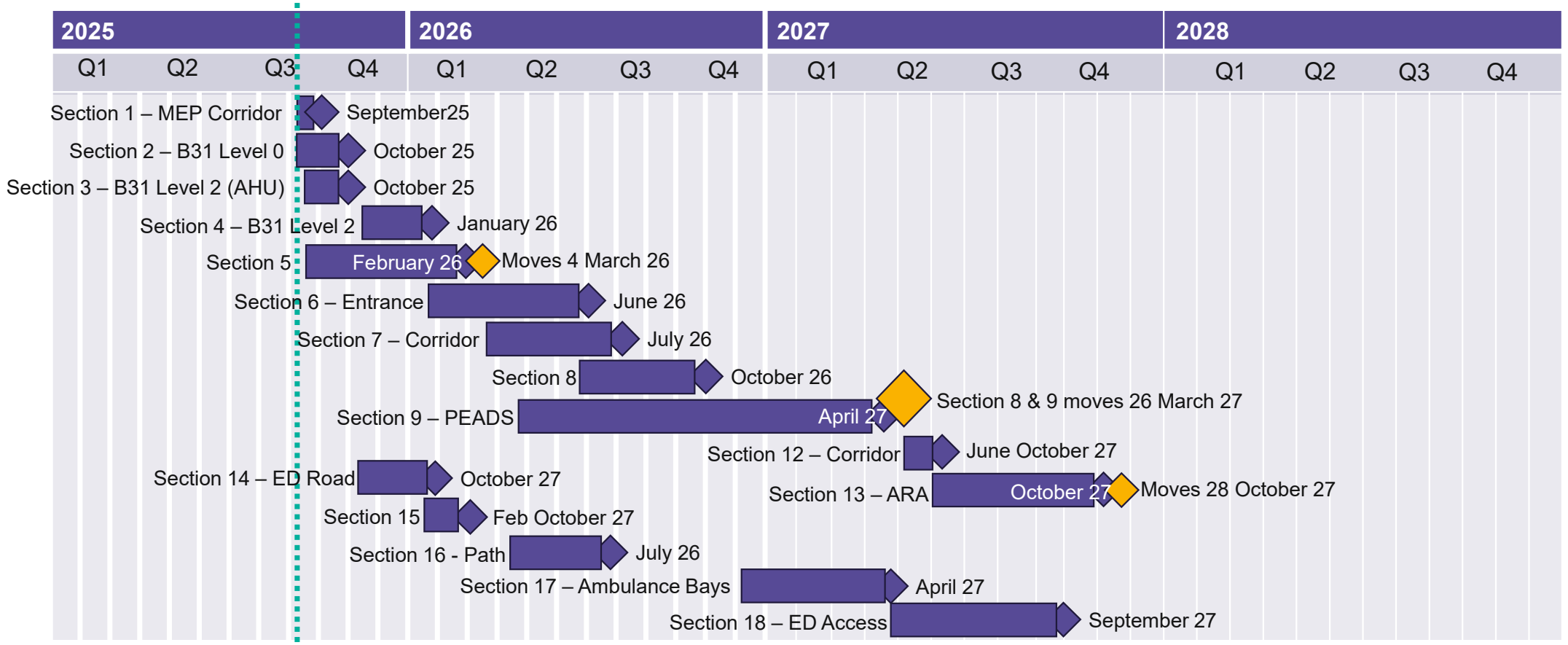
Integrated Care System
Shropshire, Telford and Wrekin

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Public Assurance Forum: Hospitals Transformation Programme

3 November 2025

ED2 Critical Path Overview



HOSPITALS TRANSFORMATION PROGRAMME

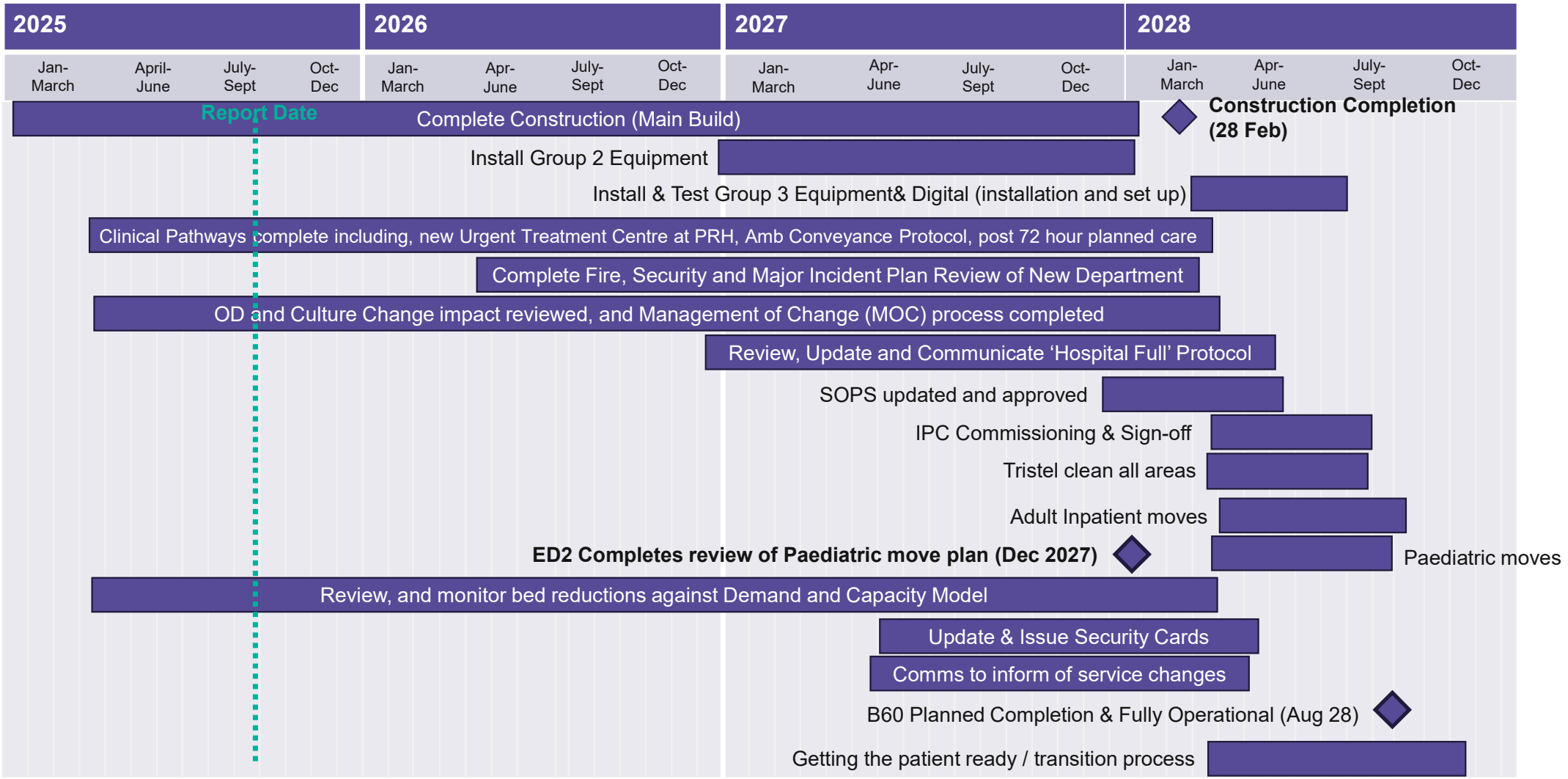
HIGHER QUALITY, SAFER CARE

IMPROVED OUTCOMES

BETTER ACCESS

A GREAT PLACE TO WORK

B60 Critical Path Overview

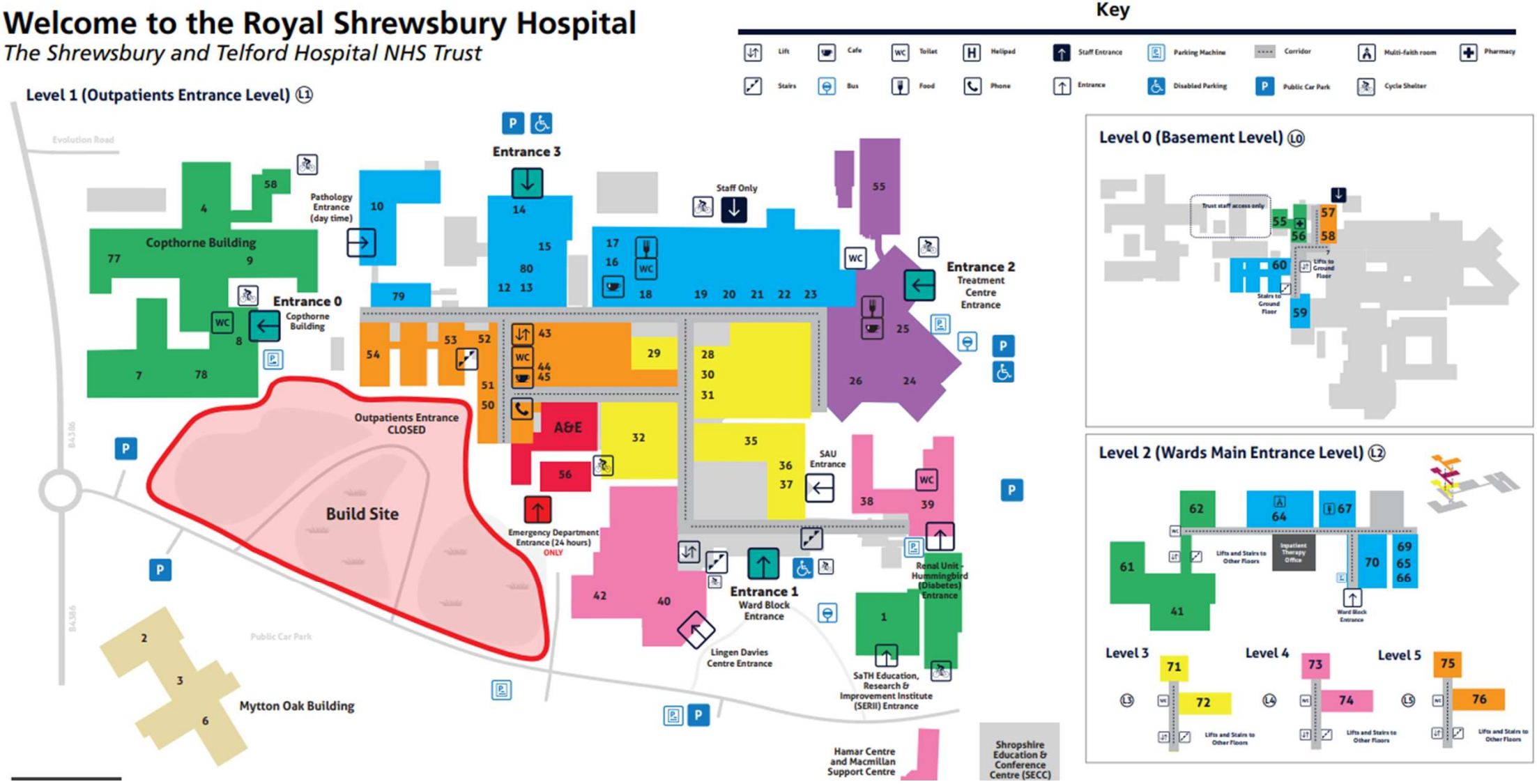


Construction and Estates

Executive Lead :

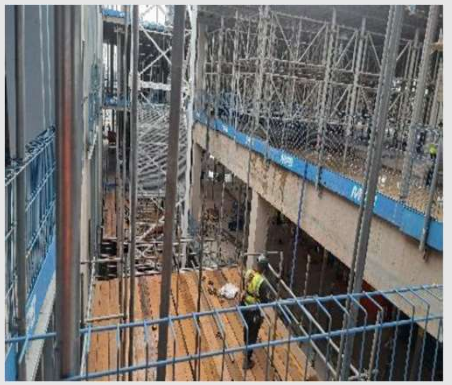
Matthew Neal

Construction area



Construction Progress

- Concrete frame now complete in three areas.
- Ground floor slab of area 4 now completed.
- External walls and windows being installed.
- Noise, vibration and dust being regularly monitored and working with staff and clinics to keep distribution to a minimum.
- Works on Level 1 of Block 31 have commenced to install new ventilation system.
- Drainage connections from B60 to main Hospital Drainage system now complete.



Comms and Engagement

Executive Lead : Inese Robotham

Community Engagement

IHP have been in discussions with a number of local community opportunities including:

- T-Level placement students from Shrewsbury Colleges group have returned this month for their second-year placements.
- IHP have supported numerous activities with schools across the Marches careers hub and have various upcoming activities with schools over the next term. There is another meeting with them at the end of October, on supporting the new government modern work experience programme for schools. This follows on to IHP's support with schools across Shropshire, Herefordshire, Telford and the marches.
- IHP are supporting local care children with SEMH through Witherslack Group and New Reflexions provisions. This includes working closely with the centres on ways to engage with the children to build their confidence and trust. The next activity is in October with Witherslack Group where members from IHP will be creating mood boards for green spaces with the children, with the aim to recreate their visions at their children's home.
- IHP have held a meeting with Shropshire Mental Health Support Charity to look for ways to support.
- IHP supported Hadley Youth Club with a donation of cooking equipment for the children.
- IHP supported a local community running group in Telford in need of additional pedestrian crowd barriers to support their community fun day.
- IHP have spoken with Powys County Council and Powys Association of Voluntary Organisations, regarding their support for care experienced young people. After initial discussions, we are just waiting on their employer support form to complete.

Communications Update (1)

- Proactive engagement with communities and stakeholders – multiple events taking place each month across STW
- The Transforming PRH Hub was officially opened in collaboration with partner charities and stakeholders, providing a dedicated space at PRH to engage with patients and staff regarding the programme – HTP will have a dedicated day within the hub on the first Monday of every month
- Quarterly focus groups continue – the next groups will take place in December and focus on the Critical Care sky gardens, in partnership with Rotary
- Engagement with JHOSC members resulted in an agreement to regularly share briefings and updates, thereby strengthening community involvement – follow up public meeting in October
- Collaboration continues with the Workforce Lead to support the work of Change Agents and to develop a broader internal campaign "**HTP and me**"
- Update of HTP information public – to be signed off end of November. To be distributed to libraires, GPs, community meeting places. For Winter engagement the team will be visiting libraries across Shropshire, Telford and Wrekin and mid Wales

- **Recent coverage**
  - Next phase of Emergency Department refurbishment now open – SaTH
  - Transforming PRH Hub opens at Princess Royal Hospital – SaTH

Communications Update (2)

Integrated Care System
Shropshire, Telford and Wrekin

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Hoarding designs now in situ

Artwork competition winner

HOSPITALS TRANSFORMATION PROGRAMME

HIGHER QUALITY, SAFER CARE

IMPROVED OUTCOMES

BETTER ACCESS

A GREAT PLACE TO WORK

Integrated Care System
Shropshire, Telford and Wrekin

NHS
The Shrewsbury and Telford Hospital
NHS Trust

About Health: Hospitals Transformation Programme

4 November 2025

Latest developments

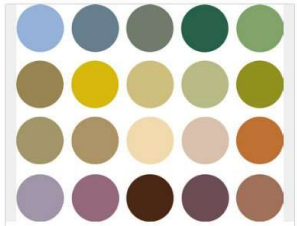
NHS
The Shrewsbury and Telford Hospital
NHS Trust

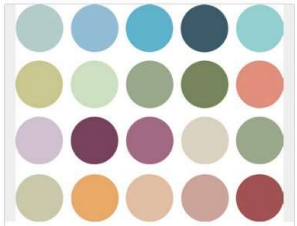
Integrated Care System
Shropshire, Telford and Wrekin

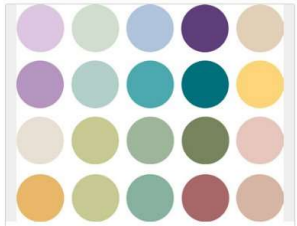
Survey reminder

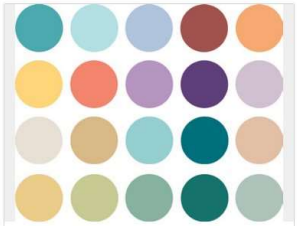
- This Summer, we asked staff and our communities to help shape the look and feel of our new building
- We received over 1600 responses – thank you to those who took the time to share your views

Colour palette options:

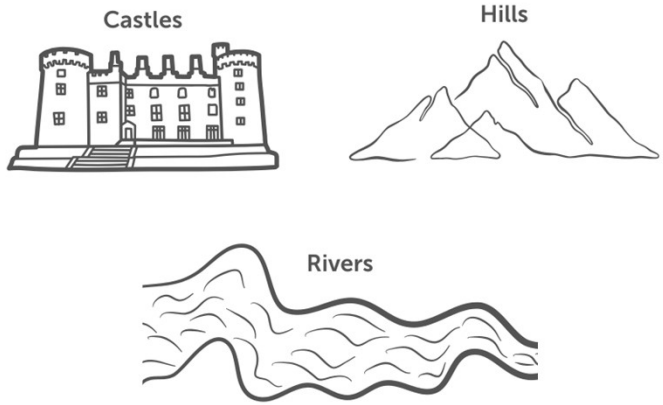

Option 1 - Shropshire Hills


Option 2 - Landscapes

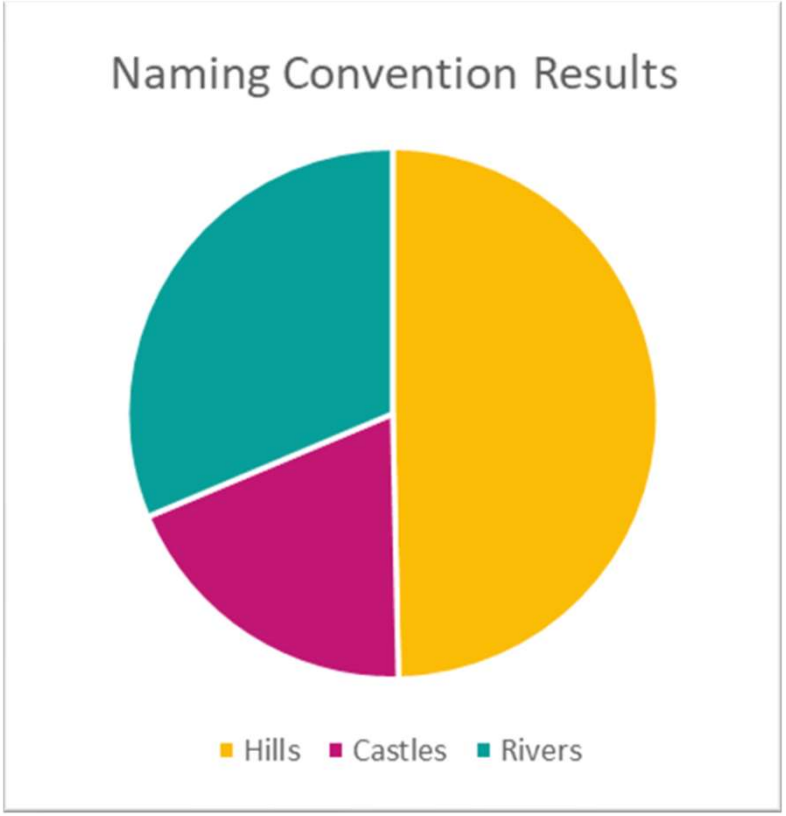

Option 3 - Nature


Option 4 - Local artwork

Naming convention options:



A review of survey results



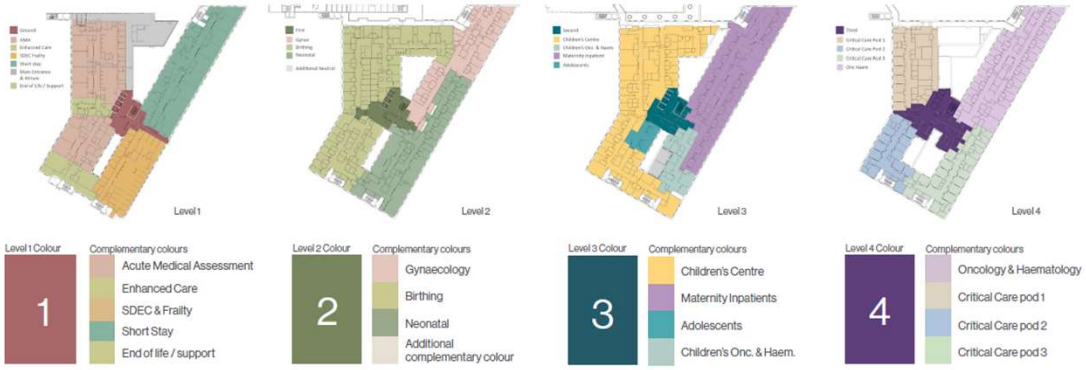
- In the naming convention portion of the survey launched following the Signage & Wayfinding Focus Group held in July, there was a clear winner, with 'Hills' taking just under 50% of 1615 votes cast.
- Are there any suggestions from the group for which hill names should be considered for use in the building?
- Thank you for your feedback – the outcome will be used to help inform the final decision and usage of names within new healthcare facilities.

A review of survey results

In the colour palette portion of the survey, the result was much closer, with Palette 1 taking a slim majority of 1572 votes cast and Palette 3 coming in just behind. These were given further consideration in the HTP Focus Group held on 4th September, where Palette 3 was a clear winner.

The below graphic shows how this colour palette would be used across the four floors of the new building.

Chosen colour palette (3)



Latest drone footage

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Shropshire, Telford and Wrekin

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Main build progress

- The final area of the build is now undergoing the concrete frame installation
- Windows and external cladding is now being installed to areas 1 and 2 (pictured)
- The whole structure is planned to complete at the end of 2026
- Each floor is now being marked out using the latest robotics technology based on the detailed floor plans
- Internal fitting out process now underway in area 1 and 2

External cladding

Stairwell and lift formation

Final concrete frame to complete

Improving our Emergency Department

Integrated Care System
Shropshire, Telford and Wrekin

NHS
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NHS Trust

- Refurbishment to create 8 additional majors' cubicles completed in September 2025
- IHP are now remodelling the new fit to sit to open in February 2026

Transforming PRH Hub

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Shropshire, Telford and Wrekin

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The Shrewsbury and Telford Hospital
NHS Trust

Since opening to the public on 8th September, the Transforming Princess Royal Hospital Hub has provided a source of information on future plans for PRH and how the public can help support them.

The hub is at the main entrance to PRH and is open Monday-Friday, 9:00am-4:30pm. The hub is staffed by representatives of SaTH Charity, Lingen Davies Cancer Support, the community engagement team, and volunteer team.

Since opening, the teams have been talking to numerous members of the public, staff, and volunteers every day. If you are in PRH please stop in and say hello.

Sunflower Appeal update

Integrated Care System
Shropshire, Telford and Wrekin

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In June this year Lingen Davies Cancer Support launched its biggest appeal to date - a **£5million Sunflower Appeal** to develop a Lingen Davies Cancer Centre at Telford's Princess Royal Hospital by 2029.

Combined with the existing services in the Royal Shrewsbury Hospital, this development will **double chemotherapy capacity across our region**, meaning patients can access the treatment they need, when they need, quicker.

Lingen Davies has **already raised over £260,000** for the Sunflower Appeal with no plans to slow fundraising efforts. The Founders scheme to recognise the first 100 people to donate £500 or more to the Sunflower Appeal has been very well supported.

Other fundraising opportunities

Integrated Care System
Shropshire, Telford and Wrekin

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NHS Trust

Respiratory Centre at PRH

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 to:

- Consolidate our respiratory specialists in one centre that will **serve our entire region**
- Provider **faster diagnostics and treatment** for respiratory conditions
- **Utilise existing, high-quality clinical space** in the current PRH W&C centre, which will be available once clinical moves have taken place

Sky gardens in new building

We will have new outdoor space located on the third and top floor of the new building – one for children's services and one for critical care

Our vision is to:

- Provide a calm space for patients and their loved ones
- **Support mental and physical wellbeing** during what can be a very stressful and difficult time
- Work with our clinical services to ensure the outdoor spaces are functional and **meet the needs of our patients**
- Work with service users and partners to fundraise and bring these spaces to life over the next few years

Design Council Slices

For use in RSH ED1 and ED2

The Shrewsbury and Telford Hospital NHS Trust

Integrated Care System
Shropshire, Telford and Wrekin

The Design Council - Slices

The ‘Slice’ is a simple, easy-to-read display in Emergency Departments (ED). It helps people find important information quickly and easily. The displays are placed all around the public areas, so everyone can see them.

The ‘Slice’ answers common questions that staff often get asked. It helps patients and visitors understand what’s happening and what to expect. This makes the ED feel calmer and less stressful for everyone.

Questions that the slices would typically address:

- **Where am I?**
- **What’s the most important thing I need to know right now?**
- **Why am I waiting?**
- **How long will I wait?**
- **What might impact on waiting times?**
- **What happens at this stage?**
- **What happens after this stage?**
- **Where am I in the process?**

Implementation in Walsall Healthcare Trust

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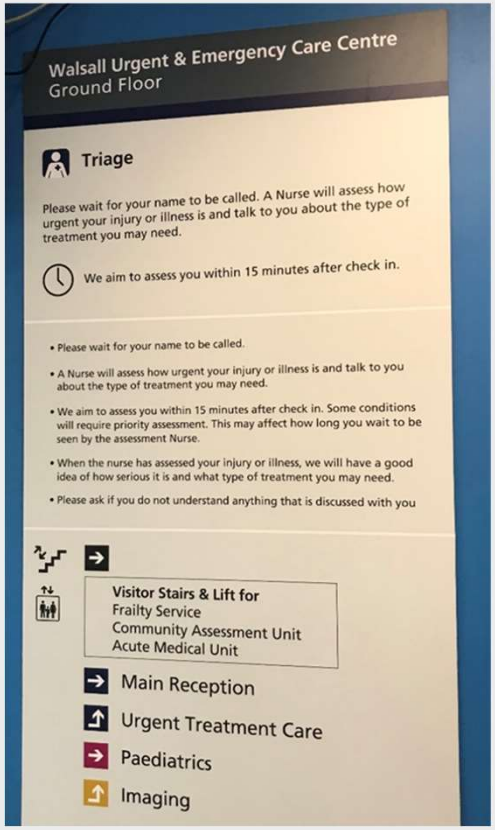

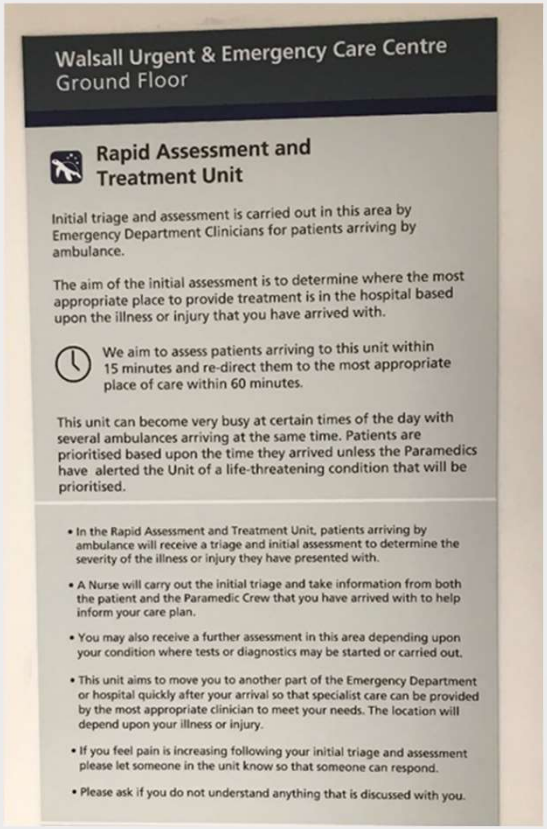

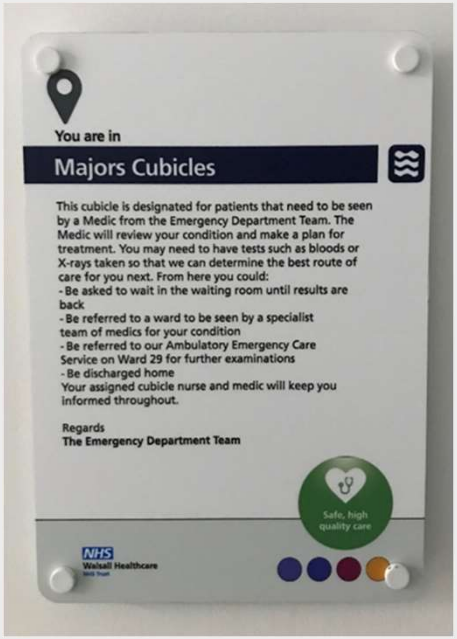

Draft designs for SaTH Slices

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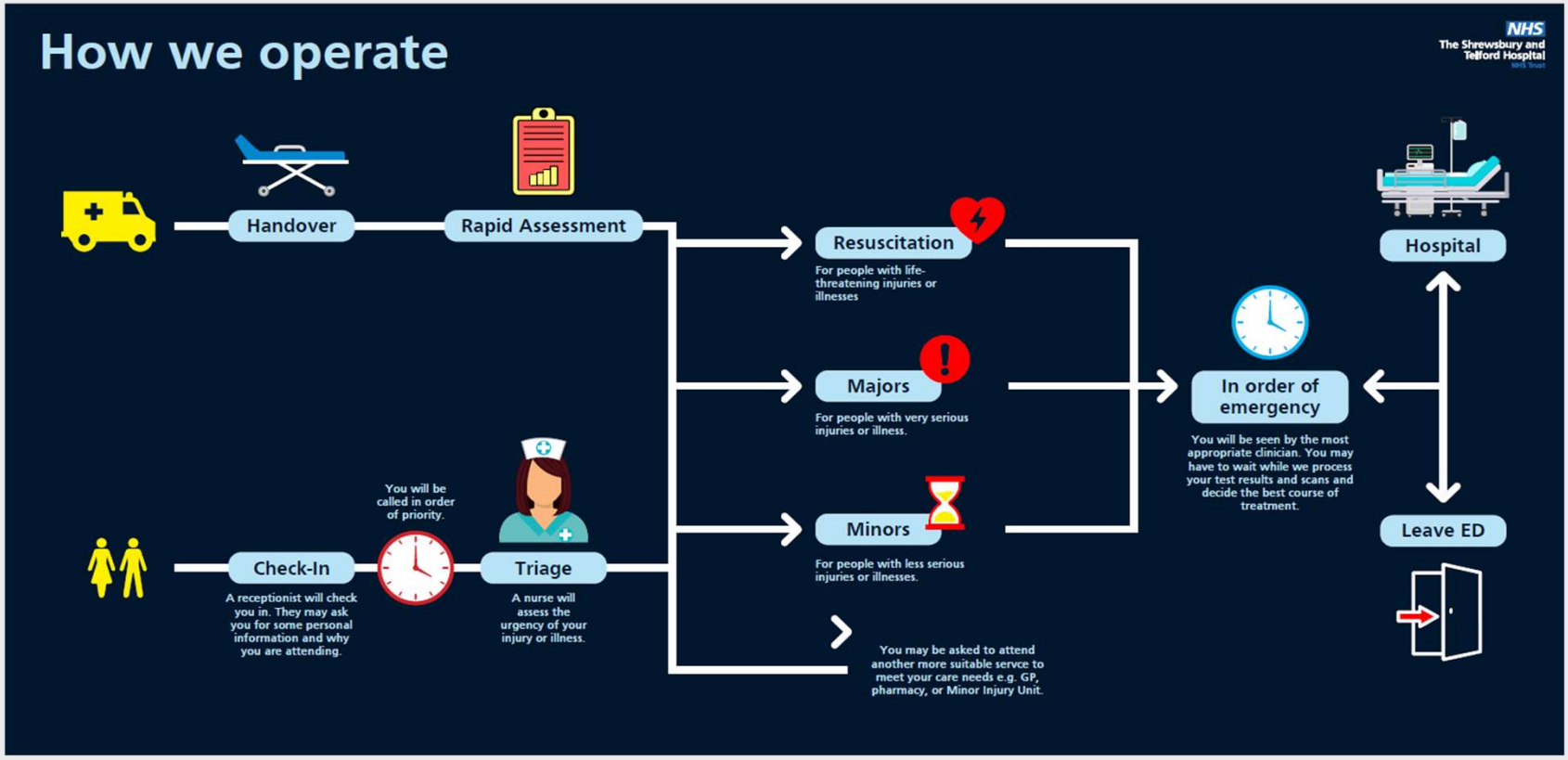
Board for display in waiting area, orienting patients and visitors on arrival and explaining the process.

- **Are the colours suitable?**
- **What information should be included?**
- **Is the design useful?**



How can you remain involved?

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Integrated Care System
Shropshire, Telford and Wrekin

Focus groups

Throughout the programme with have engaged and work with our communities – they have had a direct impact into the programme and design of new healthcare facilities

Examples of this are:

- Redesigned main entrance into the hospital – now with separate entrances for ED/UTC and main hospital
- Second bereavement suite added to W&C floors and one flexible room if required – this includes soundproofing of these rooms
- Providing calm spaces within the building for those with additional needs
- Providing a sensory room within W&C floors for children with learning disabilities and families
- Dementia friendly clocks within rooms and wards
- Two mental health rooms now incorporated within the Emergency Department
- Lift display units for lone deaf/mute visitors – visual and audible instructions available through auto dialler
- Clear colour differentiation between floors, walls and doors for those living with dementia and with additional visual needs

We will be holding a special focus group on Friday 5th December, 11:00-13:00, with Rotary Club of the Severn, to consider plans for the Critical Care and Oncology Sky Gardens in the new building.

Focus groups

The MEC&SACC and W&C HTP focus groups have been merged into a single focus group, which will continue to be held quarterly. The dates will follow the MEC&SACC dates that are arranged through 2026, which are included here. The presentation, questions and answers, and actions, will continue to be added to the Trust website on the existing focus group page.

HTP Quarterly Focus Group Dates
- Tuesday 2nd December 2025
- Thursday 5th March 2026
- Tuesday 2nd June 2026
- Thursday 3rd September 2026
- Tuesday 1st December 2026

Find our more here, or scan the QR code:

https://bit.ly/FocusGroups-HTP

Engagement in the Community

Integrated Care System
Shropshire, Telford and Wrekin

NHS
The Shrewsbury and Telford Hospital
NHS Trust

We will continue to hold informational public drop-ins and deliver presentations to interested groups through 2025 and beyond, with dates now being added for 2026. The map shows visits already completed in 2025. 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**

- Hospital Update – 26 November 2025, 11:00-12:00, MS Teams (presentation)
- HTP Focus Group – 2 December 2025, 10:00-12:00, Hybrid (presentation)
- HTP Focus Group with Rotary Club of the Severn – 5 December 2025, 11:00-13:00, Hybrid (presentation)
- Newport Library – 13 January 2026, 10:00-13:00 (drop-in)
- Whitchurch Library – 23 January 2026, 9:30-12:30 (drop-in)
- Oswestry Library – 28 January 2026, 9:30-12:30 (drop-in)

Next About Health (online update, open to all)
27 January, 6.30pm-7.30pm

Additional engagement routes

Event & Date	Subject
Monthly Hospital Update – MS Teams (next one 26th November)	Monthly Trust News Update including update on HTP
Monthly newsletter email update - sent to our 5000+ community members	Update from Public Participation team including HTP update and details on how to get involved
Quarterly About Health online updates (next one 27th January 2026)	One hour MS Teams online presentation for public from HTP team with Q&As
Quarterly Public Assurance Forum (next one January 2026) with representatives from organisations across health & social care in Shropshire, Telford & Wrekin & Mid Wales	Presentation from HTP team with Q&As
SaTH website and intranet	Webpages which support public engagement and Latest HTP meetings/feedback Public Participation - SaTH

Please join us if you can!

Integrated Care System
Shropshire, Telford and Wrekin

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NHS Trust

Shrewsbury and Telford
Hospital Charity

CHARITY BRASS BAND CONCERT

Featuring

JACKFIELD BRASS BAND

Haberdasher's Abraham Darby Jazz Band

Saturday 15 November 2025
7.00 - 9.30pm

Haberdasher's Abraham Darby
Ironbridge Rd, Telford TF7 5HX

Tickets £12

https://bit.ly/1115BBC

Email sath.charity@nhs.net or call 01743 492256 for further information

Raising funds to support Children's Hospital Services

HOSPITALS TRANSFORMATION PROGRAMME

HIGHER QUALITY, SAFER CARE

IMPROVED OUTCOMES

BETTER ACCESS

A GREAT PLACE TO WORK

Thank you for joining us…

- If you sign up to become a community member sath.engagement@nhs.net we will keep you updated on how you can get involved and updated on the programme through our monthly update.

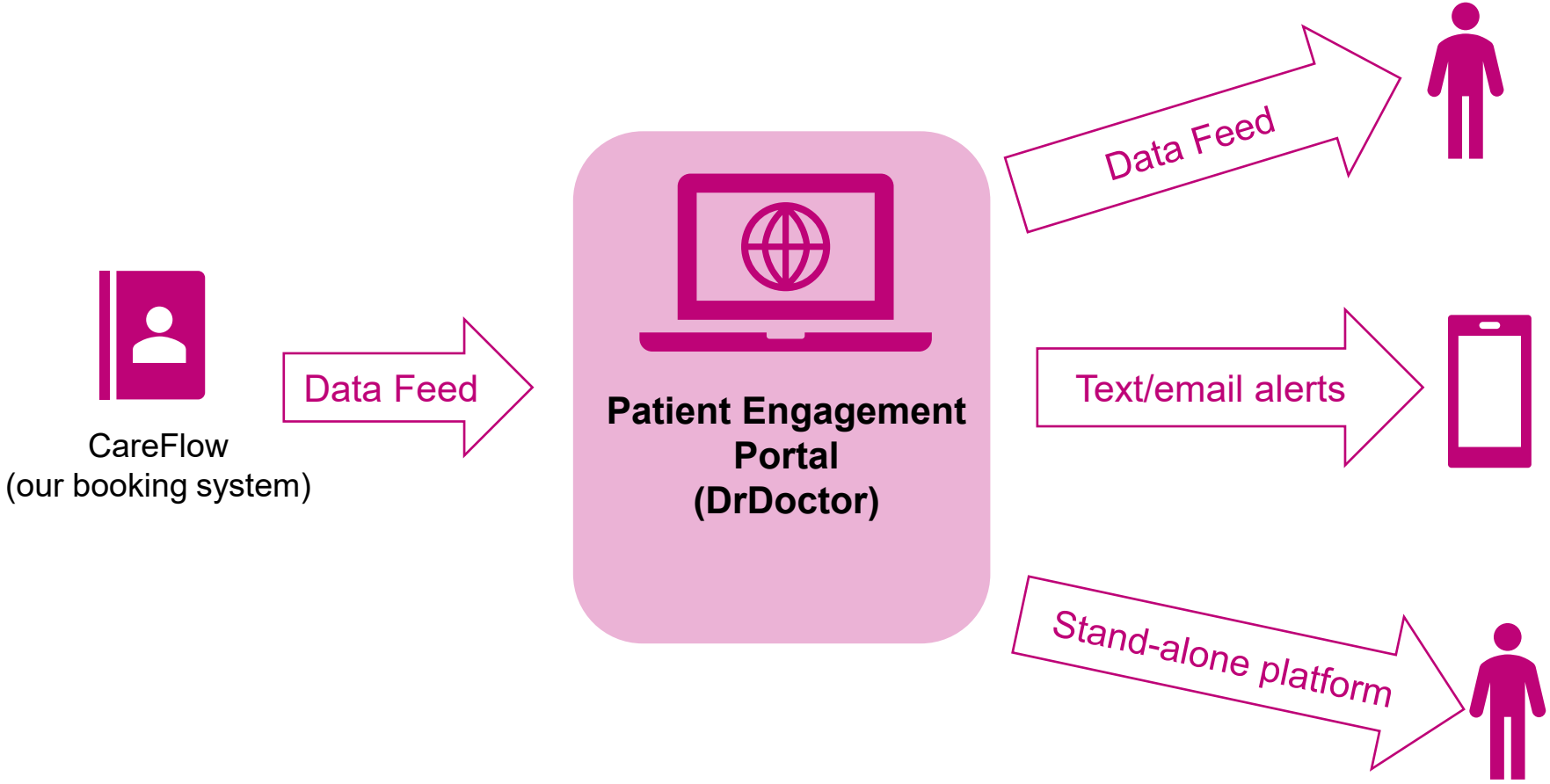
- Any further questions, please email: sath.engagement@nhs.net

The Shrewsbury and Telford Hospital NHS Trust

Patient Engagement Portal

In partnership with DrDoctor

How does the Patient Engagement Portal work?



NHS App Feed:
Shows appointment and letter

- Time
- Date
- Location
- Specialty
- Request changes

Direct patient communication:

- Notifications of appointment letters
- Appointment reminders
- Broadcast messages

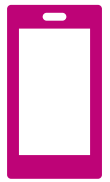
Patients can log on directly to the platform using a URL:

- See/do everything listed in the NHS app
- Update their contact details

What does the PEP do?

Immediate notifications of appointments

Receive digital letters



See your appointments online and in the NHS app

Request to cancel or reschedule without having to call

Appointment reminders through text message
Routine appointments: 7 & 3 days before
Urgent appointments: 1 day before

Receive text messages with short-notice appointments or clinic changes

How are patients notified?

When an appointment is booked or changed

Patients will receive NHS App notifications with a new appointment and a new letter

If the NHS App notification is not read within 8 hours, or by 9pm (whichever happens first) **or** the patient doesn't have the NHS App, they will receive a text message

If the digital letter is not read through the above within a certain number of days, it will be printed and posted.
If a patient replies to the text message with "print" they will also receive a paper copy

Printing Rules

- If appointment date is within 7 days: print and post right away
- If appointment date is between 7 -14 days: Unread copy posted if unread after 1 day
- If appointment date is more than 14 days away: Unread copy posted if unread after 5 days

Rollout

The Shrewsbury and Telford Hospital NHS Trust

The following specialties are now live with digital letters and PAC-managed clinics in DrDoctor:

- Breast
- Cardiology
- Care of the Older Adult
- Colorectal
- Dermatology
- Diabetes
- Endocrinology
- ENT
- Gastro
- General Surgery
- Gynaecological Oncology
- Gynaecology
- Hepatology
- Max Fax/Oral Surgery
- Ophthalmology
- Orthodontics
- Paediatrics
- Renal
- Respiratory
- Restorative Dentistry
- Stroke
- Trauma and Orthopaedics
- Upper GI
- Urology
- Vascular

Further specialties are currently in planning for roll-out throughout the rest of 2025

How can you find out more?

https://www.sath.nhs.uk/patients-visitors/patient-portal/

Is your question not covered on the website? Email sath.patientportal@nhs.net

Speak to one of our volunteers, stationed in the outpatient departments

Public Assurance Forum – 3 November 2025

Agenda item		2025/46		
Report Title		Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 2 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	√	BAF9
Effective		Our people		
Caring		Our service delivery		**Trust Risk Register id:**
Responsive		Our governance		
Well Led	√	Our partners		
Consultation Communication				
Executive summary:		1. The Public Assurance Forum's attention is drawn to the following sections: • Engagement approach and engagement activities for Quarter 2 (page 1-4) • Summary of feedback received and actions to date (page 4 - 6) • SaTH Charity HTP fundraising update (pages 7 – 10) • A forward look of engagement activities planned for Quarter 2 2025/26 (page 10-11) 2. The risks are: • Fail to engage our communities around the Hospitals Transformation Programme, resulting in lack of confidence within our communities. • Fail to deliver statutory duties (s242) to engage with the public. • Staff not having the skills or confidence to engage with our communities. 3. We are have the following actions: • 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 • Continue to support our HTP team to ensure they meet their Statutory Duties. • The Public Participation Team are providing support to the HTP team to engage and involve our local communities and their representatives within the Programme.		

Recommendations for PAF:	The Public Assurance Forum is asked to: **NOTE** the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 2 2025/26 including: • the engagement which has taken place during Quarter 2 • feedback received from our local communities and any actions taken as a result of the feedback • The engagement activities planned for Quarter 3 2025/26 This report is provided **for information only.**
Appendices:	Appendix 1: Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 2 2025/26

1.0 HTP Community Engagement Report (Quarter 2)

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 2 2025/26.

2.0 Engagement Approach and engagement activities for Quarter 2 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

Page 3-4 of the paper outlines community engagement activities which took place in Quarter 2 2025/26 in relation the Hospitals Transformation Programme.

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 highlighted on page 5-6.

4.0 SaTH Charity Fundraising Update

4.1 SaTH Charity has been asked to support the fundraising for items not included in the £312million HTP build. These items fall outside the 'clinical model' of HTP but will enhance our patients, relatives and staff's experience. Some of the developments raised by focus groups are listed on page 7-9 of the report

5 Charity Fundraising

Page 9-10 of the report outlines fundraising that has taken place in Quarter 2 for HTP by SaTH Charity and partner organisations, such as Shrewsbury Rotary club.

6. Forward Look

Page 10-11 of the report provides a forward plan of current known engagement activity relating to the Hospitals Transformation Programme.

7. Recommendations

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 2 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 3 (2025/26)

Julia Clarke
Director of Public Participation
November 2025

Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 2 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 2 (July-September 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 2 2025/26

Engagement activity relating to the Hospitals Transformation Programme in Quarter 2 is outlined below:

Date	Event	Attendees	Outcome
11/07/25	Bridgnorth Market Drop-in	26 members of the public	Fast start but quickly petered out as temperature rose, very hot by midday. Vanessa Barrett of Healthwatch Shropshire attended and made connection with LoF in Bridgnorth hospital, will supply HTP leaflets for their cafe.
23/07/25	Dementia Friendship Group	5 members of the public	Group is run by Age UK volunteers. 5 people came to the group and all completed the HTP survey (2 using flash cards). Albrighton Library is run by the Parish Council, and they didn't have any HTP leaflets, so I left them 6 and they will contact if they need more.
24/07/25	Brookside Community Centre HTP Drop-in	24 members of the public	Met up with Healthwatch who suggested event and supported for first hour, they had promoted extensively on social media. Spoke to 24, including a number of families, the mix of people was broad. Some genuine concerns were shared and addressed, general atmosphere was positive, and while some attendees do not agree with clinical model, they were heartened by PRH cancer centre and saw it as a good outcome from the situation.
29/07/25	About Health - HTP	15 members of the public	Feedback on HTP was positive with a few items to takeaway, primarily concerning parking and how to pay for it when leaving site.
30/07/25	Hospital Update	11 members of the public	Positive response to HTP slides and update concerning improvement in performance.
07/08/25	Rotary Club of Oswestry and Cambrian	14 members of the public	The atmosphere was very positive but some difficult questions were asked, interest in the programme was high. The club will take everything into consideration and give thought to whether they want to support through fundraising.
13/08/25	Update to Lingen Davies all staff meeting	18 members of staff for Lingen Davies charity	Numerous questions were answered and plans made for future engagement around the PRH cancer treatment unit, including a focus group, and PRH Charity Hub discussed.
18/08/25	PODS Picnic in the Park	Event was attending by more than 1000 people	Very well attended, by more than 1000 people - most with children with additional needs. Distributed >12 copies of HTP brochure and had several conversations with parents about impact of changes for them.
27/08/25	Hospital Update	16 members of the public	Update on HTP presented to the group
04/09/25	HTP Focus Group and Preop clinic move	Attended by 10 members of the public, 3 in person and 7 online.	Decision reached on colour palette, naming survey results announced. Design Council Slices discussed and consensus that the concept is useful and worth pursuing. Pre-op move presentation was well received with some questions about practicalities.

04/09/25	JHOSC HTP update	Attended by 7 members; Dawn Husemann, Lorna Gordon, David Sandbach, Rosie Radford, Sophie Foster, Simon Fogell, Fiona Doran.	Request for more open-ended engagement, help with public transport, rurality concerns including transport and digital blackspots, and a question about patient transfers. Meeting went well in relative terms.
05/09/25	Opening Transforming PRH Hub	Numerous members of staff and volunteers	Well attended and very positive, Shaun Davies was supportive. Story picked up in local press including BBC.
17/09/25	Market Drayton Indoor Market	11 members of the public	Town Councillor was pleased to see the information being distributed and took leaflets for Town Hall. Signposted 1 to PALS. One individual has been pressing local politicians for a bus route to Telford and will continue efforts considering HTP plans.
24/09/25	Hospital Update	13 members of the public	Update on HTP presented to the group

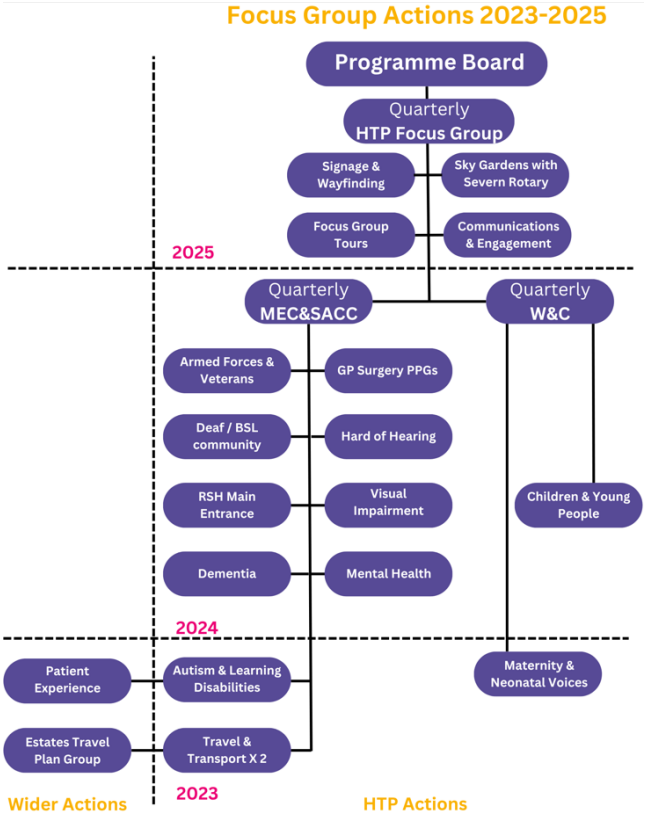
Please see the map below which highlights the areas of the Shropshire, T&W and Powys which were visited in Quarter 2:

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
July/August	Following feedback from public members at our June focus group we developed a HTP Naming and Colour Survey – The survey received 1617 responses from the public, staff and volunteers, the results were conclusive on naming convention but very close for the colour palette.	The naming of the areas in the new build at RSH came back as “Hills”. However considering the closeness of the colour palette results, the two options were taken back to the focus group for a final decision in September. Focus group members unanimously decided on ‘option 3’ which was inspired by local nature and has been taken forward as the colour palette for the new building.
21/07/25	Public Assurance Forum, Shropshire Patient Group (SPG), and Marden PPG member requested HTP presentations for both SPG and Marden PPG.	Dates have been provided and availability checked with team, looking to confirm dates in early September.

24/07/25	Brookside Community Centre – Healthwatch Telford & Wrekin contacted SaTH after their own engagement event in Brookside where they noted continuing concern about the plans.	Held HTP Drop-in, in conjunction with Healthwatch T&W who helped to promote and attended on the day, in Brookside Community Centre. The information provided did offer reassurance to local residents and future plans for PRH, particularly the Cancer Treatment Centre, were appreciated.
4 September	Design Council Slices – These information boards have been discussed at the September public focus groups and generally been considered a good idea. Suppliers were met on site to provide a quote for board design and installation in ED1 and ED2.	Suppliers have worked with HTP team to provide indicative designs that meet Design Council specifications. These were presented to the September focus group to gauge opinions and determine next steps to obtain suitable boards.
4 September	Joint Health Overview and Scrutiny Committee - Healthwatch T&W shared feedback that members of the public had sometimes been confused by the engagement offer, as to whether events were presentations or open-ended drop-ins.	Engagement portion of the SaTH website, content in presentations, and social media updated to more clearly list upcoming events as either presentations or drop-ins.
26 September	Nursing, Midwifery, AHP Conference: • Request during presentation, from a ShropCom colleague, to share information obtained from Dementia focus group as colleague was working in community hospitals on improving environment for those living with Dementia. • SaTH colleague in endoscopy department suggested leaving HTP leaflets in waiting areas for patients.	• Dementia Focus Group Q&As and presentation shared with colleague, as well as contact details for the SaTH Dementia Nurse Specialist. • Colleague supplied with leaflets for both PRH and RSH endoscopy and more will be provided, as required.
26 September	Wellington Rotary Club – A Rotarian in attendance was also a founder member of Telford Visual Impairment Group which HTP are presenting to on 02/10/25 and requested presenters to speak slowly and clearly as some	Presenters informed and presentation notes formatted in 20-point Arial, using style template that will be suitable for screen readers. This will be distributed afterwards for members unable to attend

	members did not hear well, also requested printed copy of presentation notes to be in 20-point Arial.	and made available on trust website in HTML for maximum accessibility.

4. SaTH CHARITY HTP FUNDRAISING UPDATE

SaTH Charity has been asked to support the fundraising for items not included in the £312million HTP build. These items fall outside the funding available to deliver the 'clinical model' of HTP but will enhance our patients, relatives and staff's experience. This section provides a brief update. Some of the additional developments raised at focus groups are also listed below

4.1 HTP Focus Groups feedback

Below is a summary of proposals received, and the status of each request as agreed at the last Programme Board meeting. Some proposals are still waiting feasibility studies/costs to be provided. Meetings have taken place with Cancer Services, Critical Care and Respiratory teams to discuss reserving existing funds and future fundraising for HTP schemes. A meeting is planned with Children's services in November and The Friends of Shrewsbury and Telford Hospital have also been approached for support. A separate HTP Fund is being requested to be set up at the next Charitable Funds Committee to track restricted donations received.

	Proposal	Current assumed status	Comment	Status
1	Redesigned front entrance one for ED/UTC one for main hospital	Included	In designs	Included
2	Second bereavement suite in W&C plus one flexible additional room	Included	Room allocated	Included
3	Soundproof bereavement suites	Included	In designs	Included
4	Provide "calm spaces" for neuro diverse patients	Partially implemented	Space only allocated	Cost of "seclusion" structures and sensory map identifying them
5	Provide communal space for families in ante/post-natal area to avoid isolation	Included	Breakout space allocated in	Cost of additional seating etc

			multi-bay near top of ward	
6	Sensory room in W&C for children with Learning Disabilities and families	Included	Room allocated	Cost of kitting out included
7	Wayfinding to include visual cues – e.g. hills decals. Lower-level signage ED information Boards	Not yet implemented	Was very important to number of groups	Cost of additional wayfinding cues
8	Toilet doors to be yellow for easy identification	Not yet implemented	Was very important to number of groups	Additional cost of yellow doors (less standard cost)
9	Dementia friendly clocks in rooms	Included	Design Council standard	Completed and ordered throughout ED1
10	2 Mental Health rooms in ED (Consider if could also be used as calm spaces)	Included	Rooms allocated	Cost of kitting out included e.g. mood lighting
11	Consider digital map/touch screen possibly with printout	Not included		Cost required
12	Involve public in wayfinding focus groups	Included	One held to date. Will need more later in process for furniture, furnishings etc	Ongoing
14	Lift display units for lone deaf/mute visitors – visual and audible instructions available through auto dialler	Included	Induction loop also included	Included
15	Consider using Makaton symbols for ALD	Not included		Costs required
16	Needs to be clear colour differentiation between floors	Included		Included

	and walls for dementia patients			
17	Children and young people wanted areas for social life while in hospital and family time	Spaces/rooms included		Costs to kit out required
18	Children and young people wanted USB points/charger points			Included
19	Use rounded edges where different colour paint used as wayfinding on doorways etc to “soften” angles			Included
20	Outside gardens for Oncology, Children’s & critical care	Space included	Landscaping required	Funding being sourced

5. CHARITY FUNDRAISING

5.1 SaTH Charity

SaTH Charity is planning a number of events to support the fundraising for the Children’s Ward and HTP, currently the ward will need to support fundraising for their new sky garden and to kit out their new sensory room.

- **Brass Band Concert** On 15th November Jackfield Brass Band (who have donated their time) will be holding a a charity concert at Abraham Darby school.
- **Christmas appeal** SaTH Charity is also working with the Children’s Ward on a children’s appeal aimed at encouraging donations towards a ‘Christmas Appeal’ which will support the build of the sensory room in the new building at RSH.
- **Cancer Centre - T**he Charity is supporting the fundraising by Lingen Davies Cancer Support for £5m for a new Cancer Centre at PRH
- **Transforming PRH Hub** – the Charity has funded the Hub which opened on 5 September attended by the CEO and Shaun Davies MP. The Public Participation team share the space with Lingen Davies and the Friends of the Shrewsbury and Telford Hospital as well as the HTP team to keep local people up to date with our plans and find out how they can get involved.

5.2 Shrewsbury Severn Rotary Club

SaTH Charity is working with the Shrewsbury Severn Rotary Club to support the fundraising of the new critical care sky garden and will be signing off the Memorandum of Understanding with them in November The Shrewsbury Severn Rotary's new president, Jonathon Callwood has already pledged to support the creation of the Critical Care "Sky Garden" project in memory of his father Godfrey who had spent time in Critical Care. He will be working with Rotary Clubs across Shropshire to plan a number of fundraising events to raise the needed funds for this garden.

5.3 Contactless Giving (Tap and donate)

During November 2025, the first contactless giving stations will be installed at SaTH. The two locations are going to be outside the Transforming PRH Hub and the Fracture Clinic at PRH. The contactless stations form part of SaTH Charity's 5 year strategy to "Make Giving Effortless and Inspiring" and are designed for donors to 'tap and donate' and make a quick and seamless donation to a cause important to them. The floor standing station outside the Hub will accept donations for different elements linked to HTP – Respiratory Treatment unit, Cancer Centre or Sky Gardens.

6. FORWARD LOOK

A forward look of current engagement Activity in Quarter 3 (October - December 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
01/10/25	Bridgnorth Befriending Group	HTP, Public Participation
02/10/25	Telford Visually Impaired Group - HTP Update	HTP, Public Participation
03/10/25	Lydham Friday Market HTP Drop-in	HTP, Public Participation

09/10/25	Oakengates drop-in, Senior Social Session	HTP, Public Participation
13/10/25	Leadership Conference	HTP, Public Participation
14/10/25	MMPPA Health & Wellness Day	Public Participation
23/10/25	Rotary Club of Ironbridge	HTP, Public Participation
28/10/25	About Health - HTP	HTP, Public Participation
29/10/25	Hospital Update	Public Participation
26/11/25	Hospital Update	Public Participation
02/12/25	Critical Care Sky Garden (MEC&SAC Focus Group)	HTP, Public Participation

7. RECOMMENDATIONS

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 2 (2025/26)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 3 (2025/26)

Appendix 1

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

DATE	EVENT	VENUE	TIME
01/10/25	Bridgnorth Befriending Group	Shropshire Fire and Rescue, 17 Innage Lane, Bridgnorth, WV16 4HJ	13:00-15:00 (exact slot TBC)
02/10/25	Telford Visually Impaired Group - HTP Update	Meeting Point House, Southwater, Telford Town Centre	14:00-15:00
02/10/25	V2C Session 4 - Industry interviews	PRH	18:00-19:00
03/10/25	Lydham Friday Market HTP Drop-in	Lydham Village Hall,	10:00-13:00
07/10/25	Hidden Illness and Disability Exhibition	Barnabas Community Church Longden Coleham, Shrewsbury SY3 7DN	10:00 - 16:00
09/10/25	Oakengates drop-in, Senior Social Session	The Wakes, Theatre Square, Oakengates, TF2 6EP	12:30 - 14:30
13/10/25	Leadership Conference	SECC	9:30-13:30
14/10/25	MMPPA Health & Wellness Day	Market Hall, High St, Newtown, SY16 2NX	10:00-15:00
16/10/25	About Health - Menopause	Teams	18:30 - 19:30
19/10/25	Crafts and Cocktails - Event by Sally Jamieson	The Alb, Shrewsbury	19:00 - 21:30
23/10/25	Rotary Club of Ironbridge	Best Western Valley Hotel, Coalbrookdale, TF8 7DW	19:45-20:45
26/10/25	Halloween Kid's Craft Club	The Alb, Shrewsbury	13:00 - 16:00
28/10/25	About Health - HTP	MS Teams	18:30-19:30
29/10/25	Hospital Update	Teams	11:00 - 12:00
30/10/25	Young People's Academy	Education Centre PRH	09:00 - 16:00
06/11/25	V2C Session 5 - Values-based interviews	PRH	18:00-19:00
15/11/25	SaTH Charity Autumn Concert	Abraham Darby School, Madeley	19:00 - onwards
18/11/25	Shropshire Patient Group	MS Teams	17:00 - 19:00
25/11/25	V2C Session 6 - Celebration event	PRH	18:00-19:30
26/11/25	Hospital Update	Teams	11:00 - 12:00
27/11/25	People's Academy	Education Centre PRH	09:15 - 15:00
02/12/25	Critical Care Sky Garden (MEC&SAC Focus Group)	K2 (William Farr House) and MS Teams	10:00-12:00
03/12/25	Telford Patients First	Dawley Town Hall	14:00 - 16:00

Public Assurance Forum
October 2025

Agenda item		2025/47		
Report Title		Strategy and Development Update		
Executive Lead		Nigel Lee, Director of Strategy and Partnerships		
Report Author		Carla Bickley, Associate Director of Strategy and Partnerships		
CQC Domain:		**Link to Strategic Goal:**		**Link to BAF / risk:**
Safe	√	Our patients and community	√	BAF1, BAF2, BAF3, BAF4, BAF6, BAF7b, BAF8, BAF9, BAF10, BAF11, BAF12, BAF13
Effective	√	Our people	√	
Caring	√	Our service delivery	√	**Trust Risk Register id:**
Responsive	√	Our governance	√	
Well Led	√	Our partners	√	
Consultation Communication				
Executive summary:		**Purpose** The purpose of the report is to provide the forum with an update on recent appointments to key posts and Strategy and Development work being undertaken focussing on the 10 year plan, the development of Neighbourhood Health and the implementation of a group model between SaTH and ShropCom. **Main points**: 1. Simon Whitehouse appointed to role of 'ICB Cluster' Chief Executive for Shropshire Telford & Wrekin ICB and Staffordshire & Stoke ICB. 2. Jo Williams appointed to Group Chief Executive for SaTH and ShropCom. 3. Internal review commenced as part of the operational planning process to align the NHS 10 year plan, systemwide Joint Forward Plan, Neighbourhood Health and subsequent organisational strategies and transformation programmes of work. 4. A systemwide National Neighbourhood Health Maturity Self Assessment has been completed which was submitted to NHSE. Results will be utilised to inform the Neighbourhood Health Implementation Programme. 5. On 8th August, the system submitted 2 Place based applications to be part of the first phase of the National Neighbourhood Health Implementation Programme, one for Shropshire Place and one for Telford & Wrekin Place. All key local stakeholder partners		

	provided written confirmation of support for our application to be submitted. Summary details of the programme and our approach is provided in the main report. On 9th September 2025 we received confirmation that Shropshire's bid was successful, preparation work has commenced and the system is currently working with NHSE to finalise structure and implementation plans. 6. The system wide governance structure for Neighbourhood Health is developing, building on our strong Place-based governance arrangements and are described in the main report. 7. This is a multifaceted, complex area of work as such work continues to progress in relation to key considerations for SaTH moving forwards that are aligned with current programmes of work, the proposed implementation of the group model, system changes and national priorities. 8. Implementation of the group model has been approved via both Trust Boards with work commencing on a transitional plan for implementation 1 April 2026.
Recommendations for the Committee:	The Public Assurance Forum is asked to NOTE the contents of the report and required actions.
Appendices:	Appendix 1 – 10 Year Plan, Impact on Acute Care

1. Introduction

The purpose of the report is to provide the forum with an update on recent appointments to key posts and Strategy and Development work being undertaken focussing on the 10 year plan, the development of Neighbourhood Health and the implementation of a group model between SaTH and ShropCom.

2. Key Appointments

- Simon Whitehouse appointed to role of 'ICB Cluster' Chief Executive for Shropshire Telford & Wrekin ICB and Staffordshire & Stoke ICB.

- Jo Williams appointed to Group Chief Executive for SaTH and ShropCom.

3. NHS 10 Year Plan

The NHS 10 year plan was launched 3rd July 2025, this plan aims to modernise the NHS and make it "fit for the future" by focussing on three key shifts:

- **Analogue to Digital**
  Utilising new technologies such as AI, genomics and wearable devises to streamline administration, improve patient choice and enhance healthcare efficiency
- **Hospital to Community**
  Shifting more care from hospitals to peoples homes and local, community settings to improve accessibility and convenience
- **Sickness to Prevention**
  Focussing on early intervention, health education and making healthy choices easier to reduce illness and promote longer, healthier lives

Key aspects of the plan include:

- Digitalisation – A central aim to give patients more control over their health data through a "single, secure and authoritative account of their data and a single patient record"
- Community Care – The plan emphasises shifting care from hospitals to community settings, with neighbourhood health centres becoming the primary point of contact for patients
- Prevention – A focus on preventing illness rather than just treating sickness is a core component of the strategy
- Public engagement – The plan was informed by public views and this will be a priority for all care providers moving forward
- Addressing Challenges – The plan seeks to address current challenges within the NHS, such as prevention, health inequalities, primary care, neighbourhoods, care at home or closer to home

A summary of the impact of the 10 year plan on acute care is summarised in Appendix 1.

4. Neighbourhood Health

The recently published NHS 10 Year Plan describes the need to develop a Neighbourhood Health Service as one of the cornerstones to delivering the government's commitment to make 3 shifts: from hospital to community, from sickness to prevention and from analogue to digital.

The NHS 10 Year Plan describes the neighbourhood health service as bringing care into local communities, convening professionals into patient-centred teams and ending fragmentation. In doing so, the aim is to revitalise access to general practice and enable hospitals to focus on providing world class specialist care to those who need it. Over time, it will combine with the new national genomics population health service to provide predictive and preventative care that anticipates need, rather than just reacting to it.

At its core, the neighbourhood health service embodies a new preventative principle that care should:-

- happen as locally as it can
- digitally by default
- in a patient's home if possible
- in a neighbourhood health centre when needed
- in a hospital if necessary.

In addition, NHSE published Neighbourhood Health Guidance for both Adults and Children and Young People in January 2025 setting out requirements for 2025/26. In July 2025, they required systems to submit a Neighbourhood Health Maturity Self Assessment and in August 2025 invited systems to submit Place-based applications to take part in the first phase of the National Neighbourhood Health Implementation Programme.

4.1. NHS 10 year plan core components aligned to the systemwide Five Year Joint Forward Plan, Neighbourhood Health, Strategy and Transformation

The ICS has recently undertaken a review of the core components included in the 10 Year Plan aligned to the systems Joint Forward Plan. To build upon this work, as an organisation in conjunction with our planning framework and proposed group operating model a review our organisational position in terms of the above is being undertaken. It is recommended that this is embedded within our integrated planning rounds, led by our planning and transformation team with key operational, clinical and strategic input. The main outcomes resulting in a robust medium to long term plan that is aligned to our strategic priorities, CIP, improvement and transformation programmes of work alongside the development of a revised Trust/Group Strategy and Clinical Strategy that informs our future strategic direction.

4.2. Neighbourhood Health Maturity Self Assessment

In July 2025, all systems were provided with a framework by NHSE to support system level self-assessment of current levels of maturity with regards to Neighbourhood Health as defined in the Neighbourhood Health guidance published in January 2025.

Key system leads and partners contributed to the completion of the self-assessment, the system return was submitted on 24th July 2025. The findings from this will be utilised to inform future service delivery and plans.

High level detail of the systems assessment is detailed below:

Neighbourhood Health Component	Overall level of maturity
Population Health Management	Achieving
Modern General Practice	Progressing
Integrated Neighbourhood Teams (INT)	Starting
Urgent Neighbourhood Services	Progressing
Integrated Intermediate Care/Home First	Progressing
Standardising Community Services	Starting
Digital	Progressing
Workforce	Starting
System Architecture and Model of Care	Progressing
Clinical and Professional Leadership	Achieving

4.3. Applications for the National Neighbourhood Health Implementation Programme

In July 2025, NHSE invited all systems to apply to participate in the first phase of a National Neighbourhood Health Implementation Pilot Programme with 42 places available. Applications had to come from Place level - 'Place' in this context meaning the geography of a unitary authority size.

The National Neighbourhood Health Implementation Programme (NNHIP) is a large-scale change programme that will support Places to embed the culture and capability required to deliver a Neighbourhood Health Service as set out in the NHS 10 Year Plan. The heart of this is how services are organised both within neighbourhoods and collectively across a group of neighbourhoods – and how those services work effectively together to achieve the best possible outcomes for their population.

NHSE indicate that they will prioritise working with Places that want to explore using the full range of approaches set out in the 10 Year Health Plan such as:-

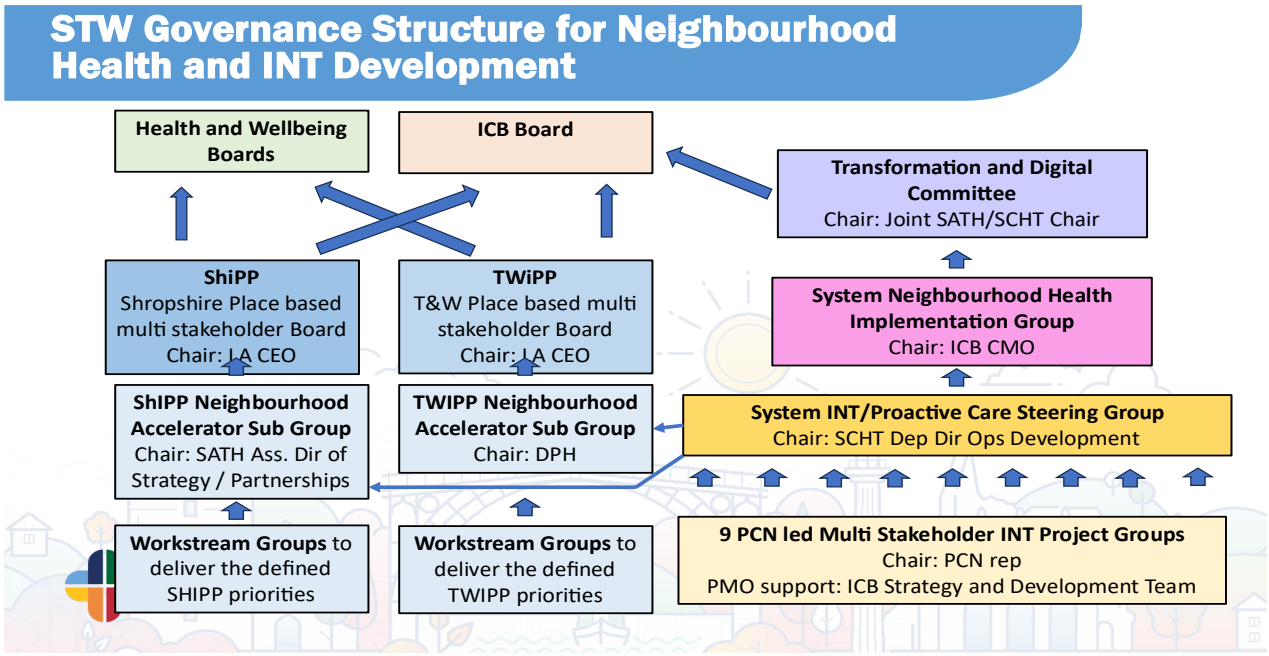
- working on new financial flows to incentivise achievement of key population outcomes;
- supporting GPs to work at scale ;
- the development of neighbourhood and multi-neighbourhood providers

STW submitted 2 strong Place-level applications on 8th August 2025, one for Shropshire and one for Telford & Wrekin, each focusing on tackling health inequalities, with particular emphasis on rurality and specific health inequalities in the Core20 plus 5 cohorts. All key system stakeholder partners provided written CEO level confirmation of their support of our applications and the programme. This includes our Local Authorities (LAs), 4 local NHS providers, 9 PCN Clinical Directors, Pharmacy, Dental and Optometry, VCSE, Healthwatch, Fire Service and Police. On 9th September 2025 we received confirmation that Shropshire's bid was successful, preparation work has commenced and the system is currently working with NHSE to finalise structure and implementation plans.

4.4. System Neighbourhood Health Governance arrangements

The ICB is currently strengthening its governance arrangements for Neighbourhood Health, building on the already strong foundations established through the Place based Boards, Shropshire Integrated Place Partnership (ShIPP) and Telford & Wrekin Integrated Place Partnership (TWIPP).

The proposed governance for Neighbourhood Health is set out diagrammatically below.



As an organisation we will continue strengthening our collaborative working arrangements with key stakeholders and our internal governance structure and reporting models via the group model implementation.

4.4. Neighbourhood Health Development

We are committed and have made significant improvements in terms of establishing a consistent system-wide neighbourhood health framework and strong partnership relationships on which to further progress our delivery of the national neighbourhood health service model. We have demonstrated progress in all of the 10 components of the national neighbourhood health guidance and following the maturity self-assessment we have a detailed plan of what is working well and areas requiring further development.

As part of the visit by Dr Claire Fuller, Co-national Medical Director – Primary Care, in early August 2025, system partners had an opportunity to showcase the work being delivered and piloted across STW. We have a rapidly developing network of community hubs (including women's health hubs) which are supported by all partners; examples such as the Highley
health & wellbeing centre illustrate the benefits of co-locating health, care and broader services. Our integrated neighbourhood team (INT) work is seeing promising results for both adults and children & young people (such as CYP pilot in Oswestry), and learning is spread across both Places. And our Place-based work, underpinned by neighbourhood health, remains pivotal to delivery of the 3 shifts.

Prioritisation based on need is also a key feature. Building on public health-led Joint Strategic Needs Assessments, the ICB and partners have described targeted cohorts of patients informed by population health data and a risk stratification/segmentation approach. Collectively, we are developing plans to allow the INTs (with PCNs at the heart) to focus on the priority pathways and priority patient cohorts in each neighbourhood.

7. Considerations for SaTH

This is a multifaceted, complex area of work, as such there are some key considerations for SaTH moving forwards. Following our internal review as detailed above to align both National and local priorities to our integrated planning rounds, we will have a robust medium to long term plan that is aligned to our Strategic priorities, CIP, improvement and transformation programmes of work alongside the development of a revised Trust/Group Strategy and Clinical Strategy that informs our future strategic direction.

Work continues to progress in this area, with future updates to follow.

7. Group Model

The implementation of a Group model between SaTH and ShropCom has been approved via both Trust Boards in September 2025. The development of a transitional plan is underway with the target date for implementation of 1 April 2026. Further updates to follow as work progresses.

8. Recommendation

The Public Assurance Forum is asked to NOTE the report and required actions.

10-YEAR PLAN: IMPACT ON ACUTE CARE

Fit for the Future: 10 Year Health Plan for England

SHIFT FROM HOSPITALS TO COMMUNITY ("HOSPITAL TO HOME")

- Smaller share of NHS expenditure, shifting investment to neighbourhood and community care (next 3–4 years)
- Focus exclusively on high-acuity, specialist care.
- Fewer outpatient appointments and elective procedures in hospitals. Hospital outpatient departments are to be phased out by 2035.

RECONFIGURATION OF ACUTE AND EMERGENCY CARE

- Same Day Emergency Care and Urgent Treatment Centres will be expanded and co-located
- A&E attendance will be pre-screened via NHS 111 or the NHS App before people arrive.
- Corridor care to be eliminated and a return to the 92% elective standard
- Hospitals will support delivery of urgent care in homes or local centres

TECHNOLOGY EXPECTATIONS FOR ACUTE PROVIDERS

- All hospitals fully AI-enabled by 2035. Ambient AI documentation to save time for clinicians. AI early warning systems for deteriorating patients and detecting systemic failures (e.g., in maternity).
- Surgical robotics to be significantly scaled up
- Hospitals must invest in: Digital front-end systems.
- Best practice tariffs will be aligned to hospitals adopting robotic surgery, digital pathways & AI tools.

FINANCIAL REFORMS AFFECTING ACUTE PROVIDERS

- Hospitals will no longer be automatically bailed out for running deficits. By 2030, most providers are expected to achieve surplus positions.
- Will transition from block contracts to: Outcome-based payments, year-of-care tariffs & bonuses for high-quality, high-productivity care.
- Trusts can retain 100% of capital receipts (e.g., land disposals) and use them flexibly across years.

WORKFORCE & SKILLS EXPECTATIONS

- The acute workforce will be retrained to work alongside AI and robotics.
- A new national College of Executive and Clinical Leadership will be established.
- Senior management pay will be linked to performance (on timeliness, finances, outcomes).
- Staff in underperforming hospitals will not receive automatic pay increases.

QUALITY, TRANSPARENCY & ACCOUNTABILITY

- Public-facing league tables with data on waiting times, outcomes, and patient feedback.
- NHS App- patients can rate hospitals and clinicians.
- CQC inspections accelerated where poor data flagged
- Persistent poor care may lead to contract termination, regardless of provider type

STRUCTURAL AND GOVERNANCE REFORMS

- The FT (Foundation Trust) model will be revived with more autonomy: Freedom to borrow and retain surpluses.
- Acute trusts meeting high standards may evolve into Integrated Health Organisations (IHOs) and control whole-population budgets.
- Underperforming acute trusts may face intervention under a new failure regime.

PATIENT FIRST

- Care will be closer to home for diagnostics, follow-ups and long-term condition management
- NHS App will give grater autonomy in booking, choice and viewing plans
- Single unified patient record will be in place. Less repetition and faster intervention
- Patient Power Payments pilot: patients can approve or delay provider payment depending on experience.

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Supplementary Information Pack

Agenda item

2025/48

i. Public Participation Plan: 2024/25 Action Plan Update **Pages 124 – 130**

ii. Draft Public Participation six monthly Board Report **Pages 131 - 184**

The Shrewsbury and Telford Hospital NHS Trust

Public Assurance Forum: 3 November 2025

Agenda item		2025/48		
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	√	BAF 9
Effective		Our people		
Caring		Our service delivery		**Trust Risk Register id:**
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: • Community Engagement (including HTP) • Volunteers • SaTH Charity 2. The key risks are: • Fail to deliver the Public Participation Plan, resulting in a lack of confidence for our communities • Fail to deliver statutory duties (s242) to engage with the public, resulting in possible judicial challenge 3. We are have the following actions: • Continue to support our Divisions to ensure they meet their Statutory Duties.		
Recommendations for the Public Assurance Forum:		The Public Assurance Forum is asked to: **NOTE** The Activity completed by each of the areas during Quarter 2 This report is provided **for information only.**		
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 2 from each of the Public Participation areas includes:

1.5 **Volunteers:**

- We are currently developing our 5 year volunteer strategy with staff and volunteers. The strategy will be finalised and approved by April 2026
- We are redeveloping our Youth Volunteer scheme and we are currently working with the Duke of Edinburgh Charity to become an Approved Activity Provider for volunteering.
- Our webpages have been reviewed and we have updated our application form to support the recruitment of volunteers to roles that are required within the Trust. Currently the average time to complete the recruitment process is 3.2 weeks.
- We have delivered a number of training sessions for volunteers in the last quarter, including RSH buggy training, IOR training (Initial Operational response)
- Volunteer Coffee and Catch Up's are being held monthly at both hospital sites and we have introduced evening sessions to support more volunteers attending.
- 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 are currently planning cohort 6 in which we are looking to implement a general VtC training programme.
- The volunteer driver scheme continues to be successful, with drivers at both sites. The service now supports discharge, outpatients, maternity, A&E and renal patients. To support the continuation of this scheme, we are currently recruiting a band 5 volunteer facilitator who will support this project as well as the volunteer service.

1.6 **Community Engagement:**

- Currently recruiting to a full time engagement post and interviews are taking place in October 2025
- We are currently developing our five-year Engagement Strategy with staff and our local communities. We plan to have the strategy approved in April 2026
- This Quarter we have been making links with our Seldom Heard Communities, including a visit to a traveller site with community partners
- 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 Q2 – HTP update (HTP team) and an talk by on Diabetes (Dr Anna Green) both were well received by the public. Four events have been planned for Quarter 3
- Supported engagement around a potential service change of pre-operative clinics moving from RSH to Sentinel Park, Shrewsbury.

1.7 **SaTH Charity:**

- The Charity’s Annual Report was reviewed by Charitable Funds Committee at September’s meeting. The draft report has now been submitted for review to the auditors.
- The “Transforming PRH” hub has open at the reception area of PRH in September, and provides the opportunity for staff and visitors to find out more about HTP and the work of the charity.
- SaTH Charity is building links with external organisations to support fundraising for the charity including Shrewsbury Rotary club who are fundraising for the new Critical Care Sky Garden at RSH.
- Charitable Funds Committee have approved an apprentice post which will support the charity with its fundraising.
- SaTH Charity is working with our communications department and five stories made external press releases and 2 stories were picked up by national networks.
- In July, SaTH Charity’s annual NHS Birthday celebrations were underway with staff nominating 270 colleagues for an NHS Daisy and thank you card.
- There is regular review of how we communicate and engage with supporters and potential supporters of the charity. Next newsletter is being drafted currently.

2 Recommendations

The meeting is asked to:

NOTE the current activity in Quarter 2 2025/26 across the Public Participation Team against the Public Participation action plan.

Julia Clarke
Director of Public Participation
November 2025

SaTH Charity Development & Action Plan April 2025-26

V3 01/10/2025

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 sta- well-being, ensuring the funds raised makes a meaningful di-erence. 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 sta- dedication, we will make the charity integral to the hospitals' transformation.
- We will support and develop our fund advisors, sta-, and internal teams to maximize their potential. By providing training, tools, and guidance, we will align charitable e-orts 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 develop 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 — April – May – June

- Introduce digital donation pilot (TapDonate). Initially working with Fracture Clinic at PRH
- Engage with Fund Advisors and partners to implement new SaTH Charity Policy and online request form
- Develop HTP fundraising strategy working with HTP (and Lingen Davies for Cancer Centre).
- Submit paper to CFC for additional Charity resource to support HTP fundraising
- Review branding of SaTH Charity (to also include consideration for HTP appeal)
- Plan and promote annual charity fundraising events (Football Tournament, SaTH Charity Thank You Campaign, Shrewsbury Half Marathon and Jackfield Brass Band Charity Concert).
- Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter
- Work on branding awareness at new PRH Main reception HTP/Charity hub

Q2 — July — August — Sep

- Submit draft copy of the Annual Report for review by CFC.
- 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
- Reach out to "corporate" HTP support eg Rotary, Foundations
- Work closely with the Trust's Communication team to promote SaTH Charity with external and internal audiences
- Awareness campaign on Staff Lottery Sign Ups and summer promotion of Small Things Fund
- Submit draft copy of the Annual Report for review by Auditors.
- Deliver SaTH Charity Thank You Campaign on NHS Birthday
- Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter

Q3 — Oct — Nov — Dec

- Explore and develop partnership working to create opportunities to support major appeals for HTP
- Ensure fundraising priorities and divisional charity expenditure plans are aligned to Trust's strategic priorities
- Deliver key milestones for HTP appeal plans.
- Awareness campaign on Staff Lottery Sign Ups and summer promotion of Small Things Fund
- Promotion of 'Small Change Big Difference' Scheme
- Deliver SaTH Charity Concert
- Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter

Q4 — Jan — Feb – March

- Deliver key milestones for HTP appeal plans.
- Provide guidance and training for fund advisors and staff on donor stewardship and fundraising activities
- 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.
- Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter

General Notes — Progress against Q2

- Annual Report reviewed by CFC at September meeting
- The 'Transforming PRH Hub is now open and we are feeding back to the HTP team to inform the strategy going forwards
- Work is ongoing with the "corporate" HTP support and a MOU has been created for Shrewsbury Rotary Club
- Working with comms is ongoing with 5 stories making external press releases and many more internal. 2 stories where picked up by national networks
- The Small Things and Lottery continue to be promoted to staff in chatterbox
- Draft copy of the Annual Report has been submitted for review by Auditors.
- The SaTH Charity NHS Birthday campaign completed successfully with 270 nominations being received
- Regular news stories have featured in chatterbox and social media, and the quarterly supporter newsletter is being drafted

SaTH Community Engagement Action Plan 2025/2026

PACT Partnering · Ambitious Caring · Trusted

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

NHS The Shrewsbury and Telford Hospital NHS Trust

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.

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

April—May—June 2025

1. Recruit to Engagement vacancies
2. Work with SaTH Health Inequalities group to identify key audiences for thematic engagement.
3. Create a diary of engagement events/invites and share internally to enable collaborative engagement
4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities
5. Deliver About Health events
6. Provide support for Hospitals Transformation Programme
7. Work with divisions to ensure they meet their Section 242 duties.

Q2

Jul-Aug-Sep-2025

1. Recruit to Engagement vacancies
2. Create plan for Public Participation strategy development including community survey and workshop events.
3. Visit 2 priority community groups
4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities
5. Deliver About Health events
6. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)
7. Provide support for Hospitals Transformation Programme

- Work with divisions to ensure they meet their Section 242 duties.

Q3

Oct—Nov—Dec-2025

1. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.
2. Progress Public Participation Strategy engagement.
3. Visit 2 priority community groups
4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities
5. Deliver About Health events
6. Provide support for Hospitals Transformation Programme
7. Work with divisions to ensure they meet their Section 242 duties.

Q4

Jan—Feb—March-2026

1. Review social media outcomes and develop standard protocols for ongoing use.
2. Visit 2 priority community groups
3. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities
4. Deliver About Health events
5. Provide support for Hospitals Transformation Programme
6. Work with divisions to ensure they meet their Section 242 duties.

General Notes

Outcomes—Q2

1. Full-time engagement vacancy authorised and interviews taking place in October.
2. Initial planning meeting taken place for progress at Public Participation Away Day on 08/10/25
3. Visit to Traveller site resulted in ongoing programme of visits with community partners
   Collaborative engagement with community stakeholders leading to targeted engagement opportunities (CoCo Befrienders)
4. Ongoing but limited attendance at community events and meetings due to capacity issues
5. About Health events:
   HTP—July
   Diabetes—August
   Four events planned in Q3
6. Ongoing collaboration with HTP engagement and information shared at all engagement outreach.
7. Supported engagement for move of Pre-Op clinic.
   Support requests received for surveys from across the Trust.

SaTH Volunteer Development & Action Plan
April 2025 to March 2026

V1 17/03/2025

The Shrewsbury and Telford Hospital NHS Trust

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.

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 Q2**
• New members of the volunteer team to start in post and have an induction period • Progress with the Volunteer to Career Programme in Midwifery and Veterans and families (cohort 5 to start in June) • Develop Discharge Volunteers programme action plan and start the implementation of the discharge driver role and the discharge support phone calls • Deliver Volunteers' Week celebration event June 2025 • Coordinate monthly coffee and cake catch up with volunteers • Review the feedback from the 2025 volunteer survey and develop an action plan • Targeted recruitment of volunteers for areas where there is the most need for the Trust eg waiting list validation	• Develop with the input from volunteers and staff, a draft of the 5 year Strategy for volunteering and annual plan on a page • Launch 2025/6 September Youth Volunteer Programme • Review and update website content and social media exposure • Review Better Impact content (files, templates etc.) to ensure it is current. • Organise 2x Focus Group on selected area • Monthly coffee and cake catch up with volunteers • Review the discharge programme and outcomes. • Plan implementation of discharge programme as business as usual • Plan Cohort 6 of the VtC programme	• Interviewing, processing and training for the new cohort of Youth Programme volunteers • Plan and send volunteers annual survey • Contribute to Trust Volunteers awards process • Ensure volunteers are included in staff Christmas celebration • Monthly coffee and cake catch up with volunteers • Organise 2 x Focus Group on selected area • Engage with schools and colleges with on and off site presentations regarding volunteering • Review VtC programme Cohort 6	• Volunteer annual survey to go out to all volunteers • Develop a plan on a page for 2026/2027 • Plan Volunteers' Week 2026 • Review Better Impact as our management platform and implement updates • Organise 2 x Focus Group on selected area • Launch second intake for Youth Programme to open in February • Organise monthly coffee and cake catch up with volunteers • Active database and volunteer role review	• Currently developing a strategy for volunteering. Discussed with the team, and will be getting the views of our volunteers. • Redeveloping the Youth volunteer programme, working with the DOE to become an accredited volunteer provider • Updated website, and volunteer application form to support recruitment to the roles required by the SaTH • Template letters have been updated and ongoing reviews to ensure the information provided is up to date and relevant. • Focus group training session on IOR for volunteers • Monthly catch up sessions with volunteers each month at both sites, including evening sessions • The volunteer driver scheme has been implemented successfully. Helpforce are currently analysing the impact. • Recruiting to a band 5 volunteer facilitator role to support the ongoing discharge volunteer programme • Cohort 6 VtC is currently being planned and looking at implementing a general VtC training programme

Public Assurance Forum meeting: 13 November 2025

Agenda item		2025/49		
Report Title		Quarter 1&2 Public Participation Report		
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	√	BAF9
Effective		Our people		
Caring		Our service delivery		**Trust Risk Register id:**
Responsive		Our governance		
Well Led	√	Our partners		
Consultation Communication				
Executive summary:		The Shrewsbury and Telford Hospital NHS Trust is committed to ensuring that the patient-public voice is at the centre of shaping our health services, both now and in the future. At the heart of our organisation and its future success are our patients, carers and local communities. We aim to provide the best care and experience we can, and to ensure that we do this, our local communities need to feel listened to, and that as an organisation we are responsive to their needs across Shropshire, Telford & Wrekin and Mid-Wales. Whilst we have a legal duty to engage with the public, we go far beyond this requirement. In the overview of the SaTH Care Quality Commission Inspection Report published in May 2024, the CQC found "*People who use services, the public and staff were highly engaged and involved to support high-quality sustainable services*" Under the banner of **#GetInvolved**, https://www.sath.nhs.uk/about-us/get-involved/get-involved-public-participation/ we aim to provide a range of opportunities for our communities to be involved with us. We reach out to engage with the public and the emphasis is on everything we do directly linking to our local communities.		
Recommendations for PAF:		The Public Assurance Forum is asked to: NOTE the current activity from April 2025 to September 2025 across the Public Participation Team and TAKE ASSURANCE from this work that our statutory duties are being met as well as CQC Well-led requirements		
Appendices:		Appendix 1: 6 month Public Participation Trust Board Report (in PAF supplementary pack)		

1.0 Public Participation Team

The Care Quality Commission rely on Key Lines of Enquiry (KLOEs), prompts and sources of evidence to answer the five key questions: is the service safe, effective, caring, responsive and well-led. One of the 8 Well-led KLOES is "*are the people who use the services, the public, staff and external partners engaged and involved to support high quality sustainable services*" and more specifically relating to public participation *"are people's views and experiences gathered and acted upon to shape and improve the services and culture? Does this include people in a range of equality groups?"*

The Public Participation Team consists of three main inter-related public-facing teams

- Community Engagement including the Hospitals Transformation Programme (HTP)
- Volunteering
- SaTH Charity

Under the banner of Get Involved – Make a Difference the team https://www.sath.nhs.uk/about-us/get-involved/get-involved-public-participation/ there are lots of different ways to Get Involved and we've listened to feedback from our communities and made it easier to do. We reach out to engage with the public and the emphasis is on everything we do directly linking to our local communities. We are also currently working with staff, public and volunteers to develop our Community Engagement and Volunteers 5-year Strategies for approval in May 2026.

The Public Participation Report contains a summary/highlights of the work across these three teams in slides 2-4, with the detail in the following slides.

2.0 Community Engagement including HTP (slides 8-25 in presentation)

2.1 The Community Engagement Team continues to engage with the public with a regular series of virtual and face-to-face meetings, health lectures and newsletter email updates. Activity is reported to the quarterly Public Assurance Forum which is co-chaired by a SaTH NED (Professor Trevor Purt) and a public member from Montgomery Health Forum (Cllr Joy Jones) and has a wide range of community, voluntary and statutory sector organisations as members, who have the opportunity to discuss issues directly with our Divisional teams, who also attend. The papers are published on our website for full transparency and key items from the meetings in April and July are included in the accompanying pack (Slides 9 and 10).

2.2 Our community members (5337) and organisations (472) continue to increase (Slide 11 details) and they have access to a wide range of ways to find out more about the Trust and to get involved. Some of the events we have attended/organised, especially relating to engaging with our Seldom Heard Communities are detailed on Slide 12

2.3 Our engagement team has focused their engagement this year on four core areas – Dementia, Diabetes, Respiratory and Cardiovascular, which align well to the national priority cohorts of patients as part of the National Neighbourhood Health programme. Slides 13-16 outline the engagement we have undertaken and the impact of our engagement.

2.4 **HTP engagement (see slides 17- 25)** The Public Participation Department has been leading the work to engage with our local communities around the Hospitals Transformation Programme (HTP).

The team has organised a number of events including regular quarterly public focus groups (aligned to the clinical workstreams i.e. Medicine, Emergency Care; Surgery, Anaesthetics, Cancer & Critical Care; and Women & Children's), as well as focus groups for patients with specific conditions e.g. mental health, dementia, children & young people and one looking specifically at the new main entrance. In April and September, we held focus groups on Communication for Urgent and Emergency Care and Signage and Wayfinding. All these have an extensive Q&A section to gain the views and comments from attendees. All focus groups presentations are published on our website along with the Q&As and action logs (after they've been reviewed by the attendees) to ensure full transparency. For more information please see our website: **HTP Focus Groups - SaTH**

2.5 We have also attended 31 events across the county and mid-Wales (noting there has been a pause due to going into the pre-election period in March). The map below shows the spread of the face to face meetings and details of all meetings we attended are on slides 19-21 in the supplementary pack

2.6 We have been planning our engagement with our local communities for the next 6 months including the following focus groups:

- HTP Public Focus group – 2 December 2025 (Hybrid meeting)
- Public focus group on the Critical Care Sky Garden with Shrewsbury Severn Rotary Club – 5 December 2025 (Hybrid meeting)

2.7 Our last HTP About Health Event took place on Tuesday 4 November at 6.30pm on MS Teams

2.8 On the 5 September 2025 the Transforming PRH Hub was opened near the main entrance of PRH, providing a space for the charities that are supporting developments at PRH to share information about their activities, as well as a place to share information about HTP

2.9 Slides 23-24 outline our "You Said, We Did" following feedback from our local communities at events and focus groups in relation to HTP

3.0 Volunteers (Slides 26-34)

3.1 We currently have 214 volunteers, who have given over 12,500 hours of volunteer time over the past 6 months. We have over 30 different role descriptions across all areas on the Trust including non-clinical support roles. Our volunteers have supported an number of "one off events" alongside their regular placements, including Exercise Jupiter and the vertical evacuation event at SERII. We have new members of staff join the volunteer team and on average we are taking 3.2 weeks to carry out the relevant recruitment checks and training for new volunteers (slide 27).

3.2 In collaboration with the National Charity Helpforce, we have been able to highlight the amazing work of our volunteers has gained local and national media attention with the inspirational stories of Alisha-Mai Stevens, Claire Ashton and Robert Turner. (slide 28)

3.3 We have developed several new volunteer roles, including a digital volunteer role and an appointment reminder service. Following a meeting with the Duke of Edinburgh Charity we are soon to become an Approved Activity Provider for volunteering (Slide 29-30)

3.4 Following joint funding by SaTH Charity and the League of Friends we have been able to purchase a volunteer buggy. The buggy is to support patients with mobility issues to get to outpatient clinics from the treatment centre. (Slide 31)

3.5 Slides 32-34 highlight the successful volunteer driver project that has been introduced following a successful bid proposal to the ICB. We have worked with National Charity, Helpforce to deliver this project, which has seen our 14 volunteer drivers undertaken 462 since June to take patients home following discharge from hospital or following an outpatient's appointment. 90.5% of patients were collected within 30 minutes of the requesting being made and the service has been extended to support maternity and renal patients recently. Our data also shows that 44.8% of patients who utilised our service were in the 1st and 2nd quintiles for deprivation.

4.0 SaTH Charity (Slides 35- 46)

4.1 Income for the 6 months of Q1 & Q2 2025/26 was £217,683 compared to £349,982 in the same period last year (please note that in May and August 2024 we received 3 legacies totalling £212,489 which is why the income is significantly higher). Expenditure for the same period was £342,919 compared to £178,986 in 2024. Some examples of expenditure are shown on Slide 37.

4.2 Currently SaTH Charity has 1152 supporters (slide 38):
Donors (1057) - Provide financial support to the charity – this could be through a one-off donation, or multiple donations.
Fundraisers (95) -Organise events, and other initiatives, such as a sponsorship for a marathon, to raise money and donations.

4.3 SaTH Charity was delighted to announce the opening of a dedicated Transforming PRH Hub, in collaboration with the League of Friends of the Shrewsbury and Telford Hospital and Lingen Davies charities. The Hub officially opened its doors on 5 September at the main entrance of Princess Royal (PRH), with local partners in

attendance, including local MP Shaun Davies. The hub will serve as a central information point for patients, visitors and staff to find out more about the work happening to transform PRH and how they can get involved. (Slide 39)

4.4 Slides 40-41 highlight some of the ways SaTH Charity have made a difference, including, the purchasing a fourth robotic scope which can be used for upper gastrointestinal surgery (slide 40) and a new fluoroscopy stretcher for Cardiology (slide 41)

4.5 On the NHS birthday (5 July 2025) we celebrated with our staff with our annual thank you daisies and cards. Over 270 members of staff were nominated and the daisies and cards with their nominations were handed out at RSH and PRH

4.6 Slides 43 - 45 shows some of the ways our supporters have raised money for SaTH charity, including our annual staff football tournament and fundraisers running the Manchester Marathon and the Shrewsbury Half Marathon. Slide 44 celebrates the Swan Fund celebrating a milestone birthday, turning 10 years old and raising over £100,000.

4.8 In partnership with The League of Friends, we have funded £245,000 for crucial equipment to support urology patients. The purchase of the equipment will help reduce waiting times, improve patients' comfort and allow a greater number of operations to take place (slide 46).

5.0 Q3&4 Looking Forward (summarised slides 47-49)

5.1 Looking Forward highlights (slide 47)

- The Public Assurance Forum to meet on 19th January 2026
- Continue to support staff with any future service changes engagement
- Supporting the HTP Engagement programme, including the quarterly focus group for the public and patients.
- Continued attendance at community events to engage with the public
- Continuing to support staff wellbeing through Charity Small Things Big Difference Fund
- Support fundraising for the Hospitals Transformation Programme
- Develop our 5-year strategy for Volunteers and Community Engagement with our staff, volunteers and local communities
- Continue to grow and support our volunteers and the opportunities we provide to them

5.2 Dates for your diary (slides 49). Please contact sath.enagagement@nhs.net or visit our website for more information Public Participation - SaTH

6. Recommendations

The Public Assurance Forum is asked to:

NOTE the current activity from April to September across the Public Participation Team and TAKE ASSURANCE from this work that our statutory duties are being met as well as CQC Well-led requirements

Julia Clarke Director of Public Participation
November 2025

NHS
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NHS Trust

Public Participation Report

(April 2025 – September 2025)

Julia Clarke – Director of Public Participation

Volunteering | Engagement | SaTH Charity

Highlights of Public Participation

The Shrewsbury and Telford Hospital NHS Trust

COMMUNITY ENGAGEMENT (for full details see slides 8 – 25)

- The SaTH Public Assurance Forum, which provides independent assurance on our engagement activities met on the 14 April 2025 and 21 July 2025 the highlights of this meeting are outlined in slides 6-7. Professor Trevor Purt (NED) co-chaired this meeting with Joy Jones (Montgomery Health Forum)
- The Public Participation Team continues to engage with the public through a regular series of virtual and face-to-face meetings, health lectures and newsletter updates. Our community members (5337) and organisations (472) continue to increase.
- The community engagement team continue to reach out to our communities and are measuring the impact of their engagement activities
- Over the past six months, the Public Participation team have supported 31 HTP events with the public (either face to face or online).
- The community engagement are currently developing their 5-year strategy and are engaging with members of the public

Highlights of Public Participation

The Shrewsbury and Telford Hospital NHS Trust

VOLUNTEERS (for details see slides 26 - 34)

- We have 214 active volunteers within the Trust who have provided 12,542 hours of their time over the last six months. These are across 30+ clinical and non-clinical roles.
- During the last six months we have had changes within the volunteer team – a new Volunteer Service Manager and Volunteer Facilitator. Since June our average processing time for new volunteers was, on average, only 3.2 weeks
- We have developed and implemented a number of new roles including a volunteer appointment reminder service, a digital volunteer role (supporting patients to use health app technology), and a volunteer driver scheme. In addition, our volunteers have supported one off events, including Exercise Jupiter, and a vertical evacuation event at SERII.
- The RSH patient transport buggy has been launched following support from SaTH Charity and the League of Friends
- Following 6 months funding from the ICB the Trust has launched a volunteer driver service, which has supported over 462 patients since June.
- The Volunteer service is currently developing their 5-year strategy and are engaging with volunteers and members of the public

Highlights of Public Participation

The Shrewsbury and Telford Hospital NHS Trust

SATH CHARITY (for full details see slides 35 - 46)

- Income for the 6 months March – August 2025* was £113,462 compared to £349,982 in the same period last year**. Expenditure for the same period was £188,101 compared to £178,986 in 2024. *(*September income was not available at the time of reporting. **in May and August 2024 we received 3 legacies totalling £212,489 which is why the income is significantly higher)*

- SaTH Charity had **189** requests for support from SaTH Charity, **71** of which were for the staff Small Things/Big Difference Fund funded through the Staff Lottery.

- Our supporters continue to fundraise for SaTH Charity, with some events highlighted in this report.

- SaTH Charity 5 Year Strategy document is now live for staff and the public to view: SaTH Charity Strategy 2025 - 2030 by The Shrewsbury and Telford Hospital NHS Trust – Issuu

Developing our 5-year strategy

The Shrewsbury and Telford Hospital NHS Trust

Recently SaTH Charity's five-year strategy was approved by the Corporate Trustee

The other areas of the Public Participation department – Community Engagement and Volunteers are now in the process of developing their 5- year strategies.

As part of the process, both teams have met to discuss their vision and what they would like to achieve over the next five years. Included in these discussions have been, members of the public participation team, the Associate Director of Strategy and Partnership and colleagues from the ICB. Drafts are being shared with Shropshire Community Trust

Following these meetings draft objectives have been developed. The next steps include:

- Survey to community members and a survey to current volunteers in November
- Volunteer Focus group in December
- Focus group in December for community members/public
- Updates and feedback from Senior Leadership Team (SLC) and Public Assurance Forum members
- Final version of both strategies to SLC/PAF in April 2026
- Trust Board in May 2026

Community Engagement Strategy

The Shrewsbury and Telford Hospital NHS Trust

The 5 draft objectives for the strategy are:

- **OBJECTIVE 1: MORE JOINED-UP WORKING**
  Work together with system partners, VCSE and other stakeholders to identify the synergies in organisational priorities to streamline engagement and maximise capacity

- **OBJECTIVE 2: FOCUS ON PREVENTION NOT TREATMENT**
  Work to support the reduction of health inequalities across the communities we serve. There are complex reasons why people and services don't always match up and understanding this and what people want can help reduce this gap

- **OBJECTIVE 3: TRANSFORMING CARE**
  Ensure early involvement in transformational programmes at SaTH and system-wide to build in engagement – better design involving local people can lead to improved access, experience and outcomes –those who rely on our services should have a say in the decisions we make

- **OBJECTIVE 4: COMMUNICATION AND FEEDBACK**
  Increase opportunities to provide feedback to our communities on the difference their involvement has made, to establish relationships based on trust and transparency and to empower local communities and build a culture of involvement

- **OBJECTIVE 5: FOUNDATION TRUST**
  Move towards the national objective of all Trusts achieving Foundation Trust status by 2035, with the first wave in 2026

Volunteers Strategy

The Shrewsbury and Telford Hospital NHS Trust

The 5 draft objectives for the volunteer strategy are:

- **OBJECTIVE 1 – ENHANCE RECRUITMENT OFFER**
  Offer a thriving and inclusive volunteer programme providing meaningful and rewarding opportunities for volunteers and an individualised and supportive experience which align with patient and clinical priorities

- **OBJECTIVE 2 – IMPROVE OUR VOLUNTEER EXPERIENCE**
  Develop models of volunteering that maximises the quality of the volunteering experience and lead to improved retention

- **OBJECTIVE 3 – MORE TWO-WAY COMMUNICATION AND FEEDBACK**
  Provide more opportunities for our volunteers to share their ideas and feedback to them on outcomes

- **OBJECTIVE 4. BUILD TRANSFORMATIONAL VOLUNTEERING PARTNERSHIPS**
  Develop strong strategic partnership links at national and local level to bring the greatest benefit to the patients and become a national beacon for innovative volunteer schemes

- **OBJECTIVE 5: USE INFORMATION SYSTEMS TO MEASURE PERFOMANCE AND ENSURE INCLUSIVITY**
  Expand our volunteer management systems to manage and share our data to better capture the impact of volunteering in order to increase the recognition of its value and visibility

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COMMUNITY ENGAGEMENT

COMMUNITY ENGAGEMENT
Public Assurance Forum 14 April 2025

The Shrewsbury and Telford Hospital NHS Trust

- The Public Assurance Forum (PAF) was established in 2021 to bring a public and community perspective to processes, decision making and wider engagement work at The Shrewsbury and Telford Hospital NHS Trust. The Forum provides constructive challenge and scrutiny of decisions from a patient and public perspective. They also share information back into their own organisations
- PAF has a wide range of community and statutory sector organisations as members as well as representation from SaTH's Divisional Leadership Team. All papers are available on the Trust website Public Assurance Forum – SaTH
- The Public Assurance Forum (PAF) met on 14 April 2025, key items that were discussed at the Forum included:
  - Updates from partner organisations and Divisions
  - An update presentation on service changes – Cardio-Respiratory and Maxillofacial
  - Digital Transformation update with reference to the patient portal
  - Presentation on latest HTP developments and latest ongoing community engagement (including Presentation on latest HTP developments (including the HTP Programme Board Engagement report for quarter and proposed HTP About Health presentation).
  - Presentation from Associate Director of Strategy and Partnership on key developments
  - The Director of Public Participation provided an update on the new SaTH Charity five year strategy
  - Public Participation action plan update and review of draft Public Participation Board report

COMMUNITY ENGAGEMENT
Public Assurance Forum 21st July 2025

The Shrewsbury and Telford Hospital NHS Trust

- The Public Assurance Forum (PAF) met on 21st July 2025, key items that were discussed at the Forum included:

  - Updates from partner organisations
  - Updates provided by the Divisions on service development and any public engagement
  - Presentation on latest HTP developments (including the proposed presentation for the 'About Health' public update). The HTP Programme Board Engagement report for quarter 1 was discussed.
  - Chief Communications Officer provided an update and received feedback about the proposed Group Model Digital Transformation update, including an update on the A&E waiting time webpage. After discussion with the group, a more detailed update will be provided at April's meeting
  - Presentation from Associate Director of Strategy and Partnership on key developments
  - Public Participation action plan update (including Plan on a Page for Charity, Community Engagement and Volunteers) was discussed

Community Engagement

The Shrewsbury and Telford Hospital NHS Trust

- The Community Engagement team hold a series of community events where the public across Shropshire, Telford & Wrekin and Powys are invited to join us virtually to find out more about their hospitals, which includes:
  - **Monthly newsletter update –** An email update to our 5000+ members and 400+ organisations
  - **Monthly Hospital Update (previously Community Cascade)** – this is a public session delivered once a month by the Director of Public Participation and focuses on current hospital news, public participation update and provides a Q&A opportunity. The presentations are available on our website
  - **About Health Events**– There is an ongoing series of one hour Teams health events delivered by health professionals for staff and the public on topics including the menopause, HTP, chaplaincy and other requested topics. The sessions are recorded and available on the website, with an opportunity for Q&As.
- The Hospitals Transformation Programme remains the main theme of feedback received by the Community Engagement team and we continue to work closely with HTP colleagues to support ongoing engagement.

Core20PLUS Engagement in Quarter 1 & 2

The Shrewsbury and Telford Hospital NHS Trust

Dementia **Diabetes** **Respiratory** **Cardiovascular**

	National Events		About Health		Community Group Visits		Community Events			
April	All engagement paused during pre-election period									
May	Dementia Action Week 19 - 25 May 2025	Type 2 Diabetes Prevention Week 26/05 - 01/06	**HTP**	**Operational Update**	Deaf Awareness Week Independent Living Centre, Telford 07/05/25	Memory Café Ludlow Library 13/05/25 14:00 - 16:00				20/05/25 Dementia, See & Hear Day
June	Diabetes Awareness Week 09 - 15 June	Learning Disability Week 16 – 22 June	**24/06/25 Dementia - Karen B**		Dementia Friendship Group, Albrighton 20/06/25 13:30 - 16:00	The Green Room (Caxton Surgery group) Hope Church, Town Walls, Oswestry 05/06/25 13:30 - 15:00	13/06/25 Severn Pumpers Conference, STFC	Diabetes Awareness Stand Telford Town Centre 11/06/25 13:00 - 16:00	14/06/25 AF Day Shrewsbury	29/06/25 AF Day Telford
July	Alcohol Awareness Week 09 - 13 July		**HTP**		Butterfly Café LoF Bridgnorth Hospital 04/07/25 14:00 - 16:00		Shropshire Autism Hub 28/07/25 13:30 - 15:30			
August			**19/08/25 Diabetes: Your Questions Answered - Anna Green**				Pods Families Picnic in the Park Charlton School Monday 10/08/25 10:00 - 16:00			
September	Know Your Numbers Week 08 - 14 September	Launch of Winter Vaccination Campaign			Befrienders Session Mayfair Centre, Church Stretton 08/09/25		Telford Patients First	Shropshire Patient Group		

#GETINVOLVED Community Engagement

Dementia | Diabetes | Respiratory | Cardiovascular

All priority areas benefit from sharing 4 key messages:

- Drink in moderation
- Eat a balanced diet
- Exercise more
- Don't Smoke

We are visiting community groups where evidence shows an increased risk of these conditions, and sharing information/signposting to local services

Dementia

We are working with the dementia team and audiology to share **All About Me** forms in community settings and encourage people to have their hearing checked

Diabetes

We are working with hospital and community teams to encourage people with diabetes to take up annual health checks with particular emphasis on foot checks

Respiratory

We are working with system partners to see if winter vaccination outreach can be taken to community settings for vulnerable groups (addiction, autism, gypsy/traveller communities)

Cardiovascular

We promote Public Health Blood Pressure checks and share details of smoking cessation services

#GETINVOLVED Community Engagement

Dementia | Diabetes | Respiratory | Cardiovascular

Hospital Events

We hold monthly **Hospital Update** sessions on the last Wednesday of each month (apart from December!) Attendance at these events is generally around 20 members of the public. The presentation is shared on the #GetInvolved page of our website after the event.

Our regular **About Health** events, which are 60-minute sessions looking at particular topics of interest. These are recorded and the videos shared online after the event.
This year we have covered:

- Hospitals Transformation Programme (x2)
  - Operational Update
- See the person, not just the Dementia
- Diabetes: Your questions answered

Impact of Engagement

The Shrewsbury and Telford Hospital NHS Trust

About Health – Diabetes: Your questions answered

Dr Anna Green joined us in August to give a talk about Diabetes as part of our thematic engagement.
During the event, the audience were invited to ask questions and guide the information being shared. A recording of the event is available to view here: https://bit.ly/2508Diabetes As well as an explanation of how diabetes affects the body, Dr Green spoke about the impact of different foods, treatments and complications for people living with diabetes (Type 1 and Type 2)

Visit to CoCo Befrienders

We were invited to the monthly meeting of the CoCo Befrienders at the Mayfair Centre in Church Stretton this month. There were more than 30 befrienders at the meeting, and we covered key messages relating to Dementia, Diabetes, Blood Pressure and Seasonal Vaccinations during her talk.

Questions were raised about the Hospitals Transformation Programme we were able to share the latest HTP leaflet and signpost to the About Health event in November.

Severn Pumpers Diabetes Conference

We attended this event and had an information stand so we could discuss with colleagues the work of the public participation team and how we could support getting key health messages out to our local communities.

We also received some generic information leaflet to share with some of our communities on Continuous Glucose Monitoring (CGM) – aimed at older people using insulin to manage their diabetes and may not be aware of this.

Impact of Engagement

The Shrewsbury and Telford Hospital NHS Trust

Visit to Shropshire Autism Hub

Visited the Shropshire Autism Hub in July, to talk about the importance of people with diabetes having their annual health checks, and service users taking up their appointments for the winter vaccination programme.

Made aware of the challenges for people with autism when given “text heavy” information leaflets, but also their reluctance to accept “Easy Read” information as an alternative. One way of mitigating this might be to simply remove the Easy Read badge from that information. Shared this learning with Diabetes UK who are currently producing an Easy Read version of their pocket guide to diabetes, and received the following response:

Revised quick guides. We are currently working with NHS Leicester and their LD team who are testing it with focus groups. Your point is extremely valid, and we will ensure it’s not badged as Easy Read.

Dementia Information Day

The Dementia Information Day organised by Radfield Home Care was combined with the existing See & Hear Exhibition organised by Sight Loss Shropshire and and Community Resource to create a one-stop event at Theatre Severn.

We shared a table with the Dementia team, and handing out All About Me forms to families during the day!

We signposted people to local activities using Live Well Telford, The Shropshire Together Community and Family Directory and infoengine (*Powys*).

Our knowledge of local groups and activities continues to grow through the Community Connectors networks across the county.

We now take the All About Me forms out when visiting our local communities for carers or individuals who may be living with dementia

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HTP ENGAGEMENT

Getting involved with HTP

The Shrewsbury and Telford Hospital NHS Trust

The Public Participation Team has been supporting our Trust to engage with our local communities around the Hospital Transformation Programme (HTP). The team has organised a number of events including:

- **Quarterly focus groups** which are aligned to our clinical workstreams. Workstream focus groups have been planned over the next two years which will inform the plans as they develop towards implementation and will continue until the programme is completed. We hold the focus groups every three months, and members can either attend in person or via MS Teams. Focus groups were held in early April, June and September
- We are holding a series of specialised focus groups based upon the feedback we received from our quarterly focus group members and local communities. From April-September we have held HTP focus groups Communication for Urgent and Emergency Care and Signage and Wayfinding,
- **Presentations, Q&As and action logs** from our focus groups are published in the public domain and can be found here with the Q&As from the focus groups : HTP Focus Groups – SaTH
- **Quarterly *About Health HTP* events** have been delivered using MS Teams in April, July and October and the next About Health event is on the evening of **Tuesday 4th November 2025 at 6.30pm.** All About Health events are recorded and available on the website

HTP Engagement Map

The Shrewsbury and Telford Hospital NHS Trust

- The map displays the **31** events we have organised or attended in the reporting period (1 April 2025 – 30 September 2025) and discussed HTP with the public.
  - We hosted **14** drop-ins in community settings across the areas we serve during this period, attended by **313** members of the public.
  - **5** presentations were delivered to **173** people attending community groups, meetings, or conferences.
  - We have also organised/attended **9** online meetings/events, attended by **128** people; often these meetings cover large geographical areas across T&W, Shropshire and Powys.
  - We held **3** focus groups in this period, attended by **34** members of the public.

Please note that all external engagement was paused for 6 weeks prior to the Shropshire Council elections held on 1st May 2025

HTP Engagement

The Shrewsbury and Telford Hospital NHS Trust

In Q1 2025/26 we attended the following events :

Date	Event
14 April 2025	Public Assurance Forum
02 May 2025	Church Stretton Co-op Drop-in
06 May 2025	About Health: HTP
08 May 2025	Wellington U3A Presentation
09 May 2025	Wellington Market Drop-in
12 May 2025	Ironbridge Co-op Drop-in
21 May 2025	Edstaston Village Hall Drop-in
03 June 2025	RSH Neighbours Drop-in
03 June 2025	Communications for UEC Focus Group
05 June 2025	Signage and Wayfinding Focus Group
06 June 2025	Oswestry Market Drop-in
10 June 2025	SALC HTP update
13 June 2025	Shrewsbury Library Drop-in
16 June 2025	Welshpool Market Drop-in
23 June 2025	Ludlow Market Drop-in
25 June 2025	Community Connectors Southeast meeting

Rachel Webster and Aaron Hyslop with a Ludlow Town Councillor, at Ludlow Buttercross

HTP Engagement

The Shrewsbury and Telford Hospital NHS Trust

In Q2 2025/26 we organised and facilitated the following events:

Date	Event
06 July 2025	Ellesmere Regatta information stand
11 July 2025	Bridgnorth Market Drop-in
21 July 2025	Public Assurance Forum
24 July 2025	Brookside Community Centre Drop-in
29 July 2025	About Health: HTP
30 July 2025	Hospital Update
07 August 2025	Oswestry & Cambrian Rotary Presentation
13 August 2025	Lingen Davies all staff presentation
27 August 2025	Hospital Update
04 September 2025	HTP Focus Group
04 September 2025	JHOSC HTP update
17 September 2025	Market Drayton Market Drop-in
24 September 2025	Hospital Update
25 September 2025	Trust AGM information stand
26 September 2025	Nursing, Midwifery, AHP Conference Presentation
26 September 2025	Rotary Club of Wellington Presentation

Aaron Hyslop at Bridgnorth Market

Upcoming Engagement

The Shrewsbury and Telford Hospital NHS Trust

With building work well underway at RSH, we remain committed to engaging and working closely with our local communities, patients and colleagues to ensure we improve the experience for all the communities we serve.

Upcoming engagement:

- **Rotary Club of Ironbridge**, presentation on 23rd October
- **Hospital Update,** MS Teams on 29th October, 11:00-12:00
- **Public Assurance Forum**, MS Teams on 3rd November
- **About Health HTP**, MS Teams on 4th November, 18:30-19:30
- **Hospital Update**, MS Teams on 26th November, 11:00-12:00
- **HTP Focus Group**, Hybrid – William Farr House or MS Teams, on 2nd December, 10:00-12:00
- **HTP Focus Group – Critical Care Sky Garden with Shrewsbury Severn Rotary Club**, Hybrid – William Farr House or MS Teams on 5th December, 11:00-13:00

Transforming PRH Hub

The Transforming PRH Hub was recently opened near the entrance of PRH, providing a space for the charities that are supporting developments at PRH to share information about their activities, as well as a place to share information about HTP.

HTP informational leaflets are always available from the hub, the HTP Engagement Facilitator is based in the Hub one day a week, and the wider HTP team is based in the hub the first Monday of every month.

MP Shaun Davies, Matt Neal, Sara Biffen, Jo Williams, and Jon Sargeant at opening of Transforming PRH Hub

HTP Engagement – You said, We did

Feedback	Action
Following feedback from public members at our June focus group we developed a HTP Naming and Colour Survey – The survey received 1617 responses from the public, staff and volunteers, the results were conclusive on naming convention but very close for the colour palette.	The naming of the areas in the new build at RSH came back as “Hills”. However considering the closeness of the colour palette results, the two options were taken back to the focus group for a final decision in September. Focus group members unanimously agreed on ‘option 3’ which was inspired by local nature and has been taken forward as the colour palette for the new building.
Brookside Community Centre – Healthwatch Telford & Wrekin contacted SaTH after their own engagement event in Brookside where they noted continuing concern about the plans.	Held HTP Drop-in, in conjunction with Healthwatch T&W who helped to promote and attended on the day, in Brookside Community Centre. The information provided did offer reassurance to local residents and future plans for PRH, particularly the Cancer Treatment Centre, were appreciated.
Design Council Slices – These information boards have been discussed at the September public focus groups and generally been considered a good idea. Suppliers were met on site to provide a quote for board design and installation in ED1 and ED2.	Suppliers have worked with HTP team to provide indicative designs that meet Design Council specifications. These were presented to the September focus group to gauge opinions and determine next steps to obtain suitable boards.

HTP Engagement – You said, We did

Feedback	Action
Nursing, Midwifery, AHP Conference: • Request during presentation, from a ShropCom colleague, to share information obtained from Dementia focus group as colleague was working in community hospitals on improving environment for those living with Dementia. • SaTH colleague in endoscopy department suggested leaving HTP leaflets in waiting areas for patients.	• Dementia Focus Group Q&As and presentation shared with colleague, as well as contact details for the SaTH Dementia Nurse Specialist. • Colleague supplied with leaflets for both PRH and RSH endoscopy and more will be provided, as required.
Wellington Rotary Club – A Rotarian in attendance was also a founder member of Telford Visual Impairment Group which HTP are presenting to on 02/10/25 and requested presenters to speak slowly and clearly as some members did not hear well, also requested printed copy of presentation notes to be in 20-point Arial.	Presenters informed and presentation notes formatted in 20-point Arial, using style template that will be suitable for screen readers. This will be distributed afterwards for members unable to attend and made available on trust website in HTML for maximum accessibility.
Joint Health Overview and Scrutiny Committee - Healthwatch T&W shared feedback that members of the public had sometimes been confused by the engagement offer, as to whether events were presentations or open-ended drop-ins.	Engagement portion of the SaTH website, content in presentations, and social media updated to more clearly list upcoming events as either presentations or drop-ins.

Additional Engagement Routes

Event & Date	Subject
Hospitals Update meeting	Monthly Trust News Update including update on HTP
Monthly newsletter email update - sent to our 4900+ community members	Update from Public Participation team including HTP update and details on how to get involved
Quarterly Public Assurance Forum (next one November 2025) with representatives from organisations across health & social care in Shropshire, Telford & Wrekin & Mid-Wales	Presentation from HTP team with Q&As
SaTH website and intranet	Webpages which support public engagement and Latest HTP meetings/feedback Public Participation – SaTH
Quarterly About Health online updates (next one July 202	One hour MS Teams online presentation for public from HTP team with Q&As

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VOLUNTEERS

Volunteers

The Shrewsbury and Telford Hospital NHS Trust

- We currently have **214** active volunteers at the Trust.
- **Volunteer Team –** During the past 6 months there have been changes within the volunteer team. We have a new Volunteer Service Manager (Eve Simmonds-Jones) and Jeremy Gardner (Volunteer Facilitator). We are also currently recruiting for a Band 5 to fill a vacant position.
- **Volunteer Coffee and Catch Up – Evening Sessions.** It was lovely to see so many volunteers attending our evening sessions of our monthly 'Coffee and Catch up'. We plan to hold 6 monthly evening sessions to give volunteers with commitments during the day the opportunity to attend, in place of one of our monthly morning sessions.
- Our session at RSH was attended by the Director of Public Participation, Julia Clarke, and our session at the PRH was attended by Hannah Morris, Head of Public Participation. Volunteers enjoyed the opportunity to have a valuable update on the services and developments within the hospital, along with being able to ask any questions they might have, and chat to other volunteers.
- **Our processing time for new volunteers from June to September was, on average, 3.2 weeks** which includes all recruitment checks (references, DBS, Occupational Health clearance) and mandatory training. Any delays were due to volunteers not completing their training or providing references, rather than internal processes.

April 25 – Sept 25

Total Active volunteers	214
Total hours	12542

Volunteer Highlights

The Shrewsbury and Telford Hospital NHS Trust

National Coverage

In collaboration with the National Charity Helpforce, we have been able to highlight the amazing work of our volunteers has gained local and national media attention with the inspirational stories of Alisha-Mai Stevens, Claire Ashton and Robert Turner.

- 17-year-old **Alisha-Mai Stevens** volunteers on the Discharge Lounge at the Princess Royal Hospital and has shared her desire to give something back after seeing the care and support her mother receives with her ongoing battle with cancer. Alisha's story has been featured on the BBC, Radio Shropshire and also the Shropshire Star. Telford teen volunteer inspired by mum's cancer treatment - BBC News
- **Claire Ashton** has also had the national spotlight shining on the work she does with our new Volunteer Driver Service, Patient Transport Buggy Service and our Equity, Diversity, and Inclusion Panel. Claire's story has been featured nationally by Helpforce and also included in a write up in the Shropshire Star. Shropshire hospital helpers from teenage to retirement age back mass mobilisation of NHS volunteers | Shropshire Star
- Another volunteer receiving recognition is **Robert Turner**, who was our original Volunteer Driver at the Princess Royal Site and played a key part in its success. Robert's story has also been featured in nationally with Helpforce. Helpforce | 75 year old Robert urges others to volunteer their...

Volunteer, Alisha-Mai

Volunteer Highlights

The Shrewsbury and Telford Hospital NHS Trust

Exercise Jupiter

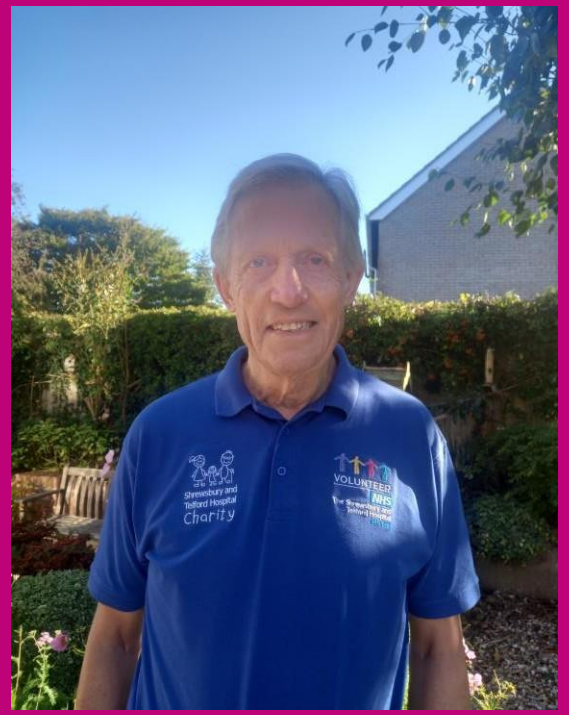
With the help and support of our volunteers, we carried out 'Exercise Jupiter', a simulated Mass Casualty/Hazmat exercise which was been planned in conjunction with the RAF and supports The Shrewsbury & Telford Hospitals (SaTH) Trust's obligations as a 'Category 1' Responder under the Civil Contingencies Act (2004) and supports the requirements of NHSE Core Standards for Emergency Preparedness, Resilience and Response (EPRR).

Initial Operational Response (IOR) Training

In September, we held two IOR training sessions to ensure that all volunteers who volunteer in a 'Meet and Greet' role are aware of what to do in the event of a CBRN / HAZMAT self-presenting casualty attending at the hospital.

Appointment Reminder Service Update

Our new Volunteer Appointment Reminder Service had a successful trial in September and is now ready for the next phase and we are excited to start building the service and supporting more of our patients to attend their appointments, or to officially cancel them to release capacity for other patients waiting.



Meet and Greet Volunteer, Edward

Volunteer Highlights

- **Duke of Edinburgh Award** – Following a meeting with the DofE charity we are now applying to become an Approved Activity Provider for volunteering. This will support more young people access volunteering opportunities at SaTH as part of their award!

- **The new Digital volunteer role has been launched –** Some of our volunteers are started a new role at SaTH, following training from our Digital team. Our digital volunteers have been trained on the NHS app and are supporting patients within clinics to now in accessing their NHS information and appointments digitally.

- **Vertical Evacuation event at SERII, RSH** – 7 volunteers supported a training event at SERII, which was showing staff how to safely evacuation the building in an emergency

- **In April we recognised 1000 hours of committed volunteering by John and Judi Anderson.** In 2024 John and Judi undertook over 1000 hours of volunteering between them. Well known faces they are often seen staffing the meet and greet information desk at the PRH, but they also volunteer in other areas such as the discharge lounge and as patient companions.

Volunteer Highlights - Patient Transport Buggy Service, RSH

- Following joint funding by SaTH Charity and the League of Friends we have been able to purchase a volunteer buggy. The buggy is to support patients with mobility issues to get to outpatient clinics from the treatment centre
- The first group of volunteer drivers have now completed their theory and practical training.
- The new service officially launched on Tuesday 7th October.
- Volunteers will be transporting patients on the designated route between the Treatment Centre Entrance and the Outpatient Clinics.
- New 'Bus Stop' seats have been installed at the Clinics and temporary 'Bus Stop' signage is now in place.

Discharge Support Volunteer Project

The Shrewsbury and Telford Hospital NHS Trust

Following 6 months of funding from the ICB, SaTH developed a new volunteer driver service which launched at the beginning of June at the Royal Shrewsbury Hospital and Princess Royal Hospital.

Our service provides:

- Transport to patients who qualify for non-emergency hospital transport. These patients are often referred to as '1PC'.
- We also support patients who do not qualify for hospital transport but are either unable to get home by themselves or face long waits for friends or family to collect them.
- A delivery service for medications, equipment and discharge letters to allow patients to get home quicker and arrive in time to meet healthcare staff affiliated with commencing care packages.
- Whilst the service prioritises patients being discharged, when volunteers are available, we support patients from outpatients, A&E and the clinics.
- A 'settling in service'. This involves checking that patients have water, electricity and heating, along with a working mobile phone or landline before leaving the patient in their home.
- This service is available to adult patients (over 18), who can get in and out of a vehicle unaided.

Insight: Volunteer Driver activity from June – September 2025

The Shrewsbury and Telford Hospital NHS Trust

462
Journeys made by volunteer drivers since June

90.5%
Patients were collected in 30 minutes or less post-discharge

71.3%
Were patient transport journeys

28.7%
Journeys were delivering medication, letters and equipment

- Our volunteer drivers continue to offer amazing support to our patients, and we now have 14 operational drivers with 4 drivers going through recruitment process.
- In addition to successful trial for discharged patients we have extended the service to support Outpatient, Maternity and Renal patients.
- We are also trialling a daily delivery of letters, medication and personal belongings to allow patients to leave hospital quicker following discharge.

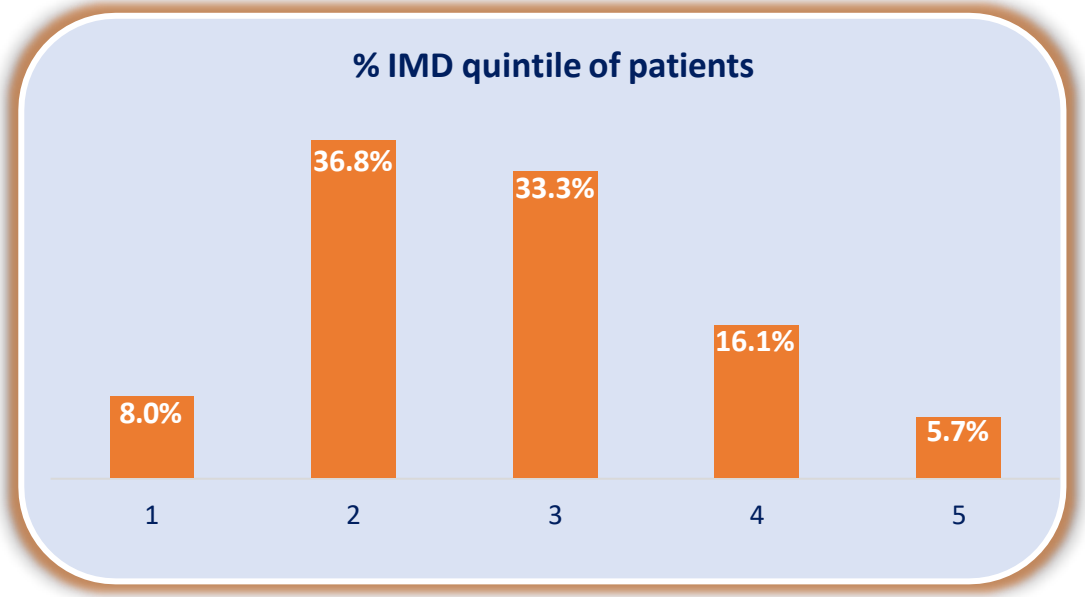
CASE STUDY: Positive patient experience

Our volunteer driver took an elderly patient home at lunchtime patient at lunchtime, and on arriving home was met with a very happy wife who became emotional when she explained that her husband had periodically spent time in hospital and how pleased she was to have him home so early this time, as he had arrived home at midnight the last time he was discharged. She went on to say that their daughter is unwell, she is unable to drive herself, and on the previous occasion, she had spent all day waiting and wondering where he was, so to have him home in time for lunch was a huge relief for her.

Impact: Health inequalities and deprivation

The Shrewsbury and Telford Hospital NHS Trust

- For all patient journeys, we recorded the postcode of the patient's destination address.
- We looked at the whether patients within areas of high deprivation were more likely to utilise our service.
- We compared our data with the Index of Multiple Deprivation (IMD)[1] quintile 1 is the most deprived and 5 is the least deprived.
- **44.8% of patients** who utilised our service were in the **1st and 2nd quintiles for deprivation.**



CASE STUDY: Supporting vulnerable patients who face health inequalities

A 38-year-old patient with no fixed abode had been in hospital for 4 weeks and was being discharged to hostel accommodation. The patient was not eligible for patient transport however he had no money to spare for a taxi and was unable to use public transport due to being on crutches and having multiple bags with him which due to his health condition was unable to carry. In addition, the only accommodation available to him at that time was an upstairs room. Our volunteer driver was able to take this patient to his new accommodation as soon as he was ready to discharge and carried the patient's bags to allow him to navigate the staircase with his crutches without having to struggle with his belongings. Our volunteer helped the patient to access his accommodation and delivered his belongings along with ensuring that everything was in working order and that the patient was safe, comfortable and able to focus on his recovery.

NHS
The Shrewsbury and Telford Hospital
NHS Trust

SATH CHARITY

SaTH Charity Highlights

- Income for the 6 months April-September 2025 was £217,683 compared to £349,982 in the same period last year. *I*n May and August 2024 we received 3 legacies totalling £212,489 which is why the income is significantly higher for that period

  Expenditure for the same period was £342,919 compared to £178,986 in 2024/25.

- SaTH Charity 5 Year Strategy document is now live for staff and the public to view: SaTH Charity Strategy 2025 - 2030 by The Shrewsbury and Telford Hospital NHS Trust – Issuu

- **During this period SaTH Charity had:**
  - **916** monetary donation entries registered on the charity database.
  - **18** donations were 'In Memory' donations from funeral services.
  - Over **1200** members of staff are now playing the staff lottery, which funds the Small Things Big Difference Fund for staff requests.
  - There were **189** requests for support from SaTH Charity, **71** of which were for the Small Things/Big Difference Fund

SaTH Expenditure

- There were **183** approved requests for charitable funds. Examples of approved funding included:

- **New Stretcher Improves Patient Care for Cardiology Patients £6,098** SaTH Charity recently purchased a fluoroscopy stretcher for Cardiology; by purchasing this stretcher patients will receive quicker treatment, it requires less personnel to operate and therefore a team could be stood up quicker in an emergency.

- **The Opening of the Library Wellbeing Zone at Royal Shrewsbury Hospital - £192** Funded by the Small Things Big Difference Fund which is from the Staff lottery, the Wellbeing Zone offers a much-needed area of calm amidst the busy hospital environment and includes calming activities such as Lego and jigsaw puzzles.

- **3 x Milano chairs £5,670 -** 3 specialist chairs have been purchased by SaTH Charity for use on ward 9 and ward 28 to support patients getting up and moving to support efforts to reduce deconditioning.

SaTH Charity Supporters

The Shrewsbury and Telford Hospital NHS Trust

Donors

Provide financial support to the charity – this could be through a one-off donation, or multiple donations.

Fundraisers

Organise events, and other initiatives, such as a sponsorship for a marathon, to raise money and donations. This will be drawn through our links with donation pages such as Just Giving

Donors	
Number of Donations	Total
1	972
2 to 4	75
5 and above	10

Fundraisers	
Number of Fundraising Pages	Total
1	78
2 and above	17

Transforming PRH Hub opens at Princess Royal Hospital

The Shrewsbury and Telford Hospital NHS Trust

SaTH Charity is delighted to announce the opening of a dedicated Transforming PRH Hub, in collaboration with the League of Friends of the Shrewsbury and Telford Hospital and Lingen Davies charities. The Hub officially opened its doors on 5 September at the main entrance of Princess Royal (PRH), with local partners in attendance, including local MP Shaun Davies. The hub will serve as a central information point for patients, visitors and staff to find out more about the work happening to transform PRH and how they can get involved.

Impact Statement:
"Together, we are committed to advancing healthcare services and ensuring that every patient receives the highest standard of care possible. With the support of local people, and our charities, we are planning a multi-million pound investment in PRH, to provide state of the art respiratory and cancer services. This will help us to provide a better experience and help reduce travel and waiting times for some of our most vulnerable patients. We will continue to keep people informed and involved as our work progresses. "The Hub is a significant step forward in our mission to deliver exceptional healthcare and support to the people of Telford and beyond."
Jo Williams, Chief Executive of SaTH

Supporting our Patients (1)

The Shrewsbury and Telford Hospital NHS Trust

Robotic scope for upper GI surgery - £23,179

The charity has purchased a fourth robotic scope to be used for Upper Gastrointestinal Surgery. The Trust has 3 scopes available to use. They are single use and therefore only 3 patients can be operated on using the robot per day as the scopes are sent to decontamination prior to being used again. There is capacity on the list for four patients, however the fourth patient has to be operated on without the robot.

The benefits of robotic surgery are enhanced precision and dexterity, improved visualisation for the surgeon which reduces accidental injury, it is less invasive resulting in less pain, reduced infection risk, less blood loss and faster recovery times.

Impact Statement:
"Whilst robotic surgery is not necessarily quicker it does support quicker recovery times, increased Daycase surgery and shorter length of stays for those that do need to stay in hospital so helps us to be more productive whilst offering a greater patient experience." **Claire Bailey, Operations Manager, Theatres**

Image of the Da Vinci Surgical Robot purchase by the Trust. The new scope will now allow for some Upper GI patients to benefit from this state-of-the-art surgery.

Supporting our Patients (2)

The Shrewsbury and Telford Hospital NHS Trust

New Stretcher Improves Patient Care for Cardiology Patients £6,098

SaTH Charity recently purchased a fluoroscopy stretcher for Cardiology; by purchasing this stretcher patients will receive quicker treatment, it requires less personnel to operate and therefore a team could be stood up quicker in an emergency. The area the stretcher resides is purpose built which means that patients are treated in a more comfortable and less daunting environment.

The stretcher cost £6098 and is made in such a way that the x-ray imaging arm can fit under it, which means patients can be treated nearer the ward for things like temporary pacemakers and Pericardiocentesis which reduces the need for them to go down to the Cath lab.

Impact Statement:
"The purchase of this stretcher will transform care in Cardiology, having a positive impact in many areas including freeing up space on other emergency, reducing staffing costs, increased utilisation of the room. It will also have a positive impact on staff wellbeing as they will be nearer their area and less people would need to be called into the hospital out of hours to undertake these emergency procedures."
Keely Banks, Echocardiography Lead/Clinical Scientist

Fluoroscopy stretcher in Cardiology

Supporting our Staff

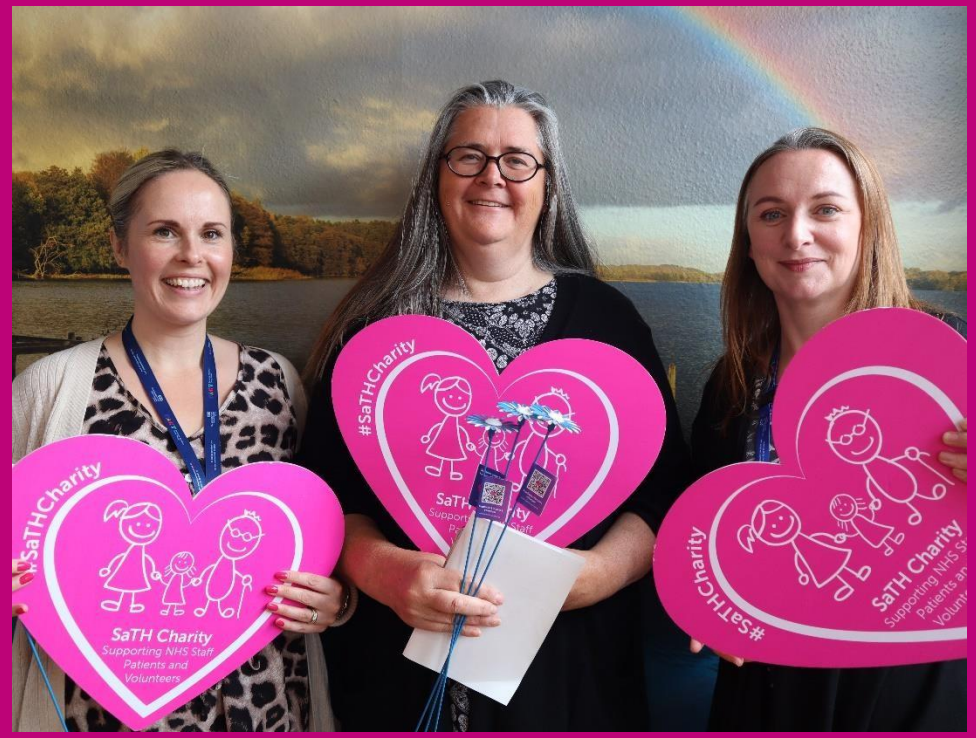
The Shrewsbury and Telford Hospital NHS Trust

SaTH Charity Thank You Daisies

In honour of the NHS birthday on July 5th, SaTH Charity spread some serious sunshine with their annual Thank You nominations! This year, an amazing 270 people received these special daisies at both PRH and RSH — each one came with a card revealing their nomination and who put them forward them.

Staff have been buzzing with excitement, reading their cards and discovering who has taken the time to appreciate them!

Impact Statement:
““Congratulations to all the SaTH Charity Daisy recipients — your nominations were so well deserved. A huge thank you to everyone who took the time to nominate a colleague. These daisies are a beautiful way to say thank you for all the dedication and care you show every day.” Julia Clarke, Director of Public Participation



Staff receiving their nominations and thank you daisies in the Mytton Oak Restaurant.

Celebrating our Fundraisers (1)

Tracy Hamer successfully completed the Manchester Marathon on 27 April in 4h 36 mins and raised £3,360 for SaTH Charity to give back to the Neonatal Unit where her grandson Henry was treated in December 2024.

Tracy Hamer's grandson Henry was born on Christmas Day last year and needed the support of the Neonatal Team at Princess Royal Hospital in Telford. He was discharged after eight days and is now a healthy baby boy.

Shrewsbury Half Marathon Raises over £3,000

SaTH Charity secured several places in this year's Shrewsbury Half Marathon, which is took place on Sunday 28 September 2025. Six fundraisers, mainly staff, took on the run on an unseasonally warm day. The runners took on either a half marathon (13.1 miles) or a metric half marathon (8.1 miles).

Impact Statement:

"In a moment of madness we decided to take on Shrewsbury Half Marathon to raise money for a cause close to our hearts - the Children's Ward at The Shrewsbury and Telford Hospital NHS Trust. When our little boy, Tomi, was two weeks old he began having seizures. Tomi stayed on the Children's Ward at Telford for a couple of weeks and the care he received was fantastic. Tomi has made a brilliant recovery and at 18 months old he is now thriving. We will forever be grateful to the staff on the Children's Ward for helping us through such a tough time."

Celebrating our Fundraisers (2)

The Shrewsbury and Telford Hospital NHS Trust

The Swan Fund has celebrated a milestone birthday, turning 10 years old and raising over £100,000 thanks to the generosity of the public.

The fund was created in 2015 with a £500 donation collected at the funeral of Jules Lewis' father Harold who died at the Royal Shrewsbury Hospital (RSH).

The money raised is used to support last hours and days care for patients and their loved ones.

To celebrate the fund's birthday, the team invited the volunteers and knitters to a thank you café at Shropshire Education & Conference Centre to thank them for their ongoing support.

Impact Statement:
"It is so lovely that we have turned the date of my lovely dad's death into the Swan Fund Anniversary, a joyful and hopeful thank you café to celebrate the dedication of volunteers and knitters to our 'one chance' work, dad would have loved that. The day was such a heartwarming morning celebrating our volunteers and knitters."
Jules Lewis, End of Life Care Facilitator/Lead Nurse

Jules Lewis, Julia Clarke and Jules Lock who baked the cake.

Working in Partnership – Football Tournament (1)

The third annual SaTH Charity Football Tournament took place on Sunday 1 June at the Sports Village in Shrewsbury.

The event was a great success with 160 members of NHS staff, from SaTH, students from Keele University and a team from West Midlands Ambulance, taking part and together they raised nearly £4,800 for the Dementia appeal and the Neonatal Unit of SaTH Charity.

Congratulations to the winning team Drongo's United and the runners up SaTHletico Madrid. The winner of the runners up SaTH Charity cup was Fantasy First Responders, made up of West Midlands Ambulance Service.

Impact Statement:
"We are grateful to have been selected as one of the funds to benefit from the money raised by the SaTH Chairty Annual Football Tournament. We know our young patients and their families will benefit from the money raised, we are always striving to improve their experience during their time on the unit." **Jo Demers, Neonatal Matron**

Fantasy First Responders from West Midlands Ambulance and Teresa Boughey presenting the SaTH Charity Runners up Cup

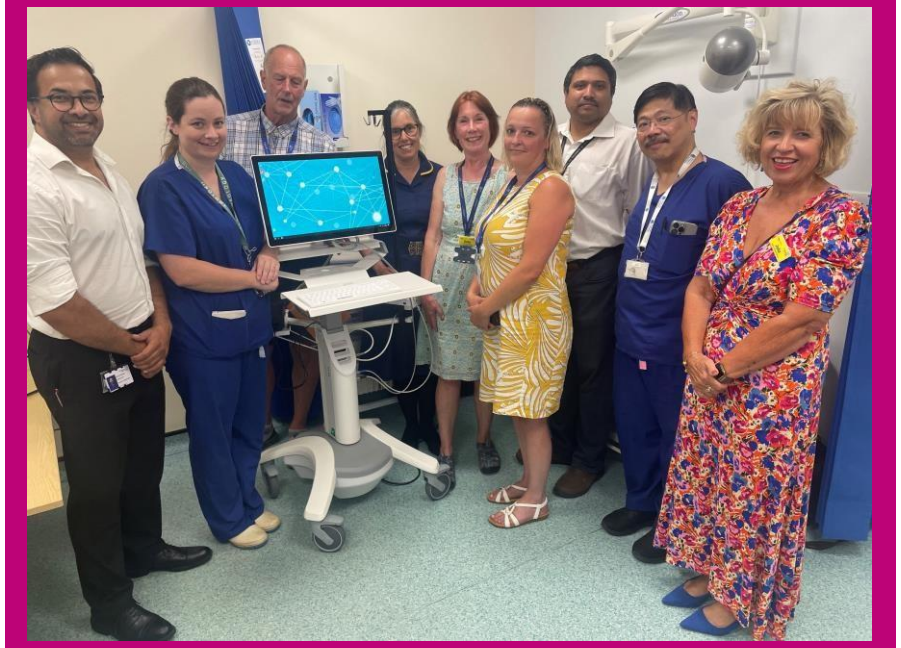
Working in Partnership (2)

The Shrewsbury and Telford Hospital NHS Trust

Charity Partnerships and Staff Dedication Drive Major Advancements in Urology Services at SaTH

The League of Friends of the Shrewsbury and Telford Hospital has generously donated nearly £245,000, playing a crucial role in transforming the care available for urology patients across both hospital sites. The substantial investment, jointly supported by SaTH Charity, has enabled the purchase of vital equipment including a Urodynamics machine, a Percutaneous nephrolithotomy (PCNL) machine, and enhanced capabilities for HoLEP (Holmium laser enucleation of the prostate) procedures. These additions have helped reduce waiting times, improve patient comfort, and allow a greater number of operations to take place locally.

Impact Statement:
"The Urodynamics machines has been installed at the Royal Shrewsbury Hospital, allowing patients to be seen more quickly and closer to home. Urodynamics testing helps assess bladder and urethra function and is key in diagnosing complex urinary symptoms. The presence of this equipment on both hospital sites has significantly reduced waiting lists and improved access to care." **Naing Lynn, Consultant Urologist**



SaTH Charity, the LOF and staff from Urology around the new Urodynamics machine.

Looking Forward

Public Participation- Forward Look

The Shrewsbury and Telford Hospital NHS Trust

- The Public Assurance Forum to meet on 19th January 2026
- Continue to support staff with any future service changes engagement
- Supporting the HTP Engagement programme, including the quarterly focus group for the public and patients.
- Continued attendance at community events to engage with the public
- Continuing to support staff wellbeing through Charity Small Things Big Difference Fund
- Support fundraising for the Hospitals Transformation Programme
- Develop our 5-year strategy for Volunteers and Community Engagement with our staff, volunteers and local communities
- Continue to grow and support our volunteers and the opportunities we provide to them

Dates for your diary

The Shrewsbury and Telford Hospital NHS Trust

Date	Time	Event	Booking
Thursday 13 November	18:30 – 19:30	*About Health* – **Diabetes Footcare**	
Wednesday 26 November 2025	11:00 – 12:00	**Monthly Hospital Update** (formerly Community Cascade)	
Thursday 4 December	18:30 – 19:30	*About Health* – **Patient Portal**	

About Health events are held on Microsoft Teams and take place 18:30 – 19:30.Further details and booking information can be found on our web pages here: https://bit.ly/SaTHEvents

Hospitals Transformation Focus Group

Date	Time	Event	Booking
Tuesday 4 November 2025	18:30 – 19:30	*About Health* – **Hospitals Transformation Programme**	If you are interested in joining a Focus Group please email sath.engagement@nhs.net
Tuesday 2 December 2025	10:00 – 12:00	**HTP Quarterly Focus Group**	
Friday 5 December 2025	10:00 – 12:00	**HTP Critical Care Sky Garden Focus Group**	

Public Assurance Forum meetings 2026

Monday 19th January 13.00-16.00

Monday 27th April 13.00-16.00

Monday 6th July 13.00-16.00

Monday 12th October 13.00-16.00