

AGENDA

Public Assurance Forum

Date: Monday 19th January 2026

Time: 1pm – 4pm

Location: Microsoft Teams

OPENING MATTERS AND PROCEDURAL ITEMS

Item No.	Agenda Item	Paper No / Verbal	Lead	Require Action	Time
2026/01	Welcome and apologies	Verbal	Co-Chairs	For noting	13:00
2026/02	Minutes of previous meeting	Paper 1	Co-Chairs	For noting	13:05
2026/03	Matters Arising/Actions	Paper 2	Co-Chairs	For approval	13:10
2026/04	Partner's updates	Paper 3	Forum Members	For approval	13:15
2026/05	SaTH Divisional updates on key issues	Paper 4	Divisions	For information	13:25
2026/06	SaTH Medium Term Plan	Verbal	Carol McInnes (Divisional Director of Operations)	For information	13:40
2026/07	Discuss Group and Group Name	Presentation	Jenny Fullard (Chief Coms Officer)	For discussion	14:00
2026/08	<ul style="list-style-type: none"> Community Engagement Strategy 2026-30 Volunteer Strategy 2026-30 	Paper 5 Presentation	Julia Clarke (Director of Public Participation)	For discussion	14:20
2026/09	Update on HTP: <ul style="list-style-type: none"> Proposed HTP About Health Public update July 2025 HTP Programme Board Engagement Report 	Presentation 1 Paper 6	HTP team Julia Clarke (Director of	For approval For discussion	14:50

			Public Participation)		
2026/10	SATH Strategy & Partnership update	Paper 7	Nigel Lee (Director of Strategy and Partnerships)	For discussion	15:30
2026/11	Public participation update Sep-Dec 2025 i. Public Participation Plan: 2024/25 Action Plan Update ii. Helpforce Report	Paper 8	Julia Clarke (Director of Public Participation)	For information – to address any comments /queries	15:40
2026/12	Any Other Business	Verbal	Chair		15:50
	Dates for the Forum for 2026 and close of meeting	Paper 9	Chair	To note	15:55

Public Assurance Forum

**Held on Monday 3rd November 2025
13:00 – 16:00hrs via MS Teams**

MINUTES

Present:

Clr Joy Jones	Powys County Councillor and Chair of Newtown Health Forum (Co-Chair)
Trevor Purt	Trust Vice Chair
Julia Clarke	Director of Public Participation
Jay Atkinson (part meeting)	Divisional Director of Operations – W&C Division
Kate Ballinger	Community Engagement Facilitator
Carla Bickley	Associate Director of Strategy & Partnership
Michelle Cole (part meeting)	Divisional Director of Nursing – SACC Division
Claire Eagleton	Equality, Diversity and Inclusion Lead Nurse
Liz Florendine (part meeting)	Healthwatch Communication & Involvement Officer representative
Ned Hobbs	Chief Operating Officer
Rebecca Houlston	Emergency Centre Manager – MEC Division
Aaron Hyslop	Public Participation Team Facilitator (HTP Engagement)
Alisha Jones (part meeting)	Divisional Operations Manager – CSS Division
Dianne Lloyd (part meeting)	Acting Deputy Divisional Director of Operations – CSS Division
Dave Morgan	Telford Patients First representative
Hannah Morris	Head of Public Participation
Sally Orrell (part meeting)	Business Change Lead
Lynn Pickavance	Telford Patients First representative
Jane Randall-Smith	Llais, Wales representative
Graham Shepherd	Shropshire Patient Group representative

In attendance:

Rachel Fitzhenry	Senior Administrator (Minute taker)
Lydia Hughes (part meeting)	HTP Communications and Engagement Manager
Louise Kiely	Head of Facilities
Angela Lewis (part meeting)	Service Manager Programs and Development
Matt Neal (part meeting)	Director of Transformation
Samantha Roberts	Acting Centre Manager – SACC Division

(part meeting)	
Eve Simmonds-Jones	Volunteer Service Manager
(part meeting)	
Rachel Webster	HTP Nursing, Midwifery and AHP Lead
(part meeting)	

Apologies:

Kara Blackwell	Deputy Director of Nursing
Nigel Lee	Director of Strategy and Partnerships
Anna Martin	Divisional Director of Operations – CSS Division
Zain Siddiqui	Deputy Director of Operations - W&C Division
Ruth Smith	Head of Patient Experience
Hannah Walpole	Divisional Director of Operations – MEC Division

Item No.	Agenda Item
2025/37	Welcome and Introduction Cllr Joy Jones opened the meeting by welcoming the group to the MS Teams meeting.
2025/38	Minutes of previous meeting (21st July 2025) The Minutes of the previous meeting on 21 st July 2025 were approved as an accurate reading.
2025/39	Matters Arising/Actions Separate Actions sheet attached.
2025/40	Partner Update Jane Randall-Smith (Llais, Wales representative) informed the group, there has been engagement this year in Newtown and Llanllwchhaiarn, both reports are ready but awaiting translation before they go onto the website. The issues highlighted, includes long waiting times for ambulances to get to the hospital, waiting times in A&E and the cross-border bureaucracy. There is positive feedback on the care that people receive but it's getting access to the care that is worrying people, mainly Powys residents. Liz Florendine (Healthwatch Shropshire representative) informed the group that Healthwatch are asking people to share their experiences of receiving prescription medications. A link was circulated within the meeting for individuals to share with their networks.
2025/41	SaTH Divisional Updates on Key Issues i) <u>Surgery, Anaesthetics Critical Care & Cancer</u> – Michelle Cole (Divisional Director of Nursing) and Sam Roberts (Acting Centre Manager) , gave an update on current/future service developments/changes and how the team are involving the community in these changes, paper provided: <u>Surgical Ambulatory Care and Surgical Assessment Unit Dashboard:</u> 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 (Surgical Assessment Unit). 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 two 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 Malling 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 four 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 two 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 (Referral to Treatment) 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 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 two 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:

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).

Julia Clarke (Director of Public Participation) asked that future Divisional reports focus on what public involvement there has been and where this has taken place.

Dave Morgan (Telford Patient First representative) referenced the pre-op assessment and noted how amazing it is to see these moves as it's improving the process, and if patients are more satisfied by the process and the information given then that is a positive step forward. There have been issues expressed about changes on Ward 5 within the Trust and the use of Oswestry. When it comes to pre-op assessment there has been a mix up with some people being asked to be assessed at PRH and then being told at the last minute they can't be assessed at PRH because their procedures will now be at Oswestry.

ACTION: Michelle Cole (Divisional Director of Nursing – SACC Division) to liaise with the pre assessment and the MSK (Musculoskeletal) team to find out how the pre assessments are being organised

i) Clinical Support Services - Dianne Lloyd (Clinical Implementation Lead) 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. 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. Two 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:

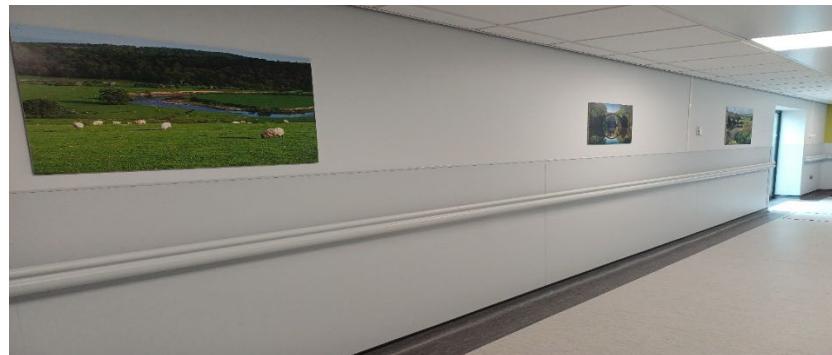
Patient and staff representatives have continued with the programme of 15 steps assessments and have provided valuable feedback on some of our services.

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

Dianne Lloyd informed the group, this is her last attendance at the PAF meeting as she will be retiring on 19th December. Dianne was thanked by the Chairs and Julia Clarke for her contribution over almost 40 years in the NHs. Alesha Jones is the new Divisional Operations Manager and will be attending PAF in the future to give the CSS update. The group was introduced to Alisha.

ii) Medicine & Emergency – Rebecca Houlston (Acting Deputy Director of Operations for UEC) gave an update on current/future service developments/ changes and how the team are involving the community in these changes, paper provided:

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.

ACTION: Rebecca Houlston to update Graham Shepherd (Shropshire Patient Group representative) on any improvements in 'Fit to Sit'. [After meeting a

visit has been arranged with Julia Clarke and Graham Shepherd to the new permanent Fit to Sit area created as part of the HTP design]

Jane Randall-Smith (Llais, Wales representative) asked, what the implications are for the recruitment of new staff to support all the additional beds.

Rebecca Houlston informed the group, there has been significant investment from a staff perspective, and the teams have worked hard to recruit. From a medical perspective a few of the medical posts that were included in the PAF paper have already been recruited into. Nursing is being worked through, and there are lots of events going on in terms of recruitment. There is a risk as there is a lot of recruitment to go along with opening that number of beds and the teams are working through mitigation to support that and to look at alternatives. From a nursing perspective, all jobs have been advertised, and the majority are now closed. There is a good level of interest for the clinical posts. It's very exciting, but there's a lot to get done between now and opening.

iii) Women & Children's – Jay Atkinon (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 Division continues to make strong progress in service improvement and community engagement across Maternity, Neonatal, Gynaecology, and Paediatric 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 (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, and the + (plus) for other identities) 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 – (Local Maternity and Neonatal System) commissioned quality improvement projects.
- The Health Equity Audit commissioned by the Integrated Care Board (ICB) has been finalised and will support the work of the Specialist EDI (Equality, Diversity, and Inclusion) 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 (Children and Young People) 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 (Post-Acute Care Enablement) 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 (Control of Substances Hazardous to Health) 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.

iv) Patient Experience – Claire Eagleton (Equality, Diversity and Inclusion Lead Nurse) 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, 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.

Action update from previous meeting

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.

	<p><u>Engagement of CYP and Families in the Hospital Transformation Programme (HTP):</u></p> <ul style="list-style-type: none"> • 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.
2025/42	<p>Park & Ride</p> <p>Louise Kiely (Head of Facilities) gave a presentation on the Park & Ride update, paper provided:</p> <p><u>Royal Shrewsbury Hospital:</u></p> <ul style="list-style-type: none"> • The Trust Car Parking Team and Group Nexus continue to manage the regular changes which arise because 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: <ul style="list-style-type: none"> • Public (onsite) – 362 spaces (temporary reduction of 64 spaces since the last meeting). • Staff (onsite) – 705 spaces • Blue badge (onsite) – 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 offsite parking facilities and any prior or forth coming changes that will arise as a result of the a fore mentioned works. <p><u>Updates to parking across Trust sites:</u></p> <p>William Farr House is now fully managed using ANPR (Automatic Number Plate Recognition). 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.</p> <p>We have installed three additional payment machines at Royal Shrewsbury Hospital near A&E, Copthorne, and the Evolution Scanning Suite.</p> <p><u>You asked, we listened -and we've made some changes for staff:</u></p> <ul style="list-style-type: none"> • 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. • 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. <p>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:</p> <ul style="list-style-type: none"> • 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
- Myton Oak Road Memorial Park & Stride –Potential 200 spaces – Completion April 26

Royal Shrewsbury Hospital - stats:

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 carparks was 2,240
- The average number of visits per day to staff carparks was 2,800

Princess Royal Hospital:

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, nine 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.

Communications:

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, is passed to comms so we can include it in the next issue. This is posted on our intranet and on our SaTH App for staff.

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:

	<p>Facilities regularly meet with the following local Cllrs - Cllr Jon Tandy, Cllr Roger Evans, Cllr Bernie Bentick and Cllr Rob Wilson.</p> <p><u>Areas under discussion:</u></p> <ul style="list-style-type: none"> • P&R for patients at PRH • Possibly extending the P&R service to the Halscott and Meole 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 <p>Dave Morgan informed the group, if returning to your vehicle on the park and ride from the PRH site around 4pm, there is difficulty getting out because it coincides with the college. Even though there are discussions with council groups, are you able to have conversations with the college about the mass kicking out time and the failure of the lights by the PRH site, as it means some staff coming off shift and volunteers included have a long delay in coming off site. There needs to be a better one-on-one service that picks up more frequently for staff. Decommissioned bus stops could be recommissioned on lots of routes, which will take some pressure off the park and ride.</p> <p>Louise Kiely has agreed to have discussions with the college and asked the group, if there are any conversations or alternatives for the park and ride especially within the PRH area to keep her informed on louise.kiely2@nhs.net. We have some ideas of what we can do and how we can be proactive in the development of how we manage car parking for both the public and visitors. Once all the ANPR and data have been received, then that gives a lot more information as to how we can plan what we're doing in the future.</p>
2025/43	<p>Modular Wards</p> <p>Ned Hobbs (Chief Operating Officer) gave a presentation update on the development of the Modular Wards, paper provided:</p> <p>Graham Shepherd asked, what the situation is with beds in corridors and what are the number of bed blockers (patients that are medically fit for discharge) these days and where are they going. Also, where has the room been for them to go rather than these modular units.</p> <p>Ned Hobbs informed the group, as of this morning across our two sites we had 103 patients that no longer required acute hospital care (medically fit for discharge) to some form of community-based care. When the module wards were originally proposed some years ago, the intention was for them to run in partnership with Shropshire Community Trust as rehabilitation wards. Time has moved on, and best care models have moved on. Patients who need to be receiving acute hospital care should be on the hospital site, and patients that are able to be receiving community-based care are best served in a community site.</p> <p>The schemes that are in development with our partners, such as Shropshire Community Trust, are about either preventing patients needing admission to PRH or RSH (if they don't clinically need an acute hospital site) or about facilitating them returning to a community setting once they're well enough to. The Care Transfer Hub expansion, the introduction of integrated front door nurses from a community background physically on our two acute sites, the development and expansion of the urgent Community Response service, which runs until midnight for patients that do have an urgent need but don't need to come into hospital, all these things</p>

together should contribute to ensuring people don't spend time in hospital that don't need to. The challenge will always be there.

The situation with the beds in the corridors is that the predominant challenges we face as an emergency care pathway through SaTH and wider Shropshire, Telford and Wrekin are not challenges of EDs making, their challenges have flow through that overall pathway.

On RSH corridor care, colleagues have either seen first-hand or may have seen last year on the dispatches programme, the use of what was known as the X-ray corridor, which is a non-designated clinical space, but a corridor space previously used for managing emergency department patients. This corridor has been closed for several months now and will not be opened on the RSH site for patient care. Colleagues on the PRH site will have known the main hospital corridor on the ground floor was previously used as an expansion of the emergency department, in addition to the internal corridor within the ED at Telford. The main corridor has not been used for over a year and won't be, but we do still use the internal corridor which has space for five patients. There are typically about 100 patients across both emergency departments waiting for an inpatient admission. It will get significantly better when 56 more inpatient beds open at Shrewsbury and when the 40 new assessment spaces open at Telford, both of which are due to happen in December.

Trevor Purt informed the group, the funding flow has changed from the ICB (Integrated Care Board) and from the department in terms of the old modulars. There's now an expectation that money of around £7-8 million for the running costs will now be spent within the community in terms of a greater access to home care to hospital at home and to avoid that step down effect. There's still an issue about whether step up is something that we might need to think about in the future, but that answers partly why those units are coming out of focus, in terms of step-down facilities coming out of acute down to community.

Both boards, SaTH and Shropcom have now agreed to move towards a group model which will hopefully be in place from April next year. Unfortunately, this does not cover Powys. The coming together of the group from April will make it far easier to effectively treat patients where they should be treated and not to retain medically fit for discharge patients longer than necessary. Equally, we are looking at how we can fund home care in a slightly different way in conjunction with our local authority colleagues so that we are providing alternatives instead of keeping people within those beds.

2025/44 Volunteer Drivers

Eve Simmonds-Jones (Volunteer Service Manager) and Hannah Morris (Head of Public Participation) gave a presentation update on the Volunteer Driver Scheme, paper provided:

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.

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.

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.

Julia Clarke informed the group, the scheme has been amazingly successful, the feedback from patients, family and staff has been very positive. We worked with Helpforce, which is a national charity for volunteering in health and social care. There was another hospital which took over 15 years to even get close to the number of drivers that we've got to which Eve Simmonds-Jones (project lead) should the credit for. We are very grateful to the ICB because they funded Eve's original post, which was as a band 6 Project Coordinator. We have also recruited a staff volunteer driver who volunteers in his own time. We have approached the ICB again for the funding of this post which would come out of their winter funding. We are hopeful that they will agree the benefit of it has more than been demonstrated. As well as the benefit to patients, it's also freeing up the paid contract, non-emergency patient transport so they can concentrate on those patients that are unable to be transported in a car.

We are very optimistic with the group model and there may be opportunities to even further strengthen the link when patients have been discharged. The whole driving force for the bid to the ICB was to improve both flow and the discharge processes, so we'll be very keen to see what opportunities present as a group model rolls out.

Carla Bickley (Associate Director of Strategy & Partnership) congratulated the team on a fantastic service as it's making a real difference, and the feedback has been extremely positive. It was pleasing to see the reference to the deprivation and thinking towards rurality and the exceptions that we don't always think about for the care of our patients. I'm quite interested in the correlation between the DNA's and appointments for transport. There is a fantastic opportunity to see how we can link this in with some of the neighbourhood work and the group model. A lot of the GP surgeries already offer this service, so how can we support that and provide some more alignment in this area. We could start to think a bit wider on how we engage with local councils in terms of the transport and the bus routes that are available.

Eve Simmonds-Jones left the meeting after this item

Sally Orrell (Digital Programme Communications and Engagement Manager) gave a presentation update on the Digital Transformation Programme, paper provided:

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.

Dave Morgan commented on how marvellous the app is.

Julia Clarke informed the group, if anyone has system problems to contact PALS (Patient Advice and Liaison Service) as they can help with these sorts of problems. There is an About Health Event on 4th December where Sally and the team are going to be updating in an hour-long slot between 6:30pm to 7:30pm with the opportunity to ask questions. Link added into the meeting chat.

Sally Orrell left the meeting after this item

2025/46 Update on HTP

Matt Neal (Director of Transformation) and Rachel Webster (Clinical Lead for Nursing in HTP) gave a presentation on the Proposed HTP About Health Public update July 2025, paper provided:

Community Engagement

IHP (Integrated Health Projects) 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 (Social, Emotional & Mental Health) 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:

- 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 (Joint Health Overview and Scrutiny Committees) 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.

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

A Review of Survey Results:

In the naming convention portion of the survey launched following the Signage & Wayfinding Focus Group was 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.

Improving our Emergency Department:

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

Transforming PRH Hub:

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:

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:

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.
- Provide 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.

Focus groups:

Throughout the programme we have engaged and worked 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

	<p>*Matt Neal and Rachel Webster left the meeting after this item*</p>
2025/47	<p>SATH Strategy & Partnership Update</p> <p>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:</p> <p><u>Main points:</u></p> <ul style="list-style-type: none"> • 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. • 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. • 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. • 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. • 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. • 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. <p>Implementation of the group model has been approved via both Trust Boards with work commencing on a transitional plan for implementation 1st April 2026.</p>
2025/48	<p>Supplementary Information Pack</p> <p>i. Public Participation Plan: 2024/25 Action Plan Update.</p> <p>Julia Clarke gave a brief update of the Plan on a Page for SaTH Charity, Engagement and Volunteers, paper provided.</p>
2024/49	<p>Any Other Business</p> <p>Nothing noted.</p>
	<p align="center">Dates for the Forum 2026</p> <p align="center">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</p>

Public Assurance Forum – Action Log

Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
3rd November 2025						
2025/42	03/11/2025	Michelle Cole (Divisional Director of Nursing – SACC Division) to liaise with the pre assessment and the MSK (Musculoskeletal) team to find out how the pre assessments are being organised	Michelle Cole	19/01/2026	We are clinically validating patients by reviewing last clinic letter dictated from being seen in clinic, their last pre op, discussing with the consultants and asking patients questions when calling to ask if they are happy to travel to RJAH. We then send all of this information to a nominated person at RJAH, who then books them for a pre op over at RJAH.	CLOSED
2025/42	03/11/2025	Rebecca Houlston to update Graham Shepherd (Shropshire Patient Group representative) on any improvements in 'Fit to Sit'. [After meeting a visit has been arranged with Jula Clarke and Graham Shepherd to the new permanent Fit to Sit area created as part of the HTP design]	Rebecca Houlston	19/01/2026		ONGOING

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	
Name of Division: CSS	
Name of Divisional Lead: Alisha Jones, Divisional Operations Manager for Clinical and Scientific Services	
Date: Monday 19th January 2026	
1.	Key updates from Division
<p><u>Community Diagnostics Unit, Hollinswood House, Telford</u></p> <p>The CDC conducted 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 an update on the action plan may be available in Corporate PAF paper.</p> <p>The site management of CDC has officially moved from Radiology Centre into Pathology Centre.</p>	
<p><u>Oncology & Haematology</u></p> <p>There is a plan to create a sky garden as part of the Oncology Unit at RSH with Rotary Club funding to support. A recent visit by our Centre Manager and Clinical Directors took place to view where plans were discussed around where the Oncology Unit and sky garden are going to be.</p> 	
<p>The Lingen Davies Sunflower Appeal aims to fund the new Chemotherapy Day Unit and Haematology Outpatient Department at PRH. On 11 November, Shaun Davies, MP for Telford, hosted the Westminster launch in Parliament, featuring a keynote address by Health Secretary Wes Streeting. The campaign targets £5 million by 2029, with over £300,000 raised by the end of 2025—an excellent start toward the goal.</p>	

Pathology

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. We are starting to place the orders and working well with the company to achieve successful implementation.

We have successfully implemented Point of Care Testing (POCT) in both EDs in the form of lateral flow tests for patients presenting with respiratory virus symptoms on arrival. These flow tests cover four conditions of COVID, RSV, FLU A and FLU B, which is important in the cohorting of patients, ensuring patient safety and improved flow. This went live in December and will continue to be delivered until Winter pressures subside, approximately Easter time.

SaTH Pathology is providing leadership to RJAH Cell Pathology. This is an expansion on the current service delivery as we have delivered RJAH blood sciences. The expansion now includes histology, cytology and specialist bone work.

Pharmacy

New Pharmacy Team for Emergency Departments (ED)

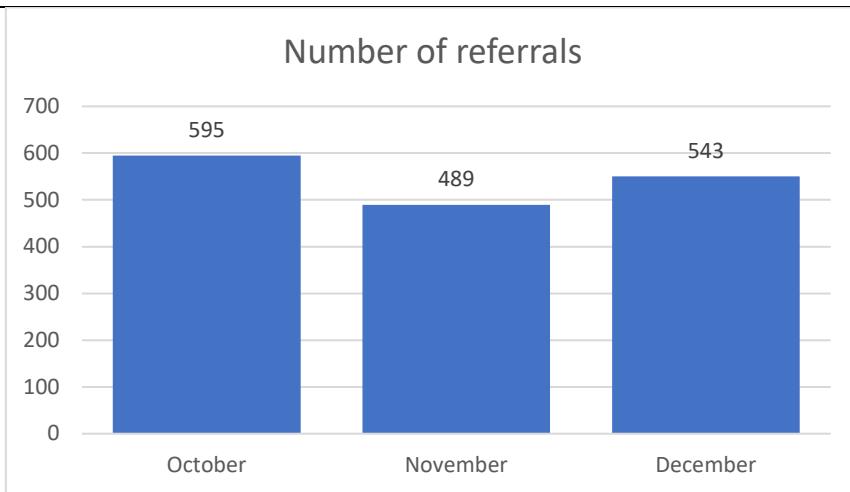
The new Pharmacy Team in ED have now started and are already beginning to see benefits. The team is able to ensure good stock availability, provide greater oversight of controlled drugs and provide pharmacy safety interventions in a timely manner, reducing patient harm and improving patient flow.

Pharmacy Infrastructure and Dispensing Robot

Pharmacy has presented 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. The business case is awaiting amendments then will be presented at the next Business Case Review Group.

Discharge Medicines Service

Monthly reports are provided in regard to our Discharge Medicines Service, achieving 1st in the West Midlands and 5th in the Midlands overall for the number of Discharge Medicines referrals being sent. These referrals have been steadily increasing, providing more for patients whilst reducing the costs of readmissions.



Outpatient Parenteral Antimicrobial Therapy (OPAT) service continues to successfully progress, allowing medically stable patients receive necessary intravenous (IV) antibiotics at home or in the community instead of staying in the hospital. Since launch, over 6000 bed days have been saved with majority of patients being part of admission avoidance or step-down cohorts, reducing hospital stays, risk of infection and improving

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 consistently improved to 87% of patients being seen within 6 weeks in November 2025. For each imaging modality:

- CT – 99.7%
- MRI – 97%
- Non-obstetric ultrasound – 83%

Reporting recovery:

Cancer turnaround times for CT reports have improved significantly – now an average of 6 days from test to providing the report.

Cardio-respiratory Service at PRH

The Cardio-Respiratory Service has moved the acute elements of the service e.g. support for the Cardiac Cath Lab and patients on the wards, into the main PRH Outpatients Department area. This move has proved popular with patients through its direct access from the car park and its own waiting area, and so patients can attend their appointments without having to go through the main hospital. This is a particular advantage at this time of year with high flu rates.

Following this move, there is a plan to conduct a 15 Steps assessment visit at the new area to understand what the environment is like and what improvements can be made for patient experience.

Breast Screening

Following the introduction of text message reminders the DNA (Did Not Attend) rate has fallen and is consistently maintaining at 12%, a significant improvement from the original 22% before text reminders were introduced.

The screening unit has been visiting Newport since programme inception; however, the usual location of Newport Cottage Care is having building and roof works, meaning the car park is inaccessible. On this occasion, we have sourced a new location at Harper Adams University so patients do not have to travel to RSH or PRH, and the service can continue to be offered locally to them. So far, this has gone well.

The mobile screening unit in Whitchurch has sourced approval to attend. We expect to be there in Springtime (March) for 10 weeks.

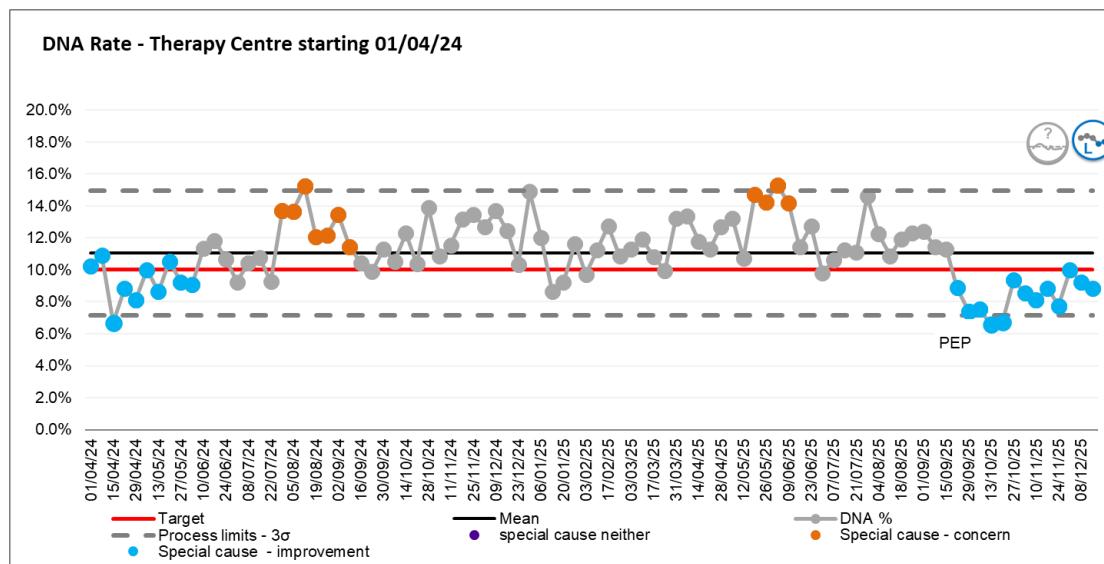
Therapies

Stroke Service at PRH:

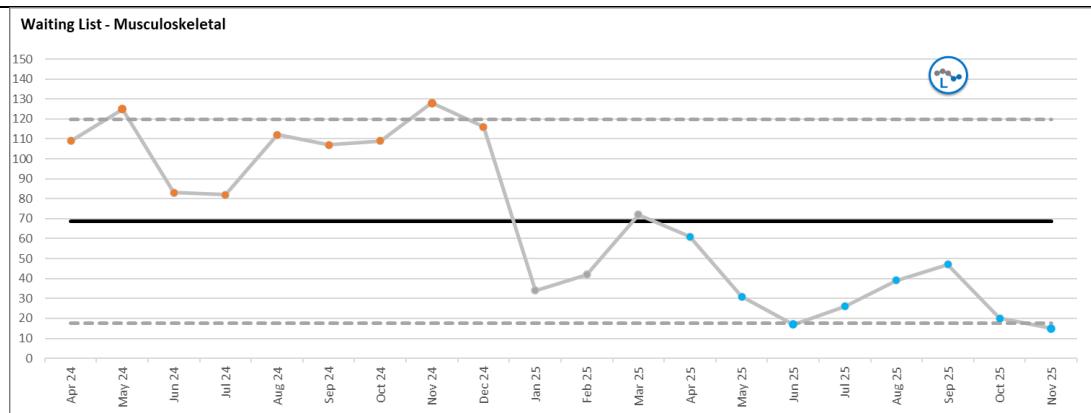
Progress is being made between the Therapy Team working with our Estates Team and Architects to design a new and improved gym and assessment kitchen in the Paul Brown Unit, ensuring our stroke patients can continue to be treated close to their ward. Costs have been returned, are being reviewed, and finances for the project have been updated.

There has been positive conversation between Therapies and ICB colleagues around the challenges of consistently achieving good Sentinel Stroke National Audit Programme (SSNAP) performance. Therapies Team led discussions, walking through Therapy performance related to the SSNAP standards pre. 24/25 and the new standards that measures 3-hour motor therapy. ICB colleagues agreed to discuss and come back to Therapies in relation to current commissioning arrangements, with a view that great investment in community Stroke rehabilitation would be key to improving acute performance.

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



Therapies have also noted a reduction in waiting list for routine musculoskeletal patients (MSST service) that is being well maintained.



2.	Update on any current or future service developments or changes and how are you involving the community in these changes?
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The CSS Patient Experience Group continues to meet every month. We continue to involve our patient engagement representatives in some of our service changes and improvements such as:

Hospitals Transformation Programme – specifically for CSS:

Within the Hospitals Transformation Programme, we are plans are continued to be developed for the following facilities, and the CSS Patient Experience Group is given monthly updates on progress. There are 4 significant ongoing 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.

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

- Cardiorespiratory, Main OPD, PRH
- Cardiorespiratory, Clinic 8, RSH
- Chemotherapy Unit, RSH
- Radiotherapy Unit, RSH
- Haematology Unit, RSH
- Ward 23 – Oncology & Haematology
- Hamar Centre
- Breast Screening Unit, RSH
- Breast Screening Unit, PRH

The plan is to schedule the Oncology and Haematology areas from March onwards. The original plan was to visit over the Winter, however, due to high infection rates and re-implementation of mask-wearing, we felt it was appropriate to move this into the Spring.

Through this, we can visit our Cardiorespiratory area at PRH sooner, following a recent move to the Outpatients Department.

Breast Screening have also requested a 15 Steps visit to be carried out at RSH, which we are anticipating undertaking in June, 12 months since PRH had their first 15 Steps assessment.

3.	Action update from previous meeting (if applicable)
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None

Report by:	Alisha Jones
Date	22.12.2025

Public Assurance Forum	
Divisional Update	
Name of Division: Corporate	
Name of Divisional Lead: Kara Blackwell	
Date: Monday 19th January 2026	
Time: 1.00-4.00pm	
Location: Microsoft Teams	
1.	<p>Key updates from Division</p> <p>This section is for information only and will only be discussed at the meeting if there are any questions from members</p> <ul style="list-style-type: none"> PALS and Complaints <p>The higher number of complaints across the Trust has continued in Quarter 3; this is an increase that has been seen in a number of other Trusts nationally. The PALS team continue to ensure that they are accessible, and where possible, cases are resolved through PALS to provide a speedier resolution for the patient. In addition, the Complaints Team have developed a fast-track process, which aims to provide a formal response to a complaint within ten working days. This is currently being piloted with the Bookings Team. The Complaints and PALS Teams have carried out work on reviewing subject codes, with new and revised sub-categories to be introduced in the new financial year.</p> <ul style="list-style-type: none"> Non-Medical Education <p>Following the successful application for university hospital status, SaTH is currently consulting on a new name for the Trust. Staff are being invited to vote on the proposed name, which will include 'University Hospital Trust' within the title.</p> <p>The Head of Non-Medical Education also serves as the Trust's Designated Lead for Non-Medical Prescribing (NMP). She has begun collaborative work with the NMP Lead at Shropcomm, and in April 2026 the first joint Non-Medical Prescribing Forum for Paediatric Nurses from both Trusts will take place. Shropcomm has adopted some of SaTH's NMP documentation relating to scope of practice. The two NMP leads meet regularly and are planning further joint training opportunities in the future.</p> <p>Cohort 5 of the Volunteer to Career programme has now completed. The Trust has committed to ongoing support for this programme, with two further cohorts planned for February and September 2026. February's cohort will be based at PRH, with September's at RSH. Applicants to these cohorts will be able to volunteer in a workplace of their choice, rather than be limited to maternity, but will have full access to the employability evening sessions.</p>

We continue to progress through the application process for the Quality Mark for our multi-professional preceptorship programme. This is currently on hold nationally until April 2026. 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. The team are in the process of collecting the research data as well as supporting individuals in clinical areas to consolidate their skills following training.

The quality assurance programme is progressing well. The team have designed a generic lesson plan document to be used across education. Practice Education Facilitators are currently having training on the new document to ensure there is consistency in the approach to using it. The Lead Nurse for Post Registration education is now in the process of developing a peer assessment document as well as a structured timetable of peer assessment of educators, to be rolled out in 2026. Through this approach, we aim to ensure our educational offer is consistently high-quality and contributes to safe, effective patient care.

We are now entering the final three months of the current Continuous Professional Development (CPD) fund, which is provided to the Trust by NHS England each April. This funding is designed to support the professional development goals of registrants across the Trust. So far, we have used the fund to support a wide range of opportunities, including Master's modules, Non-Medical Prescribing courses, Advanced Life Support training, and Leadership and Development programmes for nurses, midwives, and allied health professionals. There is still funding available, and we encourage staff at all levels to apply for support to help advance their career development, and ensure our educational offer contributes to safe, effective patient care.

- Equality, Diversity and Inclusion**

The new Learning Disability and Autism Improvement Group which commenced in October is being well attended by internal stakeholders from all clinical divisions, along with external stakeholders such as Learning Disability specialist nurses, VCSE representatives and service users. The aim of the group is 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 Learning Disabilities Mortality Review (LeDeR), themes from complaints and the Learning Disability and Autism patient experience group. The output of the group is being shared at the patient experience meeting and Safeguarding Assurance to demonstrate progress against the improvement action plan.

Domain One of the Equality Delivery System (EDS) has now been completed. The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

Three stakeholder events were held during November and December 2025 providing service users, patients, staff, community groups, public and stakeholders an opportunity to review actions being taken to address inequalities in accessing healthcare services. Evidence incorporating people's experiences, impact and outcomes was shared and feedback captured through facilitated table discussions, providing insight into areas being delivered well, opportunities to improve the service, and an overarching rating for each category.

Trust services reviewed at the stakeholder events were:

- Cancer Services (2 week wait referrals)
- Mental Health Liaison Service
- CYP Asthma Service (Outpatients)

The middle score is the one which is used to contribute to the overarching organisational score which will be published in late February. The detailed findings from Domain One will be shared at PACE in February.

- **Patient Experience**

Approximately 7 million adults have a reading age of a 9 year old or younger, and almost half of adults can not understand written health information. Everyone should get simple information, supporting them in making better choices about their health, and being more actively involved in their care. Using plain language helps people ask questions without feeling embarrassed. During Health Literacy Month in October 2025, members of the Patient Information Panel supported a range of activities which included hosting stalls at each site to help raise awareness, delivering training to increase awareness and support techniques such as 'teach back' and 'chunk and check', raising awareness of support such as the readability tool to help lower reading ages of text, and meeting weekly to review patient information for services across the Trust and supporting areas in meeting health literacy recommendations. Work undertaken by the Patient Information Panel has been showcased in a case study in the Improving Health Literacy in the NHS paper which was published in October 2025 to coincide with Health Literacy Month: [health-literacy-briefing-october-2025.pdf](https://www.gov.uk/government/publications/improving-health-literacy-in-the-nhs/health-literacy-briefing-october-2025.pdf)

Patient Led Assessments of the Care Environment (PLACE) have taken place across the Trust in quarter three, with visits undertaken in inpatient, outpatient, and public space areas. PLACE assessments are an annual appraisal, teams are made up of a lead, a scribe, and a minimum of two patient assessors, making up at least 50% of the group. PLACE assessments look at cleanliness, food and hydration, privacy and dignity, and if the environment supports people living with dementia or a disability. A range of areas were visited with support of patient

partners and volunteers. The Paediatric Ward was assessed by members of the Youth Experience Panel (YEP), with six children and young people participating and providing feedback to inform reporting, action plans, and identifying opportunities to improve the environment.

15 Step Challenge visits have taken place within the Princess Royal Hospital during quarter three, with patient partners and volunteers supporting visits across 6 inpatient 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, and NHS England will be visiting the Trust in January 2026 to observe 15 Steps Challenge visits take place. Patient partners and staff participating will have an opportunity to share feedback on the tool to identify strengths and opportunities 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.

There are a range of steering groups across the ICS focused upon tackling health inequalities, these groups address areas such as alcohol and drug misuse, tobacco dependency, learning disabilities and autism, mental health, and equality, diversity, and inclusion (EDI). Significant progress has already been achieved, with further initiatives planned to reduce health inequalities and advance prevention priorities outlined in the NHS Long Term Plan and the national CORE20PLUS5 framework.

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	8 th January 2026

Public Assurance Forum

Divisional Update

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

Name of Divisional Lead: Michelle Cole

Date: 19th January 2026

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

National Joint Registry (NJR)

The NJR have awarded the Royal Shrewsbury Hospital the Gold Quality Data Provider Award 2025. For commitment to patient safety through the registry

New Wards open at Royal Shrewsbury Hospital (RSH)

Two new, modern modular wards at RSH have opened and will provide positive impact for patients this winter and beyond. A ribbon-cutting ceremony took place to mark the official opening of the wards. The wards represent a major significant milestone in the ongoing improvement of local healthcare services. Becoming home to gastroenterology and surgical services, which will move from Ward 25, the wards deliver an additional 56 inpatient beds. This will enable more joined up working and improved access between our surgical and rehabilitation teams, as well as provide a much-improved healthcare environment for patients. Designed in collaboration with the clinical teams, the wards feature more modern staff bases, spacious single rooms and enhanced infection prevention and control measures

Fewer patients are waiting for planned procedures and appointments. This is down to the improvements our teams are making to enable more operations and outpatient appointments to take place, reducing the length of time patients are waiting for treatment

- Introduction of new elective theatres timetables
- Increase in number of outpatient appointments
- Planned care hub which focuses on high volume low complexity day case surgery at PRH
- Investment in new digital tools such as Dr Doctor patient engagement portal

Robotic Surgery

Our surgeons and theatre teams are now performing more operations assisted by new state of the art surgical robot. More patients will benefit from high quality care and quicker recovery. There is further consideration for a 2nd robot at PRH

Significant reduction in all modalities of Breast urgent suspected cancer pathway. Sustainable first Out Patient Appointment (OPA) at day 8 or below, with a reduction in 62 day backlog

Colorectal business case completed to retain staffing model proven to deliver significant front end pathway benefits with first OPA at day 3

Redesign to front end Bariatric pathway reducing waiting time from 40+ weeks to 10-12 with further improvements planned

Continued reduction in one stop Urology clinics maintaining cystoscopy provision within 8 days of referral

Considerable reduction in Endoscopy waiting times across all modalities with diagnostics booked within 5-7 days of referral

Sizeable but more importantly sustainable reduction in Vascular waiting times, with First OPA reduced from 42 weeks January 2025 to 8-10 weeks December 2025

In planned care, SaTH were the most improved trust nationally for our 18-week referral to treatment performance, with an 14% increase between April and September. The percentage of patients treated within 18 weeks rose from 48.1% in April to 62.3% in September. It further increased to 65.5% at the end of November. Our improvement target is 60% and the national improvement target for 2025/26 is to get to 65%, meaning we have met both targets. We will continue to work towards the national ambition of meeting the NHS standard of 92%.

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

Appointment of General Practitioner with Extended Role (GPwER) in Gastroenterology to work collaboratively with primary care. Funding in place for 2 years

NHS England Screening Quality Assurance Service (SQAS); Findings from the quality assurance review of the Shropshire Bowel Cancer Screening Programme (BCSP). A desktop review of the whole screening pathway took place and SQAS staff met with the programme's senior team on 19 November 2025 to discuss the findings:

- The desktop review highlighted commendable practices, such as excellent specialist screening practitioner waits
- High level endoscopy KPIs
- Excellent pathology reporting times and ongoing health inequalities and promotion activities
- The leadership team's commitment and proactive approach were evident from the meeting

The programme is scrutinised by appropriate governance mechanisms and supportive trust managers. There are significant further changes on the horizon for the BCSP with the potential of lowering the screening threshold (FIT@80), which will bring extra demand upon the service. The screening team are working well towards navigating through these forthcoming challenges. During the review the visiting team found no immediate concerns. Key areas for improvement to ensure the service continues to deliver a safe and sustainable bowel cancer screening programme include:

- Delivering on a plan to increase the number of in house accredited colonoscopists over the next couple of years to reduce their reliance on insourced clinicians.
- Adding regular colonoscopy related audits to their audit schedule to ensure there is consistency in practice and to provide opportunities for further learning.

Progress will be reviewed at regular meetings attended by SQAS, the programme and commissioner colleagues. SQAS will provide further support to the service as required.

TRIOMIC

More patients to be recruited for cancer trial as funding is extended. Further funding has been secured for a cancer trial study, which is developing a new test to detect colorectal cancer and high-risk polyps.

Nearly 2,000 patients have so far taken part in the TRIOMIC study at the Community Diagnostic Centre (CDC) in Stafford Park, Telford, and it is hoped to reach a target of 6,600 by the end of June 2026. The trial – the first of its kind in the UK – is being run by the Research & Innovation Department at SaTH, linking up with Origin Sciences, a medical technology company. The new test is quick and virtually pain free, utilising the Oricol™ device by collecting samples. The samples are then tested at laboratories for abnormal cells from cancer and significant polyps. By using the test, it will give patients the all-clear, meaning they do not need the more invasive and expensive colonoscopy. Three new clinic rooms opened at the CDC earlier this year, which has meant that more patients can now be seen with 150 appointments per week. This has enabled patients to be seen at their first outpatient appointment within three to five days of referral by their GP. Jon Lacy-Colson, a consultant colorectal surgeon and Chief Investigator for the trial, said: "This project gives us the capacity to see all patients who are referred on the colorectal cancer urgent suspected pathway. Patients will also get an answer quicker about whether they need a colonoscopy."

Urology Investigations Unit (UIU)

Business case approved for the interim Urology Investigations Unit, estimated to be complete by March 2026.

Pre-Operative services will transfer to the Sentinel Trade Park building (SY1 4DP) in Shrewsbury to allow for the UIU development to commence. This will allow the service to increase capacity to meet demand due to the increased number of clinic rooms. Other benefits include the potential of better parking for patients and services being provided in a newly refurbished, dedicated department.

Elective Orthopaedics Ward 5 Princess Royal Hospital

In 2025, the Elective Orthopaedics Ward 5 at Princess Royal Hospital underwent significant service changes due to essential ventilation refurbishment. Community involvement was prioritised throughout the planning and implementation stages to ensure patient-centred decisions.

Community Engagement Activities in 2025

- Consultation with Healthwatch and Patient Representatives. Early in 2025, Healthwatch Shropshire and patient representatives were invited to review proposed changes. Their feedback influenced decisions on transport support and communication strategies.
- Public Information Sessions. Sessions held in mid-2025 explained the refurbishment timeline (September 2025 to March 2026), alternative treatment pathways, and addressed concerns about travel and continuity of care.
- Patient Surveys. Surveys distributed during summer 2025 captured patient preferences and highlighted barriers such as transport and accessibility. This feedback guided support measures for vulnerable groups.
- Options Discussed with the Community. Alternative Treatment Locations; RJAH Partnership: Patients were offered surgery at Robert Jones and Agnes Hunt Orthopaedic Hospital, with transport assistance for those in rural areas.
- Independent Sector Collaboration: Up to 30 joint replacements per month arranged at Ramsay West Midlands Hospital to reduce waiting times. Day-Case Surgery Continuation
- Community feedback supported maintaining day-case procedures at the Elective Hub during the Ward 5 closure.
- Support for Vulnerable Patients. Measures introduced in late 2025 included travel assistance and prioritisation for patients from deprived areas.
- Communication Measures. Dedicated Helpline and information packs established in September 2025 to provide updates and answer queries promptly.

- Regular updates, progress reports shared via the Trust website and local networks throughout autumn 2025.

Community involvement during 2025 ensured that service changes were transparent, equitable, and responsive to patient needs. Feedback directly shaped practical solutions such as transport support and alternative treatment options, minimising disruption during the refurbishment period.

Community Engagement in Trauma Floor Expansion – RSH (2025)

In 2025, the Trauma Floor expansion at Royal Shrewsbury Hospital progressed under the Hospitals Transformation Programme. Community involvement was central to shaping plans and design.

Key Engagement Actions

- Public Drop-in Sessions: Held Feb–July 2025 across Shropshire and mid-Wales to explain plans and gather feedback.
- Surveys and Focus Groups: Over 1,500 votes influenced design choices, colour schemes, and naming.
- Community Skills Centre: Opened Dec 2025 on-site to provide training and job opportunities.

Options Shared

- Service Model: Conversion of Ward 31 into Hyper Acute Trauma Assessment Unit and expansion of Ward 32 for 41 trauma beds.
- Design Features: Calming interiors and therapeutic sky gardens shaped by community input

Communication

- Regular updates via Trust website and social media.
- Public Assurance Forums kept stakeholders informed.

Outcome: Community feedback directly influenced design, service configuration, and support initiatives, ensuring transparency and patient-centred care during this major development.

Opening of a Surgical Admissions Lounge at PRH

Ventilation works on Ward 5 Elective Orthopaedics have enabled the conversion of unused space into a six-bed Surgical Admissions Lounge (SAL), opening 6th April 2026. This single-sex area allows patients to meet the surgical team and wait for theatre in a relaxed setting, helping ease pressure on the elective hub by admitting those scheduled for main theatre.

Communication: Discussed at Divisional PACE meetings

3.	Action update from previous meeting (if applicable)
NA	
Report by Michelle Cole	Divisional Centre Managers and Matrons
Date 08/01/2026	

Public Assurance Forum	
Divisional Update	
Name of Division: MEC	
Name of Divisional Lead: Rebecca Houlston	
Date: Monday 19th January 2026	
Time: 1.00-4.00pm	
Location: Microsoft Teams	
1.	<p>Key updates from Division</p> <p>This section is for information only and will only be discussed at the meeting if there are any questions from members</p>
<p>The Division of Medicine and Emergency Care continues to progress with a number of service development programmes which directly benefit our patients' standards of care across both emergency and elective care pathways.</p> <ul style="list-style-type: none"> Urgent, Emergency and Acute Care <p>In line with HTP developments our Centre HTP leads are planning to visit other organisations in the first quarter of 2026 to support service level planning for UTC and Acute Medicine.</p> <p>Zero-day Medical SDEC Admissions continue to show sustained improvement for the 4th consecutive month being above the improvement target of 30%.</p> <p>The reconfiguration of the RSH AMA seated area into an Acute Assessment Unit is showing early signs of improvement with a reduction in length of stay on average by 0.5 day in the first month.</p> <ul style="list-style-type: none"> Referral To Treatment (RTT) Waiting Times <p>Referral to Treatment Waiting Times continues to see significant improvements from specialties within the Medicine. Cardiology specifically recently has seen a step change improvement across the rapid, urgent and routine access pathways due to collaboration with our insourcing partners for the service.</p> <p>Work to optimise the number of patients our services are able to see in the elective pathway has also been undertaken in recent weeks with the support of external agency Prism Improvement. To date, both Cardiology and Dermatology have identified opportunities to increase the number of patients that can be seen within their current core workforce through transformation and now plan to look at how the collaboration with community colleagues can be expanded upon. The work continues in the coming weeks and will be able to quantify exactly the annual increase the work brings to our patients.</p>	
2.	<p>Update on any current or future service developments or changes and how are you involving the community in these changes?</p> <p>Divisional representatives will be expected to verbally present this section to PAF</p>

Developing Frailty Services

Last forum reported the planned implementation of the Frailty Same Day Emergency Care Pathway. During early December, the service successfully delivered plans. The Unit opened to increase the ability to provide dedicated same day care to our elderly, frail patients with an aim to safely return them home at the earliest possible opportunity and avoid long stays where deterioration and deconditioning is at its highest risk for this cohort of patients. The unit is currently seeing around 5 patients per day with a plan to steadily increase as the workforce continues to embed and deliver a robust 7-day service and integrate with our community colleagues looking at pathways with the Integrated Front Door Team.

Extending Our Inpatient and Assessment Capacity

December saw the successful opening of extended capacity across the division's inpatient and assessment areas for that means delays the Emergency Department can safely transfer patients out in a timely manner and reduce the amount of corridor care and improve the ability to make timely handover of ambulance patient that arrive.



The addition of 96 spaces across the 2 hospital sites (56 at RSH, 40 at PRH) continued to be introduced throughout December. There were some small delays to the final beds at PRH due to additional safety water checks that have been conducted, however plans are being brought back on track with the final side rooms planned to open in the coming weeks.

Introduction of Waitless App

We are working with ICB and Community colleagues in preparation for the development of the 'Waitless App' designed to help patients an informed decision about where to seek urgent medical attention.

3.	Action update from previous meeting (if applicable) Divisional representatives will be expected to verbally present this section to PAF
Report by:	Deb White/Rebecca Houlston
Date	12/01/26

Public Assurance Forum

Divisional Update

Name of Division: Women & Children

Name of Divisional Lead: Jay Atkinson

Date: Monday 19th January 2026

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
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Maternity

- Maternity were nominated and receive an award for Student Placement of the Year from Keele University in December.
- Safety and Quality:
 - CNST Year 7 updated the service have been able to evidence and assure all 10 Safety Actions. Presentation to the Trust Board will take place in February for self-certification with submission to NHS Resolution Board declaration by 3rd March 2026.
- Workforce:
 - Current midwifery workforce shortfall is 27 WTE, driven mainly by parental leave and short term sickness.
 - Despite these pressures, one-to-one care during labour and supernumerary coordinator status have been consistently maintained, supported by positive acuity levels above 95% 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 6% of all births.
- Induction of Labour (IOL):
 - The IOL rate for November was 42.6%, 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 99.5% (above the 90% CNST metric).
 - Smoking at delivery rate was 3.8%, remaining significantly below the national target (6%).
 - The Healthy Pregnancy Support Service continues to work closely with families to maintain and further improve these outcomes. We have seen significant improvements in smoking cessation in pregnancy with year-to-date figures in 2023/24 at 9.9% compared to 5.1% in 2025.

Paediatric

- Patient experience remains strong: Friends & Family Test response rate exceeded 200 responses in December, with 98% positive experience, above the Trust target for the 11th consecutive month
- Safety and governance: Paediatrics continues to have the lowest number of overdue incidents in the division (6), with a clear plan to reduce further in January.
- Elective recovery sustained: No patients are waiting over 52 weeks for surgery, supported by waiting list initiatives and flexible consultant working.
- Workforce pressures managed: Nursing workforce is fully recruited as per the winter template to meet increased activity and acuity demand, however, staffing remains under template on occasions due to sickness absence; however, risks are mitigated by Ward Managers and the Practice Education Facilitator working clinically, rebalancing of shifts and limited bank nursing shifts to ensure safety..
- Key risks identified and managed: Capacity shortfalls in outpatient paediatrics, specifically respiratory services and AHP provision are escalated and actively monitored through the risk register and action plans. This has also been escalated to the Executive Team.
- CDOP assurance: All child death notifications are managed in line with national processes, with no deaths have occurred on Ward 19 in the reporting period.

Gynaecology

- Improved incident grip: Incident numbers are at their lowest in 12 months, supported by separate operational, nursing and clinical incident review meetings, reducing open Datix volumes
- Cancer and RTT recovery: Cancer performance has improved from August 25, with FDS at 65.9% against a 75% target and continuing to improve. RTT is stable at 62.3%.
- Capacity improvements delivered:
 - Urogynaecology waits reduced, however further improvements required
 - New colposcopy equipment installed
 - Band 6 oncology nurse recruited
 - Locum consultant starting January to support the oncology gynaecology sub-specialty
- Hysteroscopy modernisation: Penthrox trial has been completed, ventilation certified and MyoSure manual devices approved, supporting improved patient experience and additionally cost reduction.
- Backlog visibility: Known administrative backlogs (letters, colposcopy follow-ups, secretarial capacity) are fully quantified, escalated and under active recovery plans.
- Staff recognition: Menopause service education programme won a Trust excellence award and secured NHS Charity funding for staff clinics.

Neonatal

- Strong assurance position: No neonatal complaints or PALS contacts in November; safety, quality and staffing remain stable
- CNST Year 7 on track: All remaining safety actions are progressing through governance for Board assurance ahead of February 2026 sign-off.
- Staffing stabilising: Sickness reduced from 10.05% to 5.33%; recruitment nearly complete with only 3 vacancies remaining which are currently being advertised.
- Safety performance:
 - 100% of babies <34 weeks admitted with correct temperature within 1 hour
 - BAPM compliance remains high at 95% (above national average 75%)
- Digital readiness: Neobadger Digital Nurse Lead appointed, supporting EPR readiness.
- Quality improvement impact: SOP changes eliminated unnecessary transfers from the post-natal ward to the neonatal unit for phototherapy; incident reporting culture is strengthening.

Fertility

- Regulatory excellence: HFEA inspection rating 5/5, with four-year licence awarded and no conditions; patient rating 4/5
- Workforce pressures visible and managed: Significant sickness in nursing, admin and science teams; mitigation plans in place with ongoing recruitment in progress.
- Training compliance strong: Fire safety, resuscitation and mandatory training largely at 100%, with targeted follow-up for remaining gaps.
- Governance transparency: One HFEA-reportable incident in October fully reviewed; no complaints received.
- Leadership transition managed: Band 7 Nurse Manager vacancy currently being filled by an acting-up post whilst substantively recruited; ; maternity leave across key roles is being managed to maintain service continuity.

2.

Update on any current or future service developments or changes and how are you involving the community in these changes?**Divisional representatives will be expected to verbally present this section to PAF****Maternity & Neonatal**

- CNST assurance nearing completion: All safety actions will be fully evidenced and assured ahead of national submission in March 2026.
- The Maternity and Neonatal Voices Partnership (MNVP) has supported the maternity services with a number of feedback surveys which include use of and access pethidine for homebirths, experience of the Triage services with the view to help the service understand why some patients self-discharge, and patient experience of antenatal screening. The results from these surveys will be included in a wider Culture Improvement plan currently in progress.
- Family partnership strengthened: MNVP, Neonatal PACE and 15 Steps reviews continue to shape improvements to environments, communication and care pathways.
- Digital transformation: Neobadgernet Digital Nurse role now appointed and in post, with ongoing implementation planning underway.
- Service development paused safely: Home phototherapy delayed due to NCOT staffing shortages, with risk appropriately managed and communicated.

Paediatrics

- Community feedback embedded: Youth Engagement Panel continues to shape outpatient access, appointment design and HTP.
- Inequalities focus: Ethnicity data capture is being strengthened and aligned with local census data to inform equitable service delivery.
- Future developments: Consultants have offered to support waiting list initiatives subject to funding approval.

Gynaecology

- Pathway redesign with system partners: Revised cancer pathways developed with primary care and the Cancer Alliance to manage rising referrals safely.
- Patient involvement: PACE group being re-established to co-design improvements using patient experience, complaints and audit feedback.
- Digital and admin recovery: Text reminder pilots, typing software and revised SOPs are being implemented to reduce backlogs and DNAs.

Fertility

- Service resilience planning: Digital PAS business case and workforce plans will improve safety, continuity and patient experience.
- Patient voice: QR-code feedback, HFEA data and local audits continue to inform service changes.

3.	Action update from previous meeting (if applicable) Divisional representatives will be expected to verbally present this section to PAF
Report by:	Zain Siddiqui
Date	16/01/2026



SaTH Operational Planning 2026-31 Public Assurance Forum January 26

An Introduction to Operational Planning

Operational planning is the process by which an NHS organisation translates national priorities, clinical strategies, workforce requirements and financial constraints into a deliverable plan for the year ahead. It sets out how services will be staffed, funded and organised to meet activity, performance, quality and safety expectations. Operational planning connects strategic intent with day-to-day delivery, ensuring the organisation can respond to demand, manage risk, and use resources effectively.



A Change in Approach

- Published August 2025
- Linked to the Ten-Year Health Plan (10YHP) which states 'there is a requirement from the centre to make significant changes to the way the NHS is organised, delivered and funded'
- The framework provides a new model of planning to meet the challenges and changing needs of England's population and build the foundation for the transformation of services'
- It's acknowledged within the paper that, conventional annual funding settlements and planning cycles have made it difficult to focus on thoughtful, long-term strategic planning of services
- To break this cycle, this framework shifts the focus towards a rolling five-year planning horizon to allow planning across the NHS to become a continuous, iterative process that supports transformational change, delivering the three shifts set out in the 10YHP

All organisations will be asked to prepare credible, integrated five-year plans and demonstrate how financial sustainability will be secured over the medium term. This means developing plans that:

- build and align across time horizons, joining up strategic and operational planning
- are co-ordinated and coherent across organisations and different spatial levels
- demonstrate robust triangulation between finance, quality, activity and workforce

Planning Framework for the NHS in England

DRAFT version 1.0



Provider Requirements

NHS Trust Providers are asked to:

- Develop strategic, operational and financial plans to deliver on national and local priorities, including pathway redesign and service development
- Develop and continuously improve the foundations for integrated planning including robust demand and capacity modelling and triangulation across quality, finance, activity and workforce plans
- Ensure strong clinical leadership in plan development and linked decision making
- Collaborate with system partners to ensure plans support the delivery of the best outcomes for local populations and the most effective use of collective resources
- Work with Integrated Care Boards (ICBs) to ensure plans reflect agreed commissioned activity levels and align to the overall system strategy

Identifying our Operational Priorities



Moving to Excellence – Our Ambition

- We are striving to provide exceptional care for our patients and be a Trust where colleagues are proud to work
- **Moving to Excellence** is our overarching programme and will drive our vision
- It brings together our transformation work and sets out our goals
- It also sets out our journey and our roadmap to get there
- It is key therefore, that our operational priorities, over the course of the 5 year medium-term plan, are aligned with our **Moving to Excellence** roadmap for delivery

SaTH Strategic Planning Priorities 2026–2031

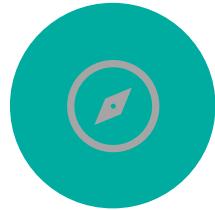
- Delivering Safe, Sustainable Acute Services
- Complete delivery of the Hospital Transformation Programme (HTP)
- Embed clinical service models across both acute sites that are aligned with the HTP Programme
- Continue to strengthen governance, clinical leadership, and learning systems across the Trust
- Ensuring services are clinically and environmentally sustainable
- Embed a quality management system across the Group to realise the full potential of collaboration
- Maintain CQC improvement momentum and focus upon patient safety
- Maximise the opportunity of being awarded University status to become a centre of excellence for research, innovation and education



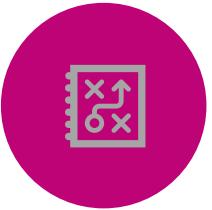
Our Approach to Planning



We are transitioning our planning processes to develop a rolling five-year integrated plan, in line with NHSE 2025 planning framework requirements



'A Local first' approach, aligned with system partners has been adopted to facilitate system triangulation



Working group established (Deputy Executive/ Director level) with responsibility for developing planning submission – using our planning priorities as the foundation to build on



Internal governance and executive oversight is in place for oversight/ challenge/ approval of our draft and final submissions

Governance & Approach to Delivery

- A robust governance structure – Executive Team, Finance & Activity Committee & Trust Board briefings and approvals, is in place
- A triangulated approach across finance, workforce, and activity has been developed
- Weekly system wide planning meetings attended for oversight and system triangulation
- Self-assessment completed against NHSE Phase 1 readiness standards and phase 1 planning documents submitted
- Feedback on initial submission received – 'amber/green' rating

Updated Performance Standard Requirements

Domain	Key Metric	Trajectory to 2028/29
Elective Care (RTT)	92% within 18 weeks	7% improvement in 18 week performance for 26/27 92% by March 2029
Cancer	Faster Diagnosis Standards - 80%	Meet standards by March 2027
Diagnostics	<1% waits >6 weeks	By March 2029
Urgent & Emergency Care	85% 4-hour 18-min Category 2 ambulance transfers 12 hour A&E performance	82% by March 2027 and 85% 4 hour performance by 2028/29 as the average for the year Cat 2 response time improvement on 25/26 baseline and average response time of 18 minutes for 28/29 Year on year % increase
Workforce Productivity	2% improvement annually	≥6% cumulative
Finance	Break-even (no deficit support)	Balance by 2028/29

Pre-Covid, the planning requirements were more standardised and based upon delivery of the national constitutional standards.

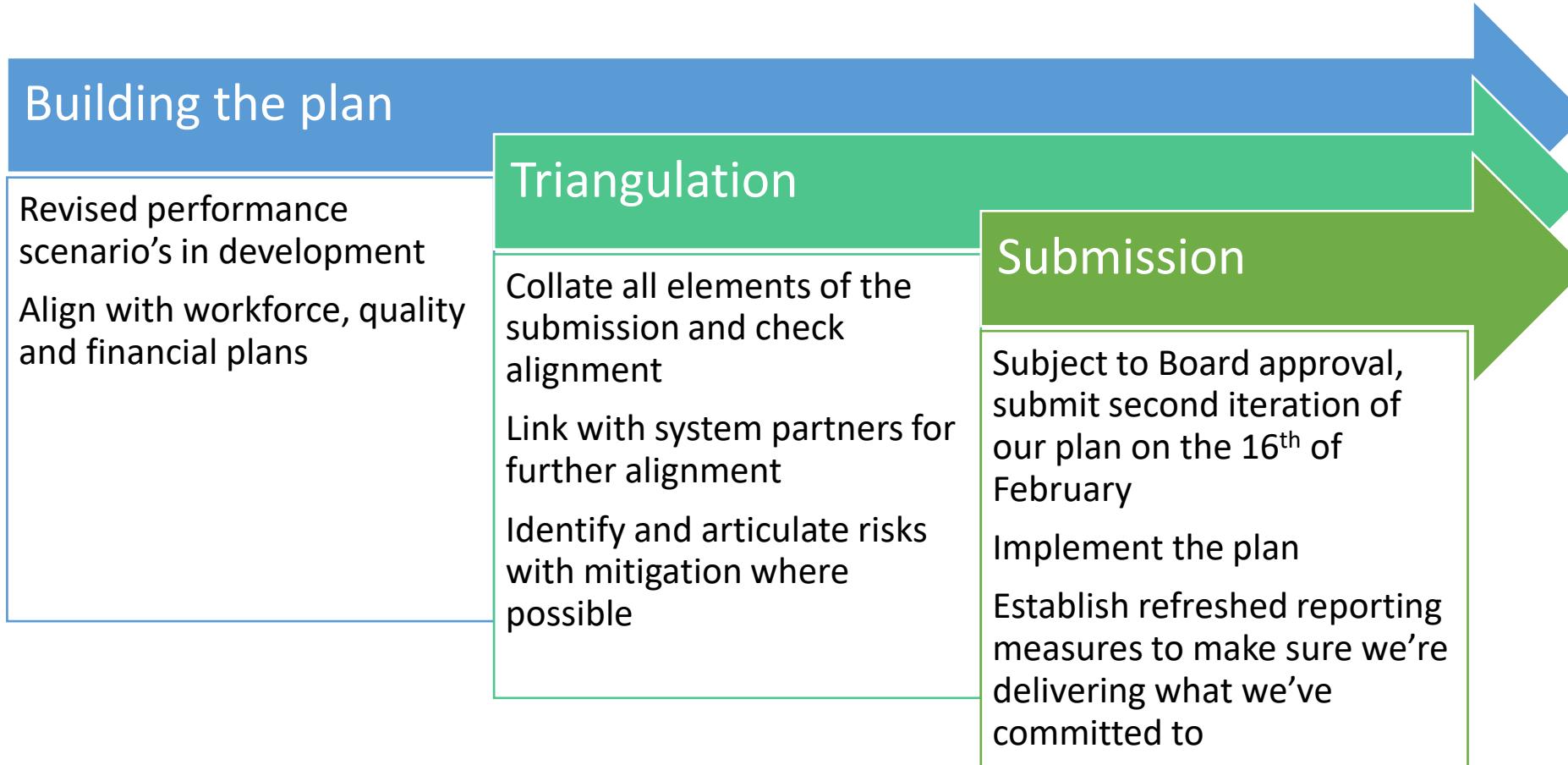
This phase of planning is focussed on recovery and 'getting back' to these national requirements.

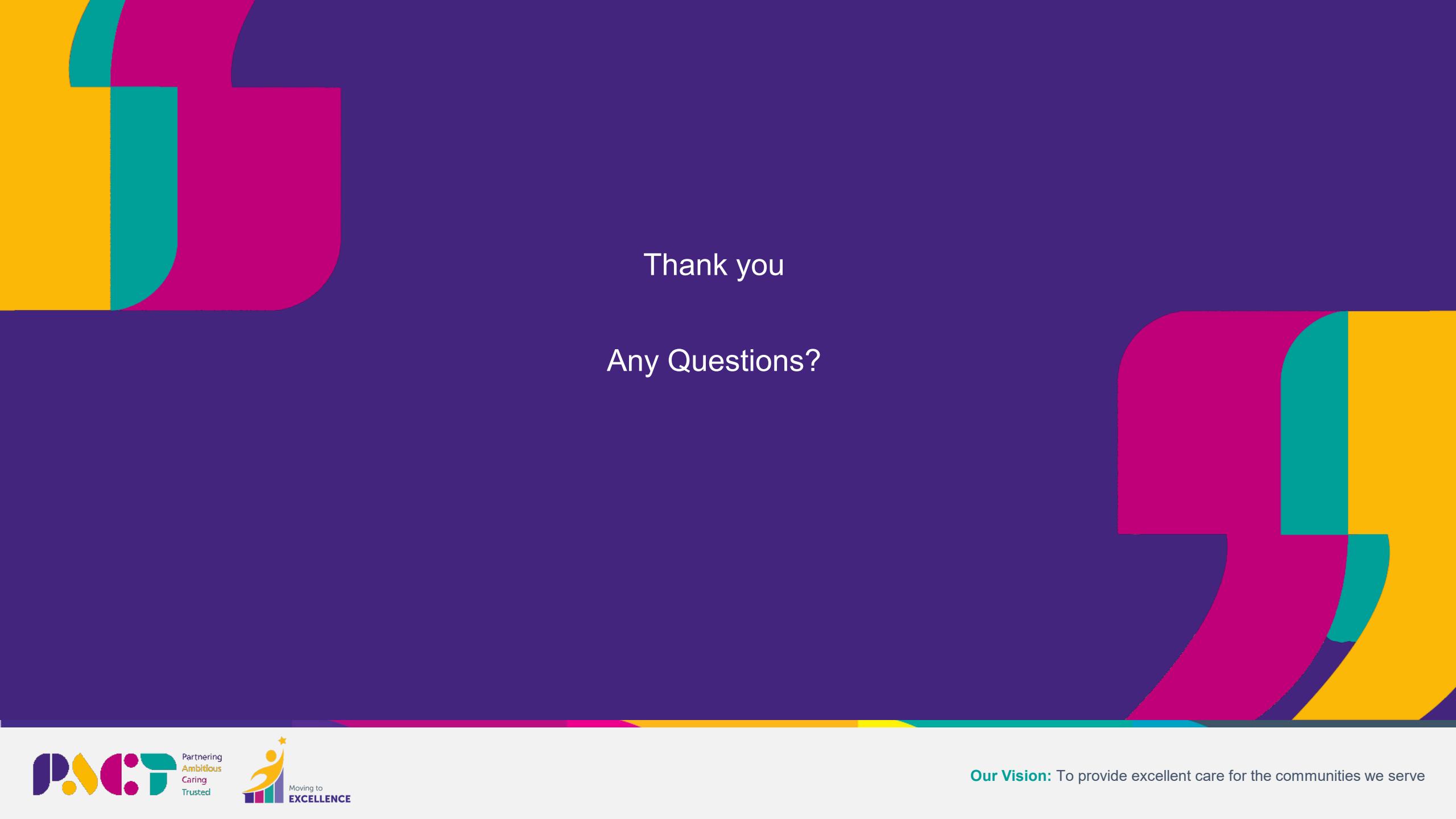
Our First Submission

Success measure	2026/27 target	SaTH plan	2028/29 target	SaTH plan
Improve percentage of patients waiting no longer than 18 weeks for treatment	Every trust delivering a minimum 7% improvement in 18-week performance or a minimum 65%	Achieving - Y Plan - 70%	Achieving the standard that at least 92% of patients are waiting less than 18-weeks or less for treatment	Achieving - Y Plan - 92%
Improve performance against cancer constitutional standards	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	Achieving - Y Plan - 80%	Maintain performance against the 28-day cancer Faster Diagnosis Standard at the new threshold of 80%	Achieving - Y Plan - 80%
	Every trust delivering 94% performance for 31-day and 80% performance for 62-day standards by March 2027	Achieving - N 31-day achieving 94% standard but 62-day planned for 70.2%	Maintain performance against the 31-day standard at 96% and 62-day standard at 85%	TBC
Improve performance against the DM01 diagnostics 6-week wait standard	Every system delivering a minimum 3% improvement in performance or performance of 20% or better, whichever level of improvement is greater (to achieve national performance of no more than 14% of patients waiting over 6 weeks for a test)	Achieving - Y Plan - 3.6%	Achieving the standard that no more than 1% of patients are waiting over 6 weeks for a test	Achieving - N Plan - 2.7%
4-hour A&E performance	Every trust to maintain or improve to 82% by March 2027	Achieving - N Plan - 65%	National target of 85% as the average for the year	Achieving - N Plan - 70%
12-hour A&E performance	Higher % of patients admitted, discharged and transferred from ED within 12 hours across 2026/27 compared to 2025/26	Achieving - Y Plan - 15%	Year-on-year % increases in patients admitted, discharged and transferred from ED within 12 hours	Achieving - Y Plan - 10%

- To build our plan, we first agreed a core set of planning assumptions. These included items such as how much funding we are expecting to receive for each year of the plan and how much growth we would see in our demand for services
- Using this information, several scenario's were developed to inform our first planning submission
- We then triangulated this information with the 'most likely' scenario to identify which scenario we would include in our planning submission
- Based on these assumptions, we stated that we could deliver most of the national standards for 26/27 and 27/28 however there was risk to delivery for some of the asks (A&E standards for example) in 26/27 and for the services in 28/29 onwards
- We are currently working through alternative scenarios (which are largely based on service improvements and/or receiving additional funding for the challenged areas) to include in our next submission due on the 16th February 2026

Next Steps





Thank you

Any Questions?



Better Care, Better Together

Public Assurance Forum

January 2026

You told us



Building on excellence in both trusts



Equal partners – shared risks and opportunities



One focus: better care through delivering the 10 Year Plan

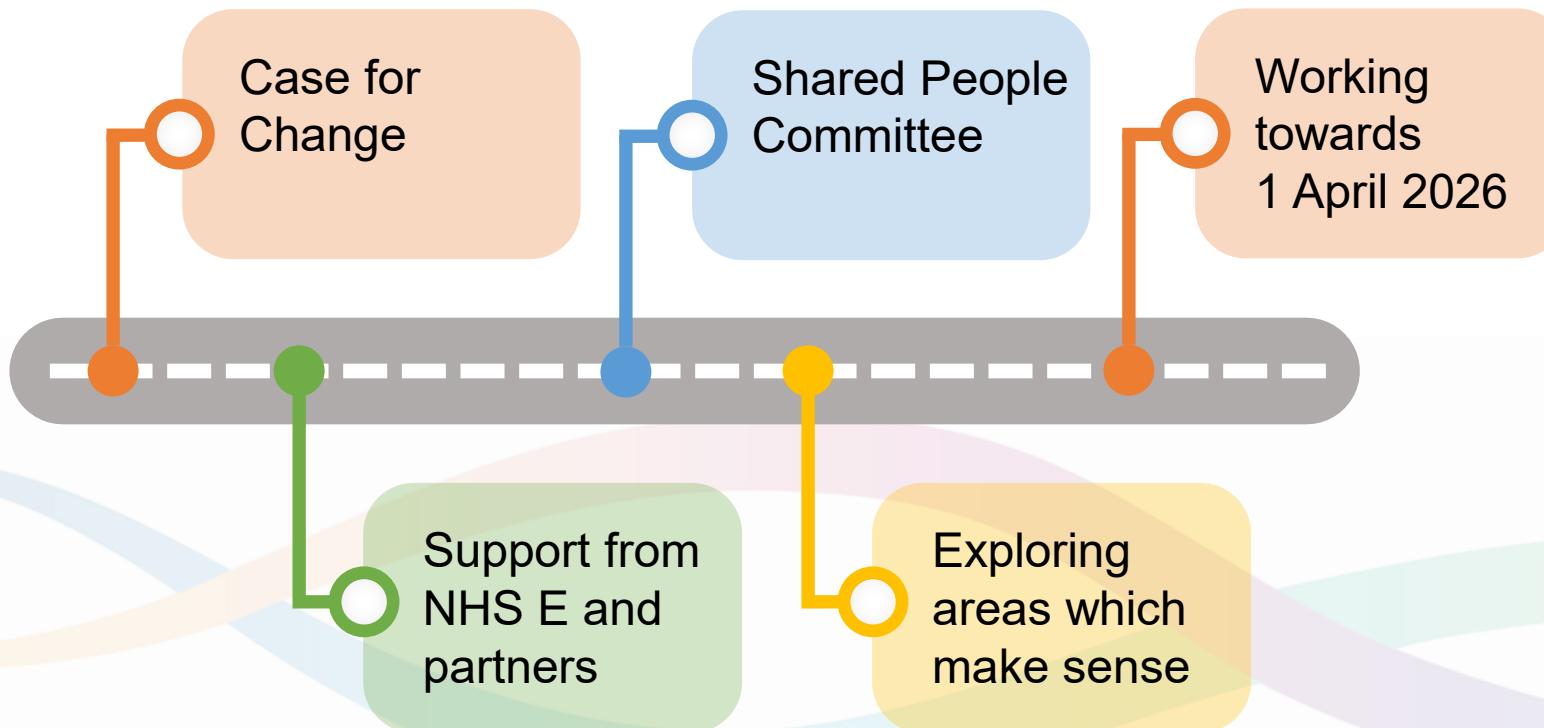


Everyone is valued and has a voice



Better care and a better work environment

Progress since Summer



We're working on:

- ✓ Urgent and emergency care
- ✓ Therapies
- ✓ Access to records
- ✓ Community diagnostics
- ✓ People Strategy
- ✓ Neighbourhood working

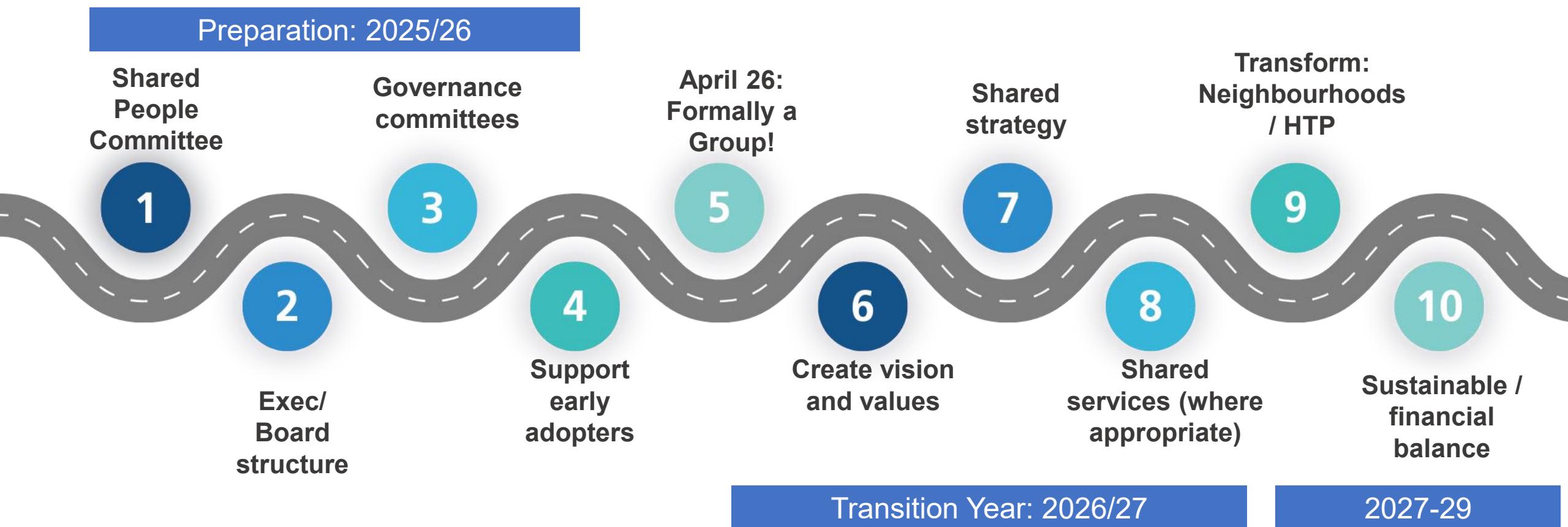
Goal: Delivering the most improvement with least disruption

Locally designed



No blueprint... together we will design a Group that delivers the best care and best work experience

How we will develop our Group



Group identity

- Increasing collaboration – speaking with one NHS Voice
- Group name will not replace separate legal identities
- Reflect national guidelines (what we do, our geography, NHS)
- Survey during January – please complete
- Feedback will help inform decision by Boards in early 2026
- Sustainable approach: value for money and environment
- Gradual replacement of any branding

Proposed names:

- Shropshire, Telford and Wrekin Community and Hospitals NHS Group
- Shropshire, Telford and Wrekin Healthcare NHS Group

Survey:

<https://www.surveymonkey.com/r/PQM2V5M>

Closes: Friday 30 January

Update on SaTH University name

- Need to recognise University status within Trust name
- Attracting staff and investment opportunities
- Currently reviewing feedback following survey
- Recommendation will be taken to Board early 2026
- Seek approval from NHS England and Department of Health and Social Care

Proposed names in survey:

- University Hospital of Shrewsbury and Telford NHS Trust
- University Hospitals of Shrewsbury and Telford NHS Trust
- Shrewsbury and Telford University Hospital NHS Trust
- Shrewsbury and Telford University Hospitals NHS Trust

How can we continue to involve people?

- Future opportunities as a Group:
 - Vision and values
 - Group strategy
 - Individual programmes
- What information would help you and your networks?
- How can we involve local people on our journey as a Group?

Public Assurance Forum: January 2026

Agenda item	2026/07		
Report Title	Development of Community Engagement Strategy and Volunteer Strategy 2026-2030		
Executive Lead	Julia Clarke, Director of Public Participation		
Report Author			
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe		Our patients and community	✓
Effective		Our people	
Caring		Our service delivery	
Responsive		Our governance	
Well Led	✓	Our partners	
Consultation Communication			
Executive summary:	<p>The three elements of Public Participation are Community Engagement (including HTP), Volunteers and SaTH Charity (which is a separate legal entity but links closely with the other two NHS areas).</p> <p>The Shrewsbury and Telford Hospital NHS Trust recently published its five year Strategy for SaTH Charity Charity – SaTH</p> <p>The Current Public Participation Plan covered Community Engagement objectives for 2021-2026 Public Participation Plan – SaTH</p> <p>There is no Volunteer Strategy.</p> <p>This paper describes the process to develop separate strategies for Volunteers and Community Engagement (which will also be compiled with SaTH Charity as a single Public Participation Strategy 2026-2030)</p>		
Recommendations for the Board:	<p>The Public Assurance Forum is asked to:</p> <p>NOTE the engagement to date in relation to engagement on the Community Engagement and Volunteer Strategy and the next steps TAKE ASSURANCE from this work that we are engaging with relevant stakeholders</p>		
Appendices:	Appendix 1: Community Engagement Strategy and Volunteer Strategy Focus group presentations		

1.0 Public Participation Team

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.

The development of two five year strategies to complement the SaTH charity strategy is described below.

2.0 Engagement to date

2.1 Community Engagement Strategy

Engagement to date:

- Workshop with engagement team and ICB and Strategy colleagues October 2025
- Away Day with wider Public Participation Team October 2025
- Conversations with communities at events around the county and mid-Wales
- Survey issued to Community members November 2025– over 300 responses
- Survey issued to SaTH Managers November 2025– over 150 responses
- HTP Focus Group held 2/12/25
- Further focus group planned for January 2026

2.1.1 The feedback from the public focuses on five themes (please see presentation in Information pack for full details)

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

Prevention - 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

Communication - 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

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

Foundation Trust status - Move towards the national objective of all Trusts achieving Foundation Trust status by 2035, with the first wave in 2026

2.1.2 The feedback from managers focuses on:

- Building stronger partnerships with community organisations
- Improving health education in communities
- Building trust with local communities

2.2 Volunteer Strategy

Engagement to date:

- Workshop with engagement team and ICB and Strategy colleagues October 2025
- Away Day with wider Public Participation Team October 2025
- Conversations with communities at events around the county and mid-Wales
- Survey issued to Volunteers November 2025
- Survey issued to SaTH Managers November 2025 – over 150 responses
- Volunteers Focus Group held 5/12/25
- Further focus group planned for January 2026

2.2.1 The feedback from our volunteers (58 responses) focuses on five themes (please see presentation in Information pack for full details).

Recruitment - 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

Experience - Develop models of volunteering that maximises the quality of the volunteering experience and lead to improved retention

Two-way communication and feedback - Provide more opportunities for our volunteers to share their ideas and feedback to them on outcomes

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

Information systems - 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

2.2.2 The feedback from managers (97% reported positive experience of working with volunteers) focuses on:

Majority want more volunteers

Need structured support/training for staff managing volunteers

Need flexible volunteer roles to keep volunteers engaged in long-term

3.0 Next steps

For Community engagement there will be a further focus group in January 2026

For Volunteers there will be ongoing discussion and the coffee and chat sessions

For both strategies:

February 2026 - Draft Strategy to focus groups attendees, Public Assurance Forum members, SaTH Managers, ICB and stakeholder partners for final comments

April 2026 Final version to Public Assurance Forum and Senior Leadership Committee

May 2026 Trust Board for approval

6. Recommendations

TAKE ASSURANCE from this work that we are engaging with eh relevant stakeholders
NOTE the engagement to date in relation to engagement on the Community Engagement and
Volunteer Strategy and the next steps

Julia Clarke Director of Public Participation

January 2026



5 year Community Engagement Strategy – initial results

January 2026

Where we are now

Community Engagement today

More than
5000
Community Members



More than
470
Networked
Organisations



2024/25
140 community
events/meetings
attended



Core20PLUS Communities



Dementia | Diabetes | Respiratory | Cardiovascular



Regular
About Health
events



2024/25
26
community
events/meetings
held

Regular
Hospital Update
events

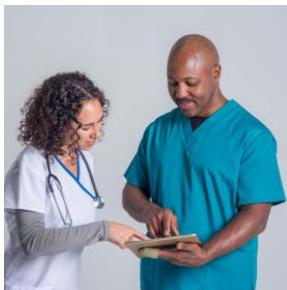


10 NHS 10 year plan - Strategic Shifts



Shift to Preventative Care

Transition from reactive sickness treatment to proactive prevention, targeting obesity and cardiovascular health improvements.



Neighbourhood Health Services

Deploy integrated community health teams to decentralize care and improve collaboration across sectors.



Digital-First Healthcare

Adopt digital tools like NHS app expansion, digital triage, and online hospitals to connect patients remotely.

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Finance

- 3% real-terms increase in revenue & 3.2% in capital funding
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- Zero bank & agency spend by 29/30



Productivity

- Boost efficiency: Cut inpatient stays, improve theatre use, and return to pre-COVID activity (2% annual productivity target)
- Go digital: Move to digital by default care across all services
- Track Performance: Publish trust-level productivity metrics to reduce variation



Workforce & Leadership

- Renewed commitment to staff wellbeing and anti-discrimination
- Establishment of a College of Executive & Clinical Leadership (2026/27)
- Leadership and Management Framework with standards, training & 360° feedback



Key Upcoming Guidance

Strategic
Commissioning
Framework
October 2025



Model
Neighbourhood
Framework
November 2025

Foundation
Trust
Framework
Consultation
November 2025



System
Archetypes
Blueprint
November 2025

Integrated
Health
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Key Targets

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- UEC: 82% 4-hr A&E performance by March 2027 and national 85% 28/29
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- Mental Health: 94% of schools covered by mental health support teams 28/29



New Operating Model

- Regions: oversee performance and responsible for grip & support for systems
- ICBs: act as strategic commissioners, focussing on prevention and value
- Providers: collaboration, quality and productivity with earned freedoms



Transformation

- Neighbourhood Health: Reducing hospital admissions & improving access
- Prevention: Tackling obesity, CVD, smoking and antibiotic misuse
- Digital: 95% digital appointments (2028/29). NHS Online Hospital - 2027
- Quality: Modern service Frameworks for CVD, mental illness, sepsis, dementia & frailty



Engagement so far

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- Survey issued to SaTH Managers – closes 5/12/25
- HTP Focus Group 2/12/25

Community Engagement Survey - Summary

→ Key Findings

- Preferred Engagement Methods:**
Online surveys, email updates, and patient/community panels most popular
- Barriers to Involvement:**
Lack of clear information, doubt about impact of feedback, transport/timing issues
- Connections to SaTH:**
Majority of respondents are patients or carers, local community members, volunteers and staff
- What Would Help:**
Clearer communication, visible impact of feedback, convenient times/locations, online options, accessibility support

🏆 Key Takeaway

Our community wants:

- Clarity**
- Transparency**
- Visible impact**

They value multiple channels (online and in-person) but need assurance that their voices shape real decisions.

Community Engagement Survey cont.

Who completed our survey?

316 total responses

Geography

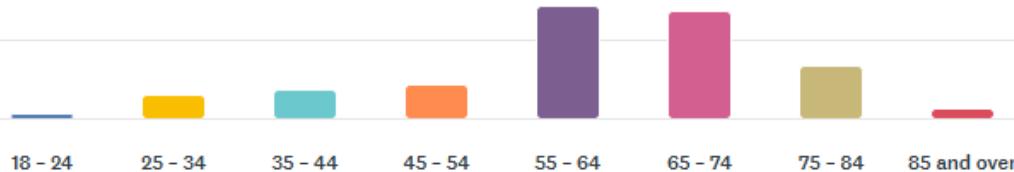
Shropshire – 53%

Telford & Wrekin – 41%

Mid-Wales – 4%

♂ - 23%
♀ - 72%

Age profile of respondents



89% of respondents identified as White:British

Top Priorities Identified:

- Joined-up working with partners.
- Prevention and tackling inequalities.
- Early involvement in service changes.
- Better communication and feedback loops.

Feedback by Theme

THEME

REPRESENTATIVE COMMENTS

Joined-Up Working

“Joined up thinking means all working for same aim”; “Resources are precious and limited.”

Prevention

“Prevention is better than cure”; “Prevention is always cheaper than cure.”

Communication

“Lack of clarity and feedback”; “Earned trust requires transparency.”

Transforming Care

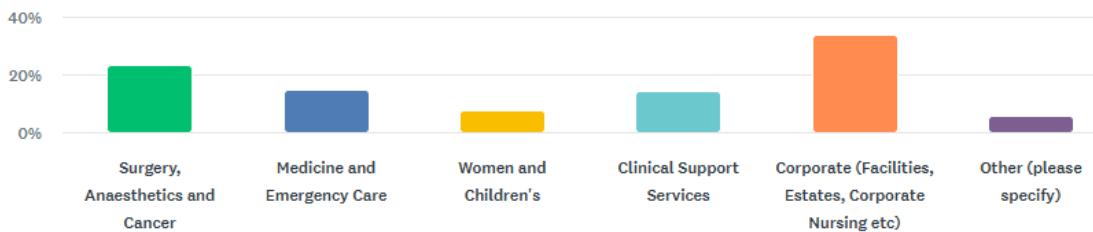
“Local people must come first, in being considered, committed to, concentrated on, and always consulted.”

Foundation Trust

“It will make our voice really matter and not [be] ignored.”

Managers Feedback

The Managers survey went out to Trust staff at Band 7 and above, and we received 156 completed responses from across all divisions.



Women and Children are the division most likely to engage with their community (75%), and staff who are in the first 5 years of their service at the Trust are most likely to participate in community engagement.

Teams that already use volunteers are much more likely to be engaging with their communities.

81%
 Rate Community Engagement as *important* or *very important*

55%
 Report some engagement and **10%** want to start engagement

17.3%

Do not engage and do not consider engagement a priority

Top 3 Priorities

Build stronger partnerships with community organisations

Improve health education/promotion in communities

Build trust with local communities

Managers - Benefits

- **Build stronger partnerships with community organisations** – most frequently cited benefit.
- **Improve health education and promotion in communities** – helps raise awareness and support prevention.
- **Increase patient and public involvement in decision-making** – ensures services reflect real needs.
- **Build trust with local communities** – strengthens confidence in the Trust.
- **Increase community awareness of Trust services** – improves access and understanding.
- **Support community health initiatives** – enables collaborative health improvement.
- **Enable co-production of services with communities** – fosters shared responsibility and innovation.
- **Better engagement with seldom-heard groups** – promotes inclusivity and equity.
- **Gather feedback systematically** – informs service improvement and accountability.

Benefits of Community Engagement – Clinical Teams

“Support to create a strategy for Pharmacy to engage with community organisations and the general public.”

“Give out more detail of the Trust services and where they can be accessed.”

“It would be valuable to include more opportunities for partnership working with local organisations and ways to involve service users, families, and community groups in shaping services.”

“Continuous engagement to promote our service, learn about other services.”

“More proactive outreach to underrepresented communities to ensure engagement is truly inclusive”

Challenges - Managers

- **Capacity:** Services feel stretched; engagement competes with clinical priorities.
- **Clarity:** Teams want simple, consistent processes (including governance/GDPR) for engaging communities.
- **Know-how & support:** Practical guidance, templates, and coaching are needed to move from intent to action.
- **Resources:** Limited budget and time stall plans; quick, low-cost models would help.
- **Starting point & buy-in:** Some teams don't know where to begin and perceive limited organisational sponsorship or benefit.

Summary of Managers Responses

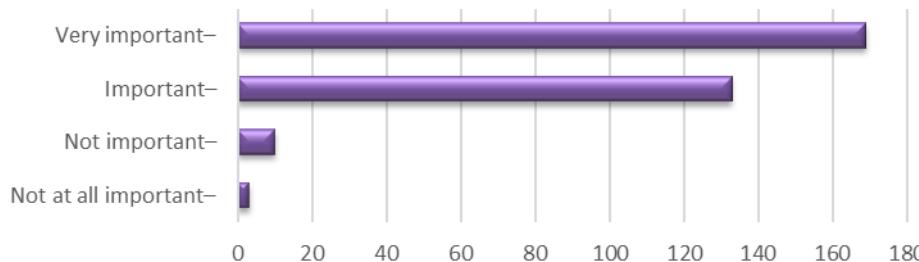
Capacity Constraints Are the Biggest Barrier	Processes and Governance Lack Clarity	Knowledge Gaps and Limited Support	Perceived Low Priority and Benefit	Resource Limitations Beyond Staffing
Community engagement needs to be designed as a low-burden process or supported by dedicated roles.	Clear, simple guidance and templates are essential to make engagement feel achievable and safe.	Training, toolkits, and proactive outreach from engagement specialists will help build confidence and capability.	The strategy must demonstrate tangible benefits (e.g., improved patient experience, service design input) and secure leadership endorsement.	Engagement plans should include cost-effective models and explore partnerships to share resources.

Results/comments – Joined-Up working

Objective 1: More Joined-Up Working

What do we mean by this?

Working together with partner organisations, charities, and community groups to coordinate better and avoid duplication



“There is so much duplication and waste. People burning themselves out and yet not able to deliver the care they’re striving too.”

“Joined up working saves time and stops patients and carers having to repeat themselves to different departments etc”

96% of respondents thought Joined-Up working was **Important or Very Important**.

29% of respondents thought this was the most important priority

“Resources are precious and limited a more coherent strategy to avoid duplication and target efforts will pay dividends in the long term.”

“No organisation can do it all on their own. Need shared ideas and resources equalling shared costs.”

PROPOSED OBJECTIVE 1: MORE JOINED-UP WORKING

LINK TO TRUST OBJECTIVE: *Enhance wider health & wellbeing of our communities*

WHAT WE WILL DO

Develop system-wide approach to key health priorities eg obesity, smoking to ensure efficient, targeted engagement across all partners and agreed annual programme of engagement

Specifically consider any opportunities for joint working with Shropshire Community Trust as part of the Group Model from April 2026.

Work collaboratively with partners and support the Neighbourhoods and PLACE developments to share learning, good practice and impact

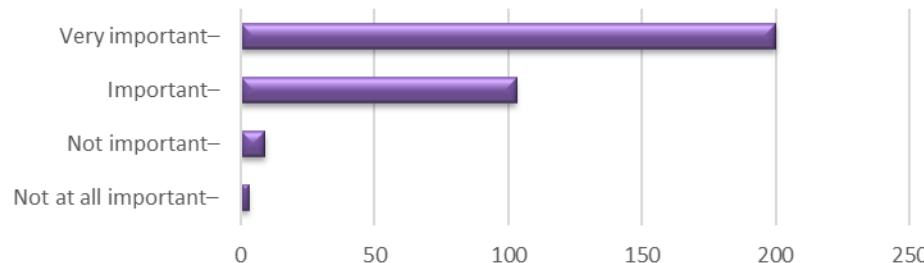
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments - Prevention

Objective 2: Focus on Prevention Not Treatment

What do we mean by this?

Working to reduce health inequalities by understanding why people struggle to access services and what would help



Treatment is important, but you will always be fighting fires if you don't start seriously looking at preventative health care.

97% of respondents thought Prevention was **Important or Very Important**.

35% of respondents thought this was the most important priority

"Help me to keep fit and healthy and aware of my overall health"

"Prevention is so important, it will help relieve the pressure on the staff and waiting lists as well as ensuring patients that already have issues are dealt with more quickly."

So many people could avoid more serious physical or mental health problems if they were prevented from them in the first place rather than waiting until being at their worst to receive treatment which could have been avoided in the first place.

PROPOSED OBJECTIVE 2: FOCUS ON PREVENTION NOT TREATMENT

WHAT WE WILL DO

Use the Core20plus 5 Health Inequalities model to drive engagement activities and signpost patients and citizens to services available in primary and community care to support them and move towards prevention rather than treatment

Meet with people where they live and go to their forums so we can focus on achieving maximum effectiveness.

Develop an annual programme of visits to seldom heard groups that data shows experience inequity of health access to ensure they receive information face to face and their voice can be heard

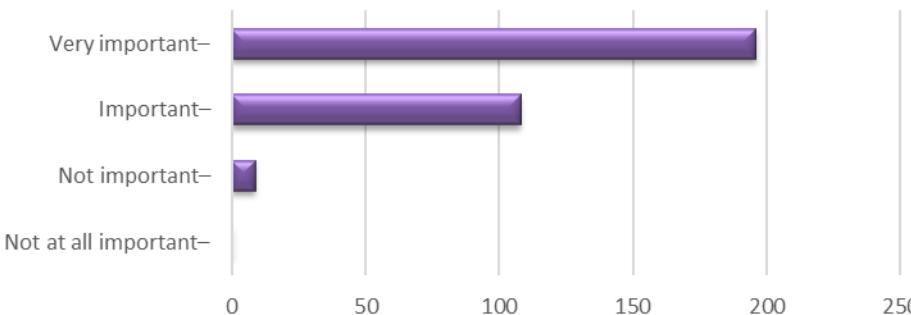
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments - Transformation

Objective 3: Transforming Care

What do we mean by this?

Involving local people early when we're planning changes to services, so your voice shapes decisions that affect you



"I believe that openness and transparency in involving the community in major decisions about THEIR NHS is vital for the benefit and best use of services."

Define "Local" !

"Communities in South Shropshire are not very well informed of what is going on at SaTH, and rumours can cause anger and upset"

93% of respondents thought Transforming Care was **Important or Very Important**.

20% of respondents thought this was the most important priority

"Local people use your vital services most therefore should be most involved in shaping them."

"We need a chance to give our feedback before decisions are made, not fight them afterwards"

"We have ideas and suggestions that we need you to hear"

PROPOSED OBJECTIVE 4: SUPPORT TRANSFORMING CARE

WHAT WE WILL DO

Continue to deliver the programme of engagement supporting the Hospital Transformation Programme and any associated projects (HTP)

Establish better links with SaTH Service Improvement team and System Transformational teams to get involved with service changes/developments that are being planned and make sure engagement becomes part of the process

Provide training and tools to help more clinical teams learn how to plan and deliver meaningful involvement activities and to ensure informed and high-quality engagement is undertaken

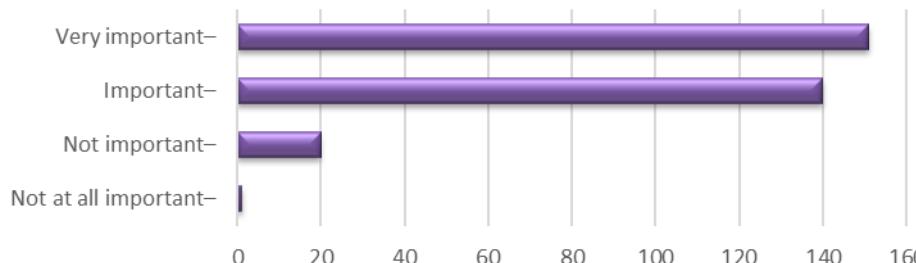
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments - Communication

Objective 4: Communication and Feedback

What do we mean by this?

Showing you how your feedback has made a difference, building trust, and creating more opportunities for you to get involved



“Too many organisations ask questions and do nothing with the answers”

“Communication & efficiency is very important”

83% of respondents thought Communication and Feedback were **Important** or **Very Important**.
7% of respondents thought this was the most important priority

“It’s important to ensure people are aware of the impact their feedback has made. Clearly promoting tangible and beneficial results. It encourages, engages and empowers.”

“Communication key - Feedback important good and bad. So much good work going on and important that this is recognised.”

PROPOSED OBJECTIVE 3: BETTER COMMUNICATION AND FEEDBACK

WHAT WE WILL DO

Make sure we avoid jargon in our communications and that our communities receive the right information, at the right time in a format that is accessible and inclusive

Show people how their input has made a difference and measure progress. Be honest about what can't be changed and celebrate what we have done well together

Maximise digital opportunities for involvement and health – support communities to access and use digital systems and improve digital confidence through our engagement work

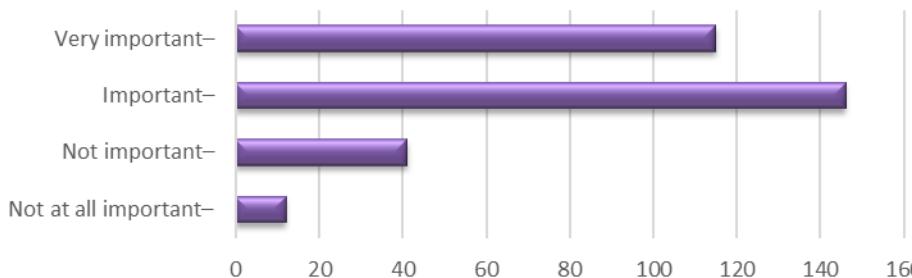
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments – Foundation Trust

Objective 5: Foundation Trust Status

What do we mean by this?

Working towards Foundation Trust status, which gives local people and staff a formal say in how the Trust is run (national objective by 2035, NHS 10 Year Plan)



“Local people know what the community needs”

“We have a voice, a formal say in what is going on.”

83% of respondents thought Foundation Trust Status was **Important or Very Important**.

8% of respondents thought this was the most important priority

Living in rural Powys, Shrewsbury & Telford Hospital have always taken amazing care of our needs and having a voice a say in our local care not those who live in Cardiff

“We should have a say and receive answers”

OBJECTIVE 5: FOUNDATION TRUST

Move towards the national objective of all Trusts achieving Foundation Trust status by 2035, with the first wave in 2026

Public Assurance Forum (PAF) – Review membership when guidance issued about FT membership/governors

Community members – currently have 5300 and 300 organisations but will need to review geographic spread when FT guidance issued

Continue to work with and develop our relationships with organisations that help and care for people in their Community (voluntary sector, Community Groups, GPs, HealthWatch and Llais) Be open to community feedback and honest about what we can do to make our services better.

WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Barriers

Access & Information	Communication Failures	Process & System Issues	Staff Attitude & Culture	Practical Barriers
Lack of awareness	Lack of responsiveness	No visible impact of feedback	Dismissive Behavior	Travel & transport
Unclear process	Poor feedback loops	Complex or Ineffective Complaint Processes	Defensive Responses	Timing and scheduling
Hard-to-find contact details	Unclear communication channels	Lack of Follow-Up	Resistance to Change	Digital access, including poor broadband coverage in rural areas
Limited promotion	Limited transparency	Perceived “Tick-Box” Engagement	Lack of Accountability	Physical accessibility
Over-reliance on digital	Inaccessible formats	Inconsistent Systems Across Services	Negative Perceptions	Other practical constraints

Suggested Improvements

Clearer Communication	Community Presence	Transparency & Openness	Convenient Engagement Options	Accessibility & Inclusion	Show Impact of Feedback
More timely updates, clear information, and better listening	Greater visibility in local areas, outreach events, and face-to-face engagement	Honest communication and clarity on decisions	Flexible meeting times, online/remote options, and easier participation	Support for transport, disability access, and inclusive formats	Demonstrate "You said, we did" and tangible changes from community input

More generally for the Trust, we should explore ***“Simpler Processes - Reduce bureaucracy and make feedback routes easier.”***

Next steps

February 2026 - Draft Strategy to attendees, Public Assurance Forum, Managers, ICB and partners for final comments

April 2026 Final version to Public Assurance Forum and Senior Leadership Committee

May 2026 Trust Board



5 year Volunteer Strategy

January 2026

Where are we now?



220
Volunteers

2,218
Hours Per
Month*

*on average

57
Volunteer
Roles
Available

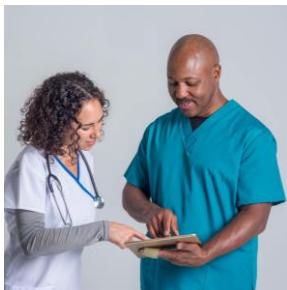
Nationally
recognised
service

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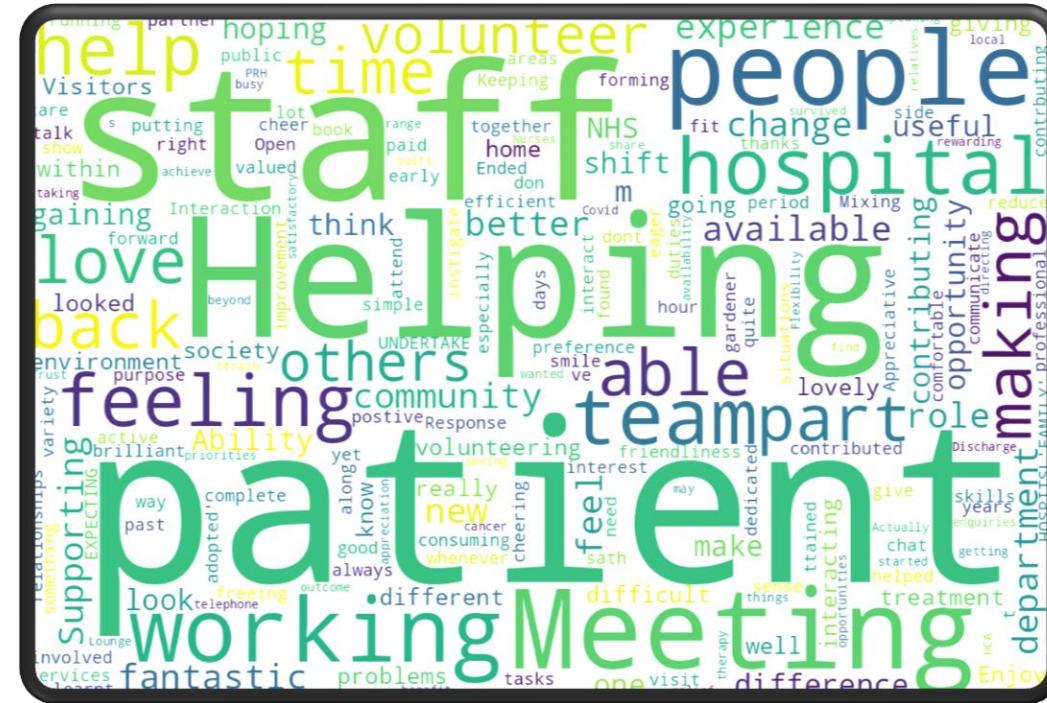
Engagement so far

- Workshop with Volunteer team and ICB and Strategy colleagues
- Away Day with wider Public Participation Team
- Conversations with Volunteers in different settings
- Survey issued to Volunteers
- Survey issued to SaTH Managers closes 5/12/25
- Volunteer Focus Group 4/12/25

Survey Results - Volunteers

81%
of respondents
volunteer at
least once a
week in our
hospitals

What do you most enjoy about volunteering with SaTH?

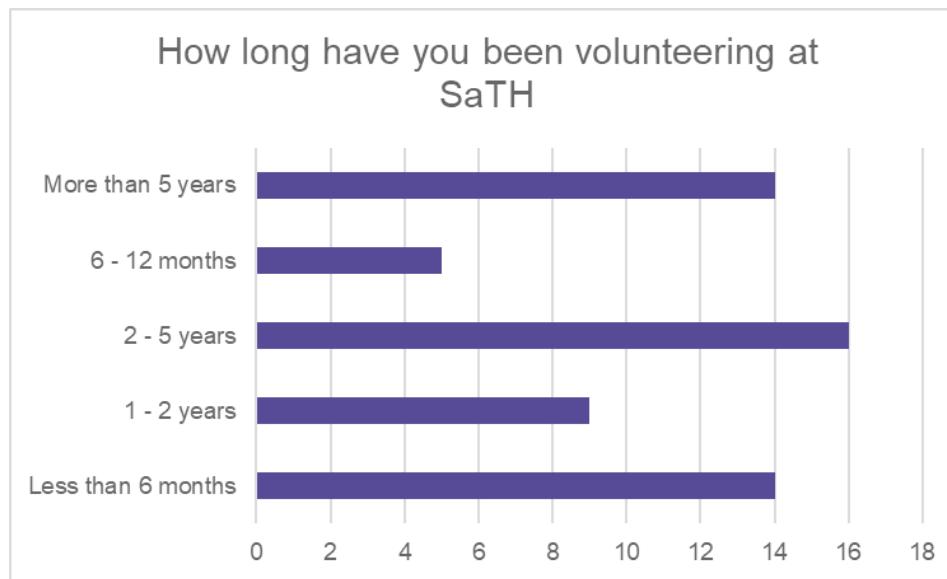


82.5%
- satisfaction
rating for
current
volunteering
experience

Survey Results cont. Volunteers

Who completed our survey?

58 total responses (18%)



Our volunteers value:

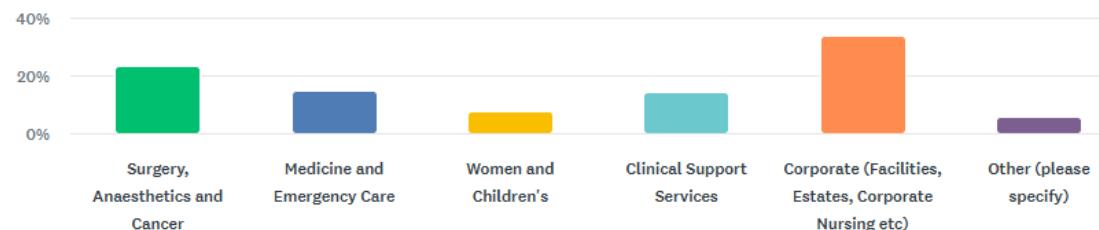
- Meeting and interacting with patients and staff.
- Feeling useful and making a difference.
- Gaining experience and learning about healthcare.

89%

of our volunteers would, and 9% might, recommend volunteering at SaTH to a friend

Managers Feedback

The Managers survey went out to Trust staff at Band 7 and above, and we received 156 completed responses from across all divisions.



48% of responses came from staff who have been at the Trust more than 6 years, and these staff were most positive about working with volunteers (97%), although all tenures reported a positive experience of working with volunteers (97% overall).



45.2%

Currently work with volunteers

97%

Report a positive experience of working with volunteers

72%

Have a positive appetite for more volunteer involvement

Top 3 Priorities

Expanding the range of volunteer roles
 Better communication about volunteer opportunities
 Improved volunteer training and development

Summary of Managers Responses

Volunteers are highly valued and have a positive impact	Appetite for more volunteer involvement is strong	Key barriers and challenges need addressing	Strategy priorities should focus on structure and support	Retention and role diversity are critical
Shows volunteers are integral to patient care and service quality	Majority of respondents want more volunteers	Highlights need for structured processes and support for staff managing volunteers	Managers want clarity, training, and ongoing support to integrate volunteers effectively	Shows need for flexible roles and recognition to keep volunteers engaged long-term

Opportunities -- Managers

Communication	Training	Scheduling	Support	Recognition
5 mentions	4 mentions	4 mentions	3 mentions	1 mention
Volunteers want clearer, more consistent communication and feedback loops.	Improved induction and ongoing training to help volunteers feel confident and valued.	More flexibility and easier shift booking systems.	Greater support from volunteer coordinators and staff.	More appreciation and acknowledgment of volunteer contributions.

Benefits - Managers

- **Enhanced patient experience** – most frequently cited benefit
- **Additional capacity to support staff** – helps relieve workload
- **Bringing community perspective into the Trust** – adds diversity and insight
- **Supporting specific projects or initiatives** – flexible support for targeted needs
- **Improving staff morale** – positive impact on team wellbeing
- **Cost effectiveness** – contributes without significant financial burden

“Rolling out a new digital system can be hard for some staff to transition to. We used the volunteers to support the rollout of the DrDoctor patient portal, and we hope we can use the team to support staff in the future.”
Corporate – Digital Services

“The volunteer team have been great with supporting the additional entrances for visitors and patients — thanks to them all.”
Surgery, Anaesthetics & Cancer – Patient Access

“We have just started using volunteer drivers and would like this to expand if possible — it has made such a difference to our patients in a very short time.”
Medicine & Emergency Care – Renal

Challenges - Managers

“There is hardly any demand for it at this time.”

“Having volunteers in a hospital can be challenging because the environment is highly regulated and focused on patient safety... finding time to monitor and support volunteers can be difficult.”

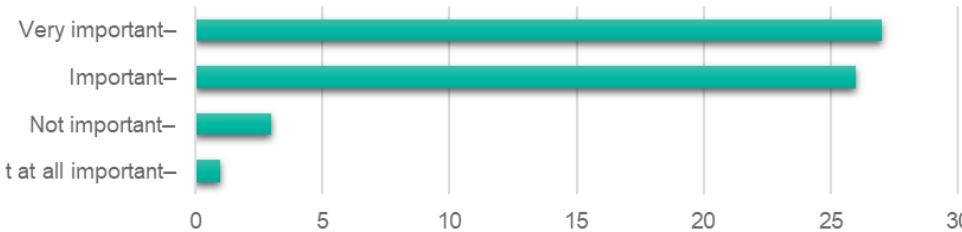
- **Finding appropriate roles** – most frequently cited challenge
- **Time required for supervision/management** – significant concern for staff
- **Training requirements** – need for structured onboarding and skill development
- **Consistency/reliability** – volunteers not always available or dependable
- **Recruitment difficulties** – challenges in attracting suitable volunteers
- **Integration with clinical teams** – ensuring volunteers fit into workflows
- **Safeguarding/governance concerns** – compliance and safety issues

Results/comments – Enhance Recruitment offer

Objective 1 – Enhance Recruitment Offer

What do we mean by this?

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



I feel it is good to be recognised as a volunteer and to be appreciated for the role that we perform i have had a wonderful experience and the additional training and support from staff and management has been brilliant.”

93% of respondents thought **Enhance Recruitment Offer** was **Important** or **Very Important**.

14% of respondents thought this was the most important priority

“Enhance recruitment offer and focus on young volunteers”

“Priority one - recruit more volunteers!”

“Perhaps more insight at recruitment time as to what volunteering I was most suited to”

PROPOSED OBJECTIVE 1 – ENHANCE RECRUITMENT OFFER

WHAT WE WILL DO

We will create and design volunteering roles with robust recruitment checks in partnership with clinicians/managers/volunteers for roles that make a difference, are best suited to the volunteers skills and wishes, help deliver the Trust's vision, support HTP, enhance the patient journey and are rewarding for volunteers.

We will enhance our wellbeing and peer support for volunteers, particularly to new volunteers through a system of regular follow-up meetings/calls during first 6 months to ensure new volunteer is well-supported.

We will develop a sustainable pipeline and route for volunteers looking for a future career in the NHS building on our existing links with local organisations

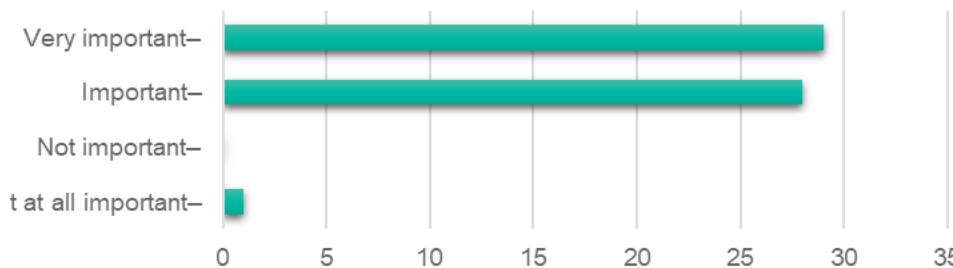
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments – Improve our Volunteer experience

Priority 2 – Improve our Volunteer Experience

What do we mean by this?

Develop models of volunteering that maximise the quality of the volunteering experience and lead to improved retention.



95% of respondents thought **Improve our volunteer Experience** was **Important** or **Very Important**.

38% of respondents thought this was the most important priority

Quality of experience and retention are vital”

If volunteers feel they are really able to deliver meaningful outcomes then it demonstrates real value on a personal level.”

after all the hard work bringing new volunteers into the Volunteer community we need to retain them in whatever role they feel most comfortable and valued.”

“Matching the shift to the individual is crucial to making the volunteering most effective and most rewarding both ways.”

PROPOSED OBJECTIVE 2 – IMPROVE OUR VOLUNTEER EXPERIENCE

WHAT WE WILL DO

Develop programme of recognition and celebration building on national Volunteers Week/Long Service Awards and Trust Awards and increase the visibility, value and recognition of volunteering

Monitor and assess activity and feedback to ensure volunteer experience and team resources are used effectively

Implement a series of group wellbeing sessions with the Trust Staff support service sessions to focus on resilience, relaxations, mindfulness etc

Develop ward/department accreditation/recognition for excellent support provided to volunteers by local team leaders

WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments – More two-way communication and feedback

Priority 3 – More Two-Way Communication and Feedback

What do we mean by this?

Provide more opportunities for our volunteers to share their ideas and feedback to them on outcomes.



“Communication and feedback. To understand the individual better and let their voices heard

82% of respondents thought **More two-way communication and feedback was Important or Very Important.**

24% of respondents thought this was the most important priority

“communication and feed back is a very important matter and to make sure we are all singing from the same hymn book and we all have the right information and can give feed back .

“Improved communication with departments & some staff education on Volunteer roles.”

PROPOSED OBJECTIVE 3 – MORE TWO-WAY COMMUNICATION AND FEEDBACK

WHAT WE WILL DO

Introduce a formal six-monthly review meeting open to all volunteers to give feedback/suggestions and give volunteers the opportunity to contribute via survey/email/in writing to encourage maximum engagement and feedback. Introduce quarterly care space sessions to share experiences in a structured way

Enhance current monthly communication to volunteers – include any feedback received and latest data on key performance measures ie recruitment times

Introduce quarterly focus groups for volunteers on selected different relevant topics eg HTP, Group Model etc

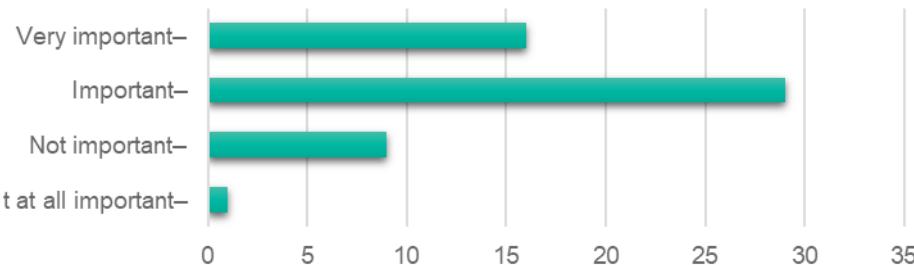
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments – Build Volunteering Partnerships

Priority 4 – Build Transformational Volunteering Partnerships

What do we mean by this?

Develop strong strategic partnership links at national and local level to bring the greatest benefit to the patients and become a national beacon for...



Many volunteers have had careers in organisations and industries. Those skills and experiences can be utilised more effectively to help guide change, especially if all staff and departments were openly eager to work in partnership.”

82% of respondents thought **Build Volunteering Partnerships** was **Important** or **Very Important**.

12% of respondents thought this was the most important priority

“Patients are the reason the hospital is needed “

volunteers make a real difference and contribution to help staff and enhance patient experience

PROPOSED OBJECTIVE 4. BUILD VOLUNTEERING PARTNERSHIPS

WHAT WE WILL DO – (*Enablers*)

1. Build on our existing strong links with national organisations such as NHS Charities Together and Helpforce to develop and trial new volunteer roles identified at national level and to deliver established roles in most efficient way (eg Volunteer to Career, Volunteer Discharge Driver scheme, Outpatient appointment “reminder” calls), and to continue to provide media interviews for national publicity launches
2. Work with new recognised partners to enhance volunteering offer eg Duke of Edinburgh scheme
3. Work across boundaries where opportunities present through the new Group model and look for opportunities to develop volunteer roles to support patients as they transition from hospital to community care.

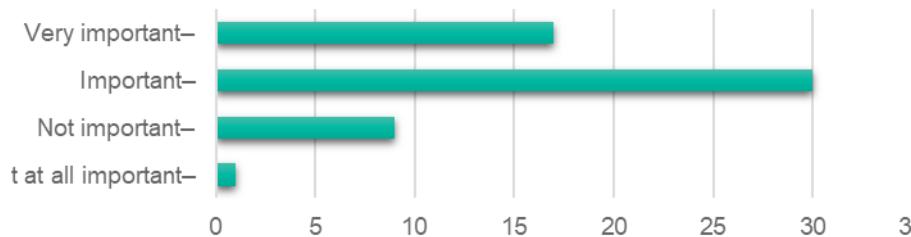
WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Results/comments – USE INFORMATION SYSTEMS TO BETTER MEASURE PERFORMANCE AND ENSURE INCLUSIVITY

Priority 5 – Use Information Systems to Measure Performance and Ensure Inclusivity

What do we mean by this?

Expand our volunteer management systems to manage and share our data to better capture the impact of volunteering in order to increase the recognitio



82% of respondents thought Use Information Systems to better measure performance and ensure inclusivity was **Important** or **Very Important**.

12% of respondents thought this was the most important priority

“Knowing the impact of volunteers is important.”

“Expanding data capture and showcasing value and visibility could encourage more companies/Trusts to engage with the concept and encourage more scope for volunteering. Knowing the true value (past experiences and qualities) would possibly enable better placement of volunteers.”

PROPOSED OBJECTIVE 5: USE INFORMATION SYSTEMS TO BETTER MEASURE PERFORMANCE AND ENSURE INCLUSIVITY

WHAT WE WILL DO

1. Develop wider and more meaningful performance measures with clear targets and reporting framework eg recruitment process at each stage (Application, training, DBS checks, Occ health checks, references, shadow shifts); leavers within six weeks, demographics to ensure representative of our communities
2. Enhance our systems to capture case studies from the perspective of volunteers, patients and staff for wide publication to demonstrate success of service at SaTH and potentially recruit more volunteers

WHAT DO YOU THINK WOULD EXCELLENT LOOK LIKE?

Next steps

February 2026 - Draft Strategy to attendees, Public Assurance Forum, Managers, ICB and partners for final comments

April 2026 Final version to Public Assurance Forum and Senior Leadership Committee

May 2026 Trust Board

About Health: Hospitals Transformation Programme

27 January 2026



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Latest developments



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Construction – topping out

- In December, the project reached an important construction milestone where we gathered with staff, project partners and community members to mark the topping-out of the building.
- Part of the ceremony included the opportunity for colleagues to leave a lasting legacy by placing handprints on a concrete plinth that will be incorporated into the gardens of the new building.
- The four-storey expansion has now reached the highest point in all four construction areas. Construction remains on track for completion in 2028.
- We are now moving into the next stage of construction and will focus on internal works, fitting out clinical spaces and completing the landscaping surrounding the new entrance.



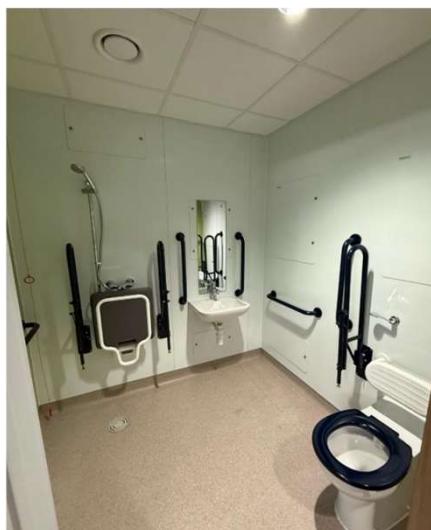
Shirley Wakeley, Information Receptionist and Lisa Walker, Quality Matron



Colleagues and partners gathered to mark the milestone

Construction – sample rooms

- At the end of 2025, we completed our sample rooms within the new building. These are located on the second floor within our Women and Children's services
- The sample rooms are used to test materials and finish in line with various building standards before continuing with the rest of the fit out
- It also provides an opportunity for our clinicians to review the rooms and adjust designs as required
- A small group of focus group members will also be reviewing the sample rooms



Interior design - entrance foyer (floor 1)



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Proposed Finishes:



Main Paint
BS4800
Swansdown



Upholstery
Vescom, Arrow,
7055.05



Feature Paint
RAL 6021



Upholstery
Panaz, Cadet
Contemporary,
Amanthus Azure



Floor
Johnson Tiles,
Minerals, Flint
Grip finish



Upholstery
Panaz Cadet
Zest Moss



Reception
Hi-Macs, Arctic
White



Upholstery
Vescom, Arrow,
7055.22



Reception
Front Panels -
Oak slats



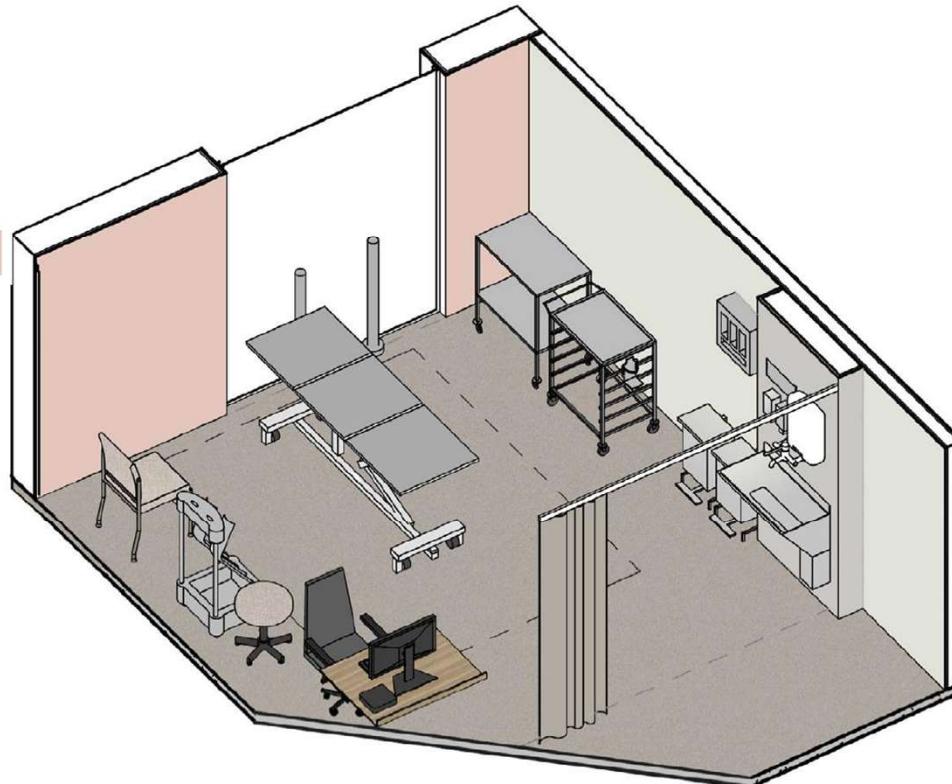
Ceiling
Rockfon Blanks
planks with
plasterboard
surround



Interior design – examination room (floor 2)



2



Proposed Finishes:



Floor
Tarkett, Eclipse Premium - Clay Grey 0988



Paint
BS4800 Swansdown



Patient Door
Greenlam, Sherwood Oak



Feature Paint
BS 4800 Shell



Patient Door Protection
Yeoman Shield, Mid Grey



Upholstery
Vescom, Creek, 7053.03



IPS Panels
Trovex Silver Lining



Ceiling
Plasterboard Ceiling

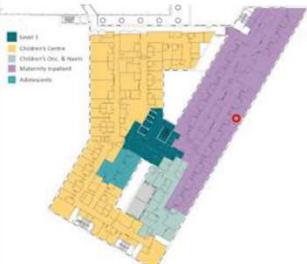


Interior design – maternity inpatient rooms (floor 3)

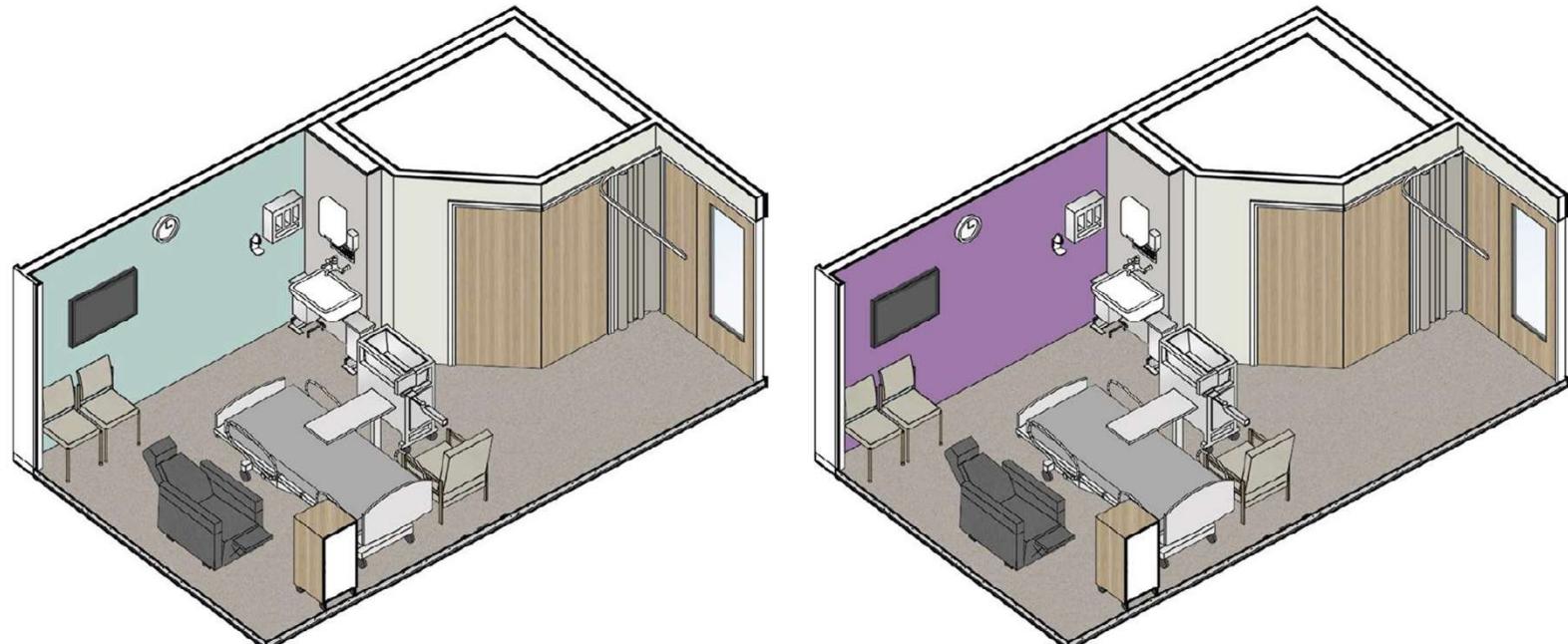


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3



Maternity Inpatient



Proposed Finishes:



Upholstery
Panaz, Cadet Zest, Platinum



Ceiling
C02 Zentia Biobloc Acoustic



Paint
BS4800 Swansdown



Door
Greenlam, Sherwood Oak



Wardobes:
Egger, Natural Hickory



Upholstery
Vescom, Arrow, 7055.22



Floor
Tarkett, Eclipse Premium - Clay Grey 0988



Feature Paint
BS 4800 Duckegg



Door Protection
Yeoman Shield, Mid Grey



IPS Panels
Trovex Silver Lining



Blinds & curtains
Light grey colour antimicrobial material

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Interior design – patient breakout, oncology (floor 4)

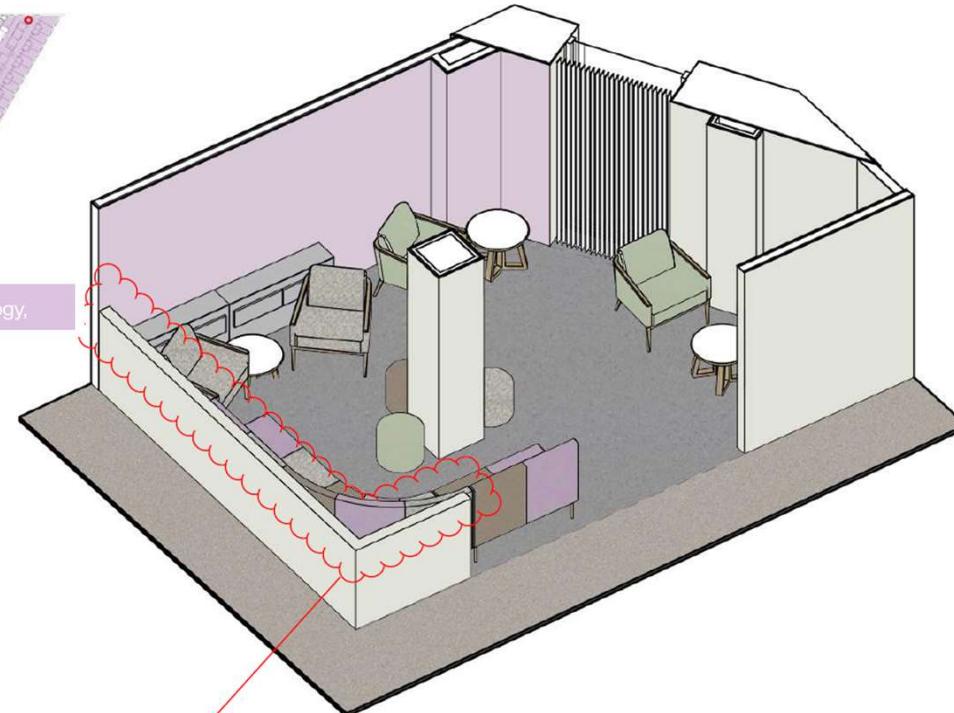


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4



Oncology and Haematology,



Half height walls will have a contrast PVC capping for durability and cleaning purposes.

Example Department Finishes:



Upholstery
Vescom, Arches,
7066.03



Main Paint
BS4800
Swansdown



Feature Paint
BS 4800
Mallow



Feature Floor
BS 4800
Mallow



Circulation Floor
Tarkett, Eclipse Premium - Clay Grey 0988



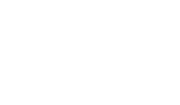
Circulation Floor
Tarkett, Eclipse Premium - Clay Grey 0988



Upholstery
Panaz Cadet
Contemporary,
Amanthus Azure



Feature Floor
Tarkett, Eclipse Premium - Medium Grey 0717



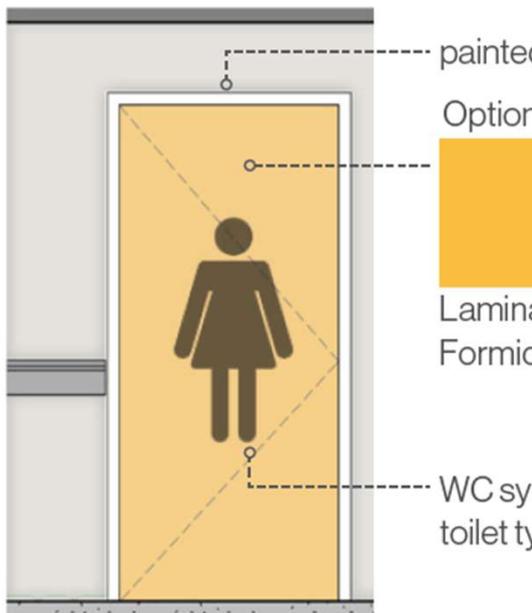
Upholstery
Panaz, Cadet
Zest, Cobble



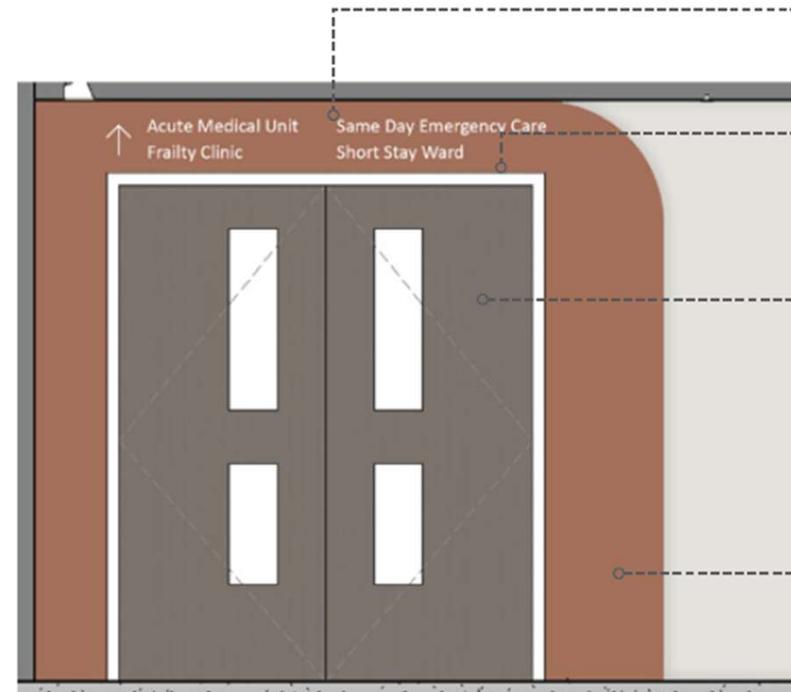
Ceiling
Plasterboard
Ceiling



Interior design – internal doors



Typical WC doors - in corridors, for visitor/ public access



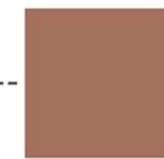
Typical Circulation Doors

indicative sign lettering
(potential future interior design element)

painter architraves



Laminate - e.g. Formica Citadel



Department or Level paint colour surround - colour varies per location

Construction – ED refurbishment

We have completed

- New majors area
- New resuscitation department

Next stage

- Handover of new 'Fit to Sit' to be operational in early February 2026
- Beginning work to relocate the current Ambulance Receiving Area (ARA) building at front of department

Future phases

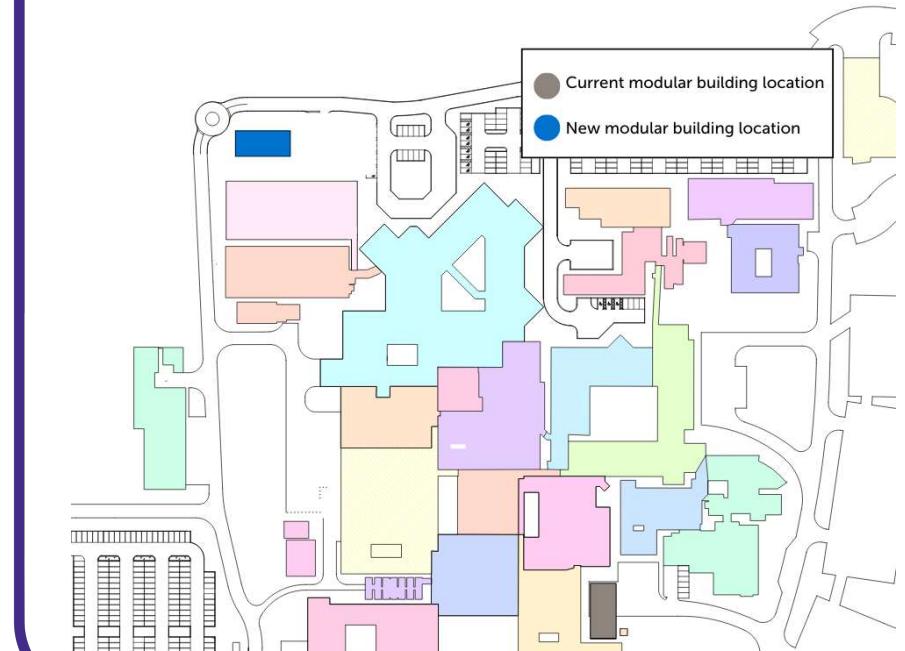
ED waiting room and other ancillary areas	To start – January 2026 Expected to complete – Summer 2026
Children's emergency footprint	To start – Spring 2026 Expected to complete – Spring 2027
Separate ED entrance	To start – Spring 2026 Expected to complete – Summer 2026
Triage rooms and ED reception	To start – Spring 2026 Expected to complete – Autumn 2026
Ambulance Receiving Area (ARA)	To start – Summer 2027 Expected to complete – Autumn 2027



Construction next steps

- We will soon be relocating the modular building in front of the Emergency Department. This is so we can continue with the progress we are making to expand the existing ED to create a dedicated children's emergency care footprint, ready for 2028
- Our contractors, Integrated Health Projects, have started the groundworks to prepare for the building relocation near our new modular wards, we hope to complete the building relocation in Spring
- Whilst not related to HTP, we are also hoping to bring a modular theatre to RSH to be sited next to the new modular wards (Ward 38 and 39). Our Surgery, Anaesthetics & Critical Care division are in the planning phase for this and we will share more information with you as soon as we are able to
- We recognise that parking continues to be a concern for patients and colleagues, particularly with the large volume of construction currently underway at RSH. Long term we are working on several solutions to improve this and maximise our estate as much as possible. This includes:
 - Opening a near-by offsite car park on Mytton Oak Road with a mixture of staff and contractor parking, providing additional spaces
 - Completion of works to create additional spaces at the front of the site near the Copthorne building which will open in Spring for staff
 - Plans to demolish parts of our old, unusable estate near Stretton House in the coming months. This will allow us to develop more spaces adjacent to the existing car park

Site map showing building relocation



Latest drone footage



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SaTH Charity W&C appeal

The SaTH Charity W&C appeal launched over Christmas, with a charity concert featuring Jackfield Brass Band and a special Christmas grotto in the W&C Centre.

The appeal has raised nearly £20,000 to date, to be used in the development of a children's 'sky garden', a sensory room, and a school room in the new building at Royal Shrewsbury Hospital.



PRH Respiratory Centre



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. Discussions are underway with the League of Friends of Shrewsbury and Telford Hospital about this aspiration.

Our vision is to:

- Consolidate our respiratory specialists in one centre that will **serve our entire region**
- Provide **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



Charity update

Shrewsbury Severn Rotary Critical Care Garden

- A focus group was held with Shrewsbury Severn Rotary club, to consider the plans to landscape the critical care outdoor terrace.
- Former patients, families, as well as staff members, contributed to the conversation.
- Award winning garden designer, Mike Russell, also attended and has agreed to design a garden for this important space that will be capable of having two beds and plenty of seating for patients, families, and members of staff.
- Plans will be shared with public and staff for further feedback.

Lingen Davies Sunflower Appeal

- Lingen Davies has now raised over £300,000 for the £5million Sunflower Appeal, that will develop an anti-cancer treatment unit in Princess Royal Hospital, scheduled to open in 2029.
- Combined with the existing services in the Royal Shrewsbury Hospital, this development will double chemotherapy capacity across our region.
- There are numerous ways to support the Sunflower Appeal including volunteering, hosting a fundraiser, making an 'in memory' donation, attending a Lingen Davies event, or simply helping to spread the word.



Transforming PRH Hub

With the hub in operation from September through December, some year end figures are available to share.

- We talked to at least:
 - 712 members of the public
 - 289 members of staff
 - 183 SaTH volunteers
- SaTH Charity sold over £1000 of merchandise and received many generous donations.
- Lingen Davies also sold their own merchandise and received donations for the Sunflower Appeal.

How can you remain involved?



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Focus groups

Throughout the programme we have engaged and worked with our communities – they have had a direct impact into the programme and design of new healthcare facilities such as the following examples:

- 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
- Yellow toilet doors to make them easy to distinguish
- 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

**Our next focus group will be Thursday
5th March 2026, 10:00-12:00**

Find out more here, or scan the QR code:
<https://bit.ly/FocusGroups-HTP>



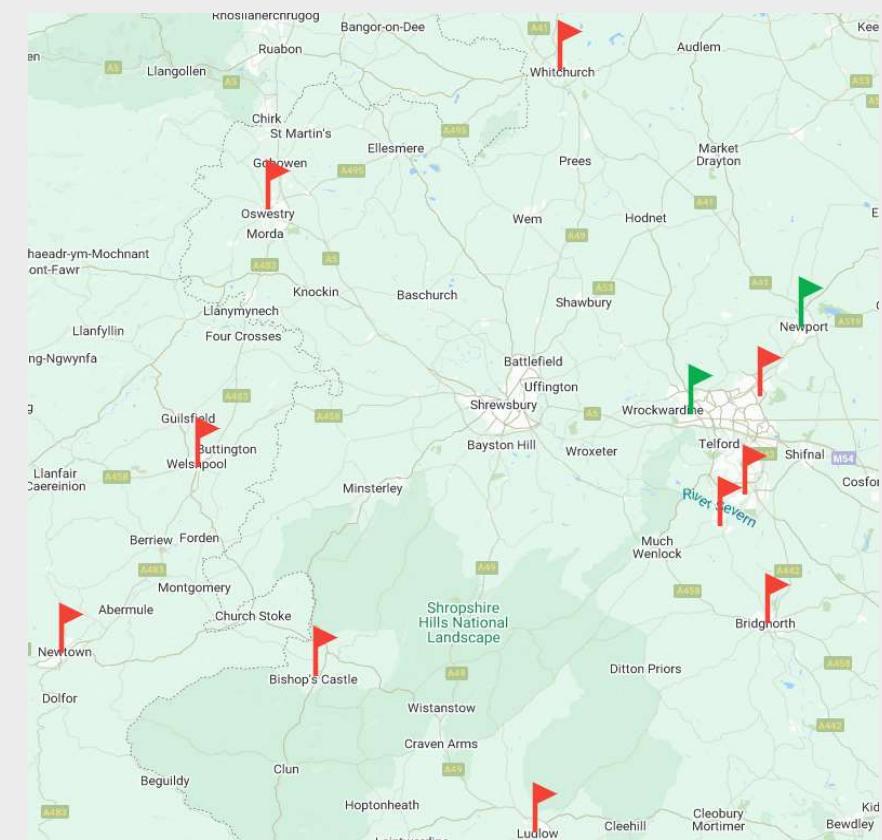
Engagement in the Community



We will continue to hold informational public drop-ins and deliver presentations to interested groups through 2026 and beyond. The map shows visits taking place January-March, green flags for completed visits and red flags for upcoming ones. 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

- Whitchurch Library, Friday 23rd January, 9:30-12:30 ([drop-in](#))
- Oswestry Library, Wednesday 28th January, 9:30-12:30 ([drop-in](#))
- Bridgnorth Library, Monday 2nd February, 10:00-13:00 ([drop-in](#))
- Broseley Library, Friday 6th February, 10:00-13:00 ([drop-in](#))
- Ludlow Library, Wednesday 11th February, 10:00-14:00 ([drop-in](#))
- Newtown Library, Tuesday 24th February, 10:00-13:00 ([drop-in](#))
- Donnington Community Hub (Live Well Hub), Friday 6th March, 9:30-11:30 ([drop-in](#))
- Madeley Library, Thursday 12th March, 10:00-12:00 ([drop-in](#))
- Bishop's Castle Library, Friday 20th March, 10:00-13:00 ([drop-in](#))
- Welshpool Library, Monday 23rd March, 10:00-13:00 ([drop-in](#))

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



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Additional engagement routes



Event & Date	Subject
Monthly Hospital Update – MS Teams (next one 28th January)	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

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

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Public Assurance Forum – 19 January 2026

Agenda item	2026/09		
Report Title	Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 3 2025/26		
Executive Lead	Julia Clarke, Director of Public Participation		
Report Author	Hannah Morris, Head of Public Participation		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe		Our patients and community	✓
Effective		Our people	BAF9
Caring		Our service delivery	
Responsive		Our governance	
Well Led	✓	Our partners	
Consultation Communication			
Executive summary:	<p>1. The Public Assurance Forum's attention is drawn to the following sections:</p> <ul style="list-style-type: none"> Engagement approach and engagement activities for Quarter 3 (page 1-5) Summary of feedback received and actions to date (page 5 - 7) SaTH Charity HTP fundraising update (pages 8 – 13) A forward look of engagement activities planned for Quarter 4 2025/26 (page 13) <p>2. The risks are:</p> <ul style="list-style-type: none"> 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. <p>3. We have the following actions:</p> <ul style="list-style-type: none"> An ongoing calendar of events to support public engagement in the HTP. Regular report to the Public Assurance Forum 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:	<p>The Public Assurance Forum is asked to:</p> <p>NOTE the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 3 2025/26 including:</p> <ul style="list-style-type: none"> • the engagement which has taken place during Quarter 3 • feedback received from our local communities and any actions taken as a result of the feedback • The engagement activities planned for Quarter 4 2025/26 <p>This report is provided for information only.</p>
Appendices:	<p>Appendix 1: Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 3 2025/26</p>

1.0 HTP Community Engagement Report (Quarter 3)

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 3 2025/26.

2.0 Engagement Approach and engagement activities for Quarter 3 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 3 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 6-7.

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 8-10 of the report.

5 Charity Fundraising

Page 10-13 of the report outlines fundraising that has taken place in Quarter 3 for HTP by SaTH Charity and partner organisations, such as Shrewsbury Rotary club.

6. Forward Look

Page 13 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 3 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 4 (2025/26)

Julia Clarke
Director of Public Participation
January 2026

Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 3 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 3 (October - December 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

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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 September 2025 we merged the focus groups into one group, and have focused on specific areas of focus.

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
- Communication and Engagement around UEC and Emergency Care
- Sky Gardens

- **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

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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 3 2025/26

Engagement activity relating to the Hospitals Transformation Programme in Quarter 3 is outlined below:

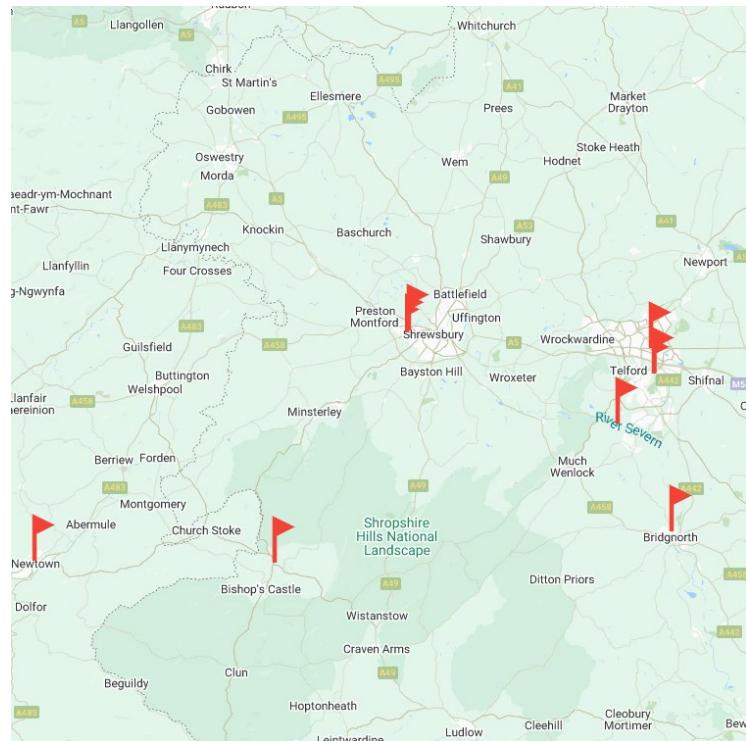
Date	Event	Attendees	Outcome
01/10/25	Bridgnorth Befriending Group	14 members of the public	Presentation appreciated, with many questions including about community hospitals / primary care.
02/10/25	Telford Visually Impaired Group - HTP Update	24 members of the public	Large group, in attendance with many questions. Some questions taken away to share with specific teams for answers. Document that was used to talk from was carefully formatted for screen readers and sent to group per their specification for distribution afterwards, added to website.
03/10/25	Lydham Friday Market HTP Drop-in	23 members of the public	Some strong interest and good conversations, a number of people had attended specifically including a Powys based community nurse who raised issue around access to adult LD&A liaison nurses. A stall holder was also a staff member at Church Stretton medical centre and took leaflets for colleagues and patients, a further stall holder took leaflets to display in Welshpool Market, also stopped in Bishops Castle library who suggested attending a community day hosted there, and took leaflets for display.
07/10/25	Hidden Illness and Disability Exhibition	Numerous members of the public	Good engagement with attendees, and interest in HTP attending Macular Society meeting in Market Drayton, next year.
09/10/25	Oakengates drop-in, Senior Social Session	19 members of the public	Spoke to 19 members of the public, clinical model broadly accepted. A few comments about PRH front entrance and Costa, explanation gratefully received. Jan Suckling of Healthwatch T&W attended and we agreed to work closely together for drop-ins over winter.
13/10/25	Leadership Summit	Members of staff	Low footfall, stall in side room, information level of attendees very high so very few questions.
14/10/25	MMPPA Health & Wellness Day	35 members of the public	Good day, interest level very high with very little challenge to plans. Almost all attendees had seen building work at RSH but very few knew what it was, some rumours reported that ED was going to be in Telford. Numerous comments on North Powys Wellbeing Programme and

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			hopes that it would succeed and work alongside HTP and SaTH, saving on trips to RSH/PRH. Links built with PTHB engagement team and agreement to jointly host future events.
23/10/25	Rotary Club of Ironbridge	31 members of the public	Presentation very well received, with some doubts in the audience and feelings of Telford losing out to Shrewsbury, and Telford losing out because of Wales, being expressed. With deeper understanding of plans the concerns were somewhat ameliorated, and the clinical model was accepted with some regret that RSH was chosen as the ED site over PRH, although there was an understanding of the geography. Have invited us to attend in appx 1 year.
29/10/25	Hospital Update	17 members of the public	Update on HTP presented to the group
03/11/25	Public Assurance Forum	26 PAF members	Update on HTP presented to the group and HTP Programme Board Engagement report shared with PAF members.
04/11/25	Strengthening Community and Voluntary Organisations	45 members of the public (representatives from community groups)	Information level quite high and discussion time limited but had good discussions with 8 including representatives from Citizens Advice, Shropshire Supports Refugees, PODS, Community Resource, and Telford Council. Questions about community hospitals.
04/11/25	About Health - HTP	12 members of the public	12 in the meeting, quite a bit of interest in Design Council slices with a number of questions on the subject, also on wayfinding in general, soundproofing and commercial offers in new build, fit to sit, and ED waiting times.
12/11/25	Community Connectors - Shrewsbury	40 members of the public	Had 10 minute slot and included information on the upcoming HTP focus groups.
18/11/25	North Shropshire Community Connectors	40 + members of the public	40+ attendees. Shared information on the upcoming HTP Focus groups
26/11/25	Hospital Update	7 members of the public	Update on HTP presented to the group
02/12/25	December Focus Group (including Community Engagement Strategy)	22 members of the public (5 in room, 17 online)	HTP session well received. Some questions to ShropComm re Neighbourhood plans
04/12/25	Telford Community Connectors	28 members of the public	Shared information re About Health and Sky Garden focus group
05/12/25	HTP Sky Garden focus group	33 members of the public	Attendee's included staff, also former Critical Care patients and families of patients, and garden designer Mike Russell who will make first draft designs before Christmas. Positive meeting with a number of issues solved.

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Please see the map below which highlights the areas of the Shropshire, T&W and Powys which were visited in Quarter 3:



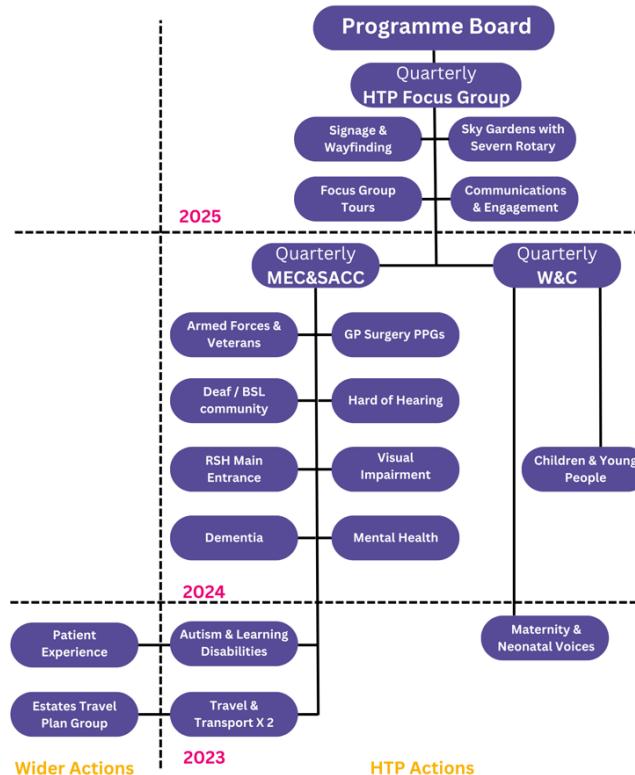
3. SUMMARY OF FEEDBACK RECEIVED AND ACTIONS TO DATE

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:

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Focus Group Actions 2023-2025



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
01/10/2025	Bridgnorth Befriending Group - Presentation and Q&As	Event held at suggestion of Jayne Morris (engagement officer at the ICB), group facilitated by Age UK. All questions answered satisfactorily including questions about Bridgnorth Community Hospital. In future, will consider adding a slide on local community hospital when relevant, and will feed back any questions about community hospitals to Jenny Fullard or ShropCom Patient Experience Lead.
02/10/2025	Telford Visual Impairment Group - Presentation and Q&As	Attended at request of group member who had attended Visual Impairment Focus Group on 15/05/24. Answered numerous questions on the day and took some away which were passed to relevant teams for thorough answers. By request, external route from RSH bus stop to Copthorne Building reviewed for suitability, group advised that the internal route to Copthorne Building would be the preferred route. Request for weekend P&R service,

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		this information has been shared with Facilities. Meeting followed by further request to attend Telford Macular Society Support Group on 14/10/26 which has been agreed.
03/10/2025	Lydham Friday Market Drop-in	Location selected following contact from a Bishop's Castle resident requesting a drop-in in their area. Strong interest, including from Powys residents who travelled over border after seeing comms shared by PTHB. All questions answered, stall holders took HTP leaflets to display in Church Stretton Medical Centre and Welshpool Market. As interest was high, stopped into Bishop's Castle Library and scheduled a HTP drop-in session for 20th March 2026.
09/10/2025	Oakengates (The Wakes) Drop-in	Location selected after contact from Denise Jackson of Shared Lives Telford, arranged with staff to hold during senior social club event to ensure good footfall, resulting in busy few hours talking about HTP and answering general questions. Agreed with staff to do a return visit after completion of Oakengates Station Quarter project, scheduled Spring 2026.
14/10/2025	Montgomery Medical Practice Patients Association (MMPPA) Health & Wellbeing Day, held in Newtown Market	Attendance requested by MMPPA, very busy day, generally positive with interest in what was going into the new building as many had seen it going up but unaware of details. Interest in how North Powys Wellbeing Programme could complement HTP. PTHB comms and engagement on hand in adjacent stall to support discussions which worked very well and agreed to collaborate on further such events if possible. Dates for drop-ins at Newtown Library (24/02) and Welshpool Library (23/03) shared with PTHB team who will help promote and attend if possible.
23/10/2025	<ul style="list-style-type: none"> • Rotary Club of Ironbridge - Presentation and Q&As 	Well received presentation, questions regarding particular services that would be affected and the decision between RSH and PRH. The need for both RSH and PRH to deliver care to the entire region was emphasized.

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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 multi-bay near top of ward	Cost of additional seating etc

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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 and walls for dementia patients	Included		Included

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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

Shrewsbury and Telford Hospital 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.

- **Launch of the Children's Services Campaign.** We launched our first Children's Services Campaign at Christmas, this is in response to redirecting donors and fundraisers away from individual gifts for children on the ward at Christmas, to providing support to our campaign which will benefit inpatient children throughout the year.

At Christmas the Children's Ward receives a large number of gifts of toys and we wanted to provide our donors with an alternative which would provide a long-term gift that would benefit children throughout the year. The campaign will support fundraising for a new children's sky garden and a sensory room. The sensory room was a request in many of our public focus groups, from parents and children.

With the support of the Children's ward and Estates a new Christmas grotto was created in the Women and Children's Atrium. This enabled donors to come into the hospital and have their photo taken with members of staff. We also sent an email to regular donors to encourage them to think about donating money instead of gifts, and a contactless donation machine was installation next to the grotto.

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In Quarter 3, we launched a SaTH Charity mascot – Severn Bear. The cuddly toy is available at the Transforming PRH Hub and the Charity Hub. More recently selling Café Bistro at PRH has been stocking our bear, with all funds going towards the Children's Services Campaign and in the first few weeks has raised £240.

Our Children's Services Campaign has been very successful, raising almost £17,000 (before gift aid) so far. A good example of partnership working came from Integrated Health Projects (IHP) who are the contractor for HTP. Teams from multiple organisations came together to complete a walk-up Snowdon and a 24 hours cycling challenge and raised £14,000 for the campaign once gift aid has been included.

- **PRH Cancer Centre** – Lingen Davies Cancer Support Charity have launched their biggest appeal to date – the Sunflower Appeal. The Appeal aims to raise 5 million pounds, which will create a new Cancer Centre at PRH. Prior to Christmas the LD charity raised over £1 million.
- **Respiratory Centre** - Last Year the League of Friends agreed to support the £900,000 needed for a new Respiratory Centre at PRH. The League of Friends will be launching their campaign as part of their 60th Birthday Celebrations (in March) and are already in discussion with the respiratory team regarding the scope for the equipment.
- **Transforming PRH Hub** – the Charity has been operational now for 3 months and is proving to be a good way to engage with the public about the Hospital Transformation Programme and raise awareness for the charity campaigns currently live. The Public Participation Team have a daily presence in the Hub, Lingen Davies Cancer Support promote their services on a Tuesday and Thursday, and the League of Friends are planning to have a presence there in the coming months.

Sale of SaTH Charity merchandise (including Christmas Cards) has raised almost £800 for the HTP Fund.

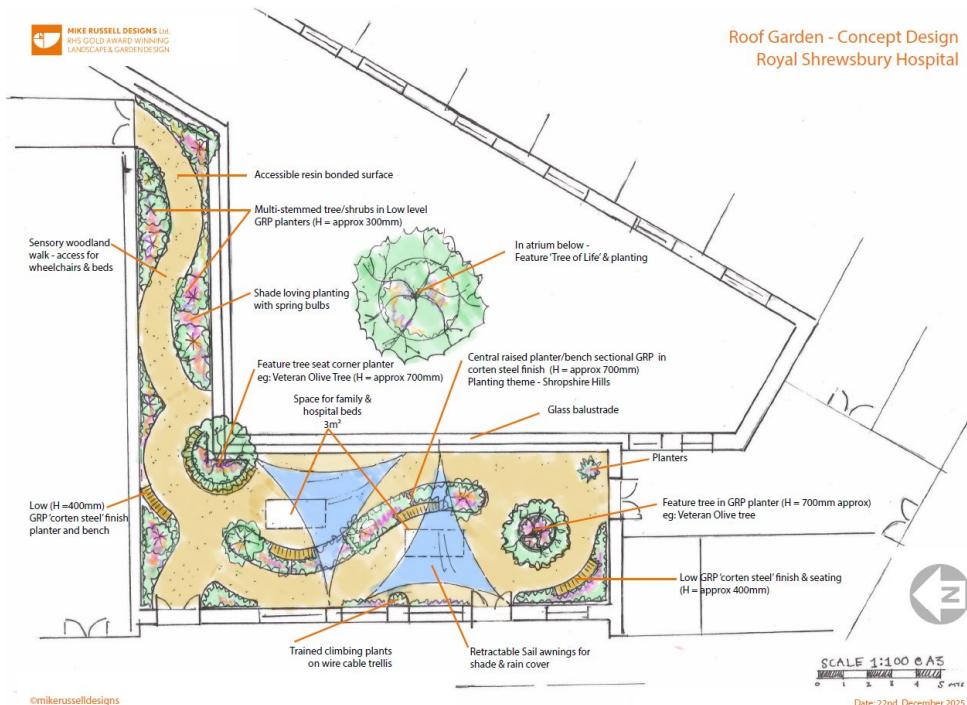
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5.2 Shrewsbury Severn Rotary Club

SaTH Charity is working with the Shrewsbury Severn Rotary Club to support the fundraising of the new critical care roof garden. 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.

Jonathon and garden designer Mike Russell visited the new building site with members of the Critical Care Team to see the space, this was then followed by a Focus Group with staff, volunteers, and members of the public to discuss ideas for the space. A first draft of the design for the roof garden has been received.



*Please note these are initial draft designs, currently going through H&S, fire and technical approval, so may change.

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5.3 Contactless Giving (Tap and donate)

During November 2025, the first contactless giving stations were installed at Princess Royal Hospital. There is a floor standing station outside the Transforming PRH Hub which can accept contactless donations for different projects linked to HTP – Respiratory Treatment unit, Cancer Centre or Sky Gardens. The fracture clinic also has a contactless Tap and Donate and this is being supported by Dr Rob Turner.

6. FORWARD LOOK

A forward look of current engagement Activity in Quarter 4 (January-March 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
08/01/2026	Wellington Library Drop-in	Public Participation
13/01/2026	Newport Library drop-in	Public Participation
19/01/2026	League of Friends Executive Committee HTP update	HTP, Public Participation
23/01/2026	Whitchurch Library drop-in	Public Participation
27/01/2026	About Health - HTP Update	HTP, Public Participation
28/01/2026	Oswestry Library drop-in	Public Participation
06/02/26	Broseley Library drop-in	Public Participation
09/02/26	SALC update, HTP & Digital	HTP, Public Participation
10/02/26	Marden PPG	Public Participation
11/02/26	Ludlow Library drop-in	Public Participation
24/02/25	Newtown Library drop-in	Public Participation
05/03/26	HTP Focus Group	HTP, Public Participation
06/03/26	Donnington Live Well Hub	Public Participation
12/03/26	Madeley Library Drop-in	Public Participation
20/03/2026	Bishop's Castle Library drop-in	Public Participation
23/03/2026	Welshpool Library drop-in	Public Participation

7. RECOMMENDATIONS

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 3 (2025/26)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 4 (2025/26)

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Julia Clarke

Director of Public Participation

January 2026

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Appendix 1

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

DATE	EVENT	VENUE	TIME
08/01/2026	Wellington Library Drop-in	Wellington Civic and Leisure Centre, Larkin Way, Wellington, Telford, TF1 1LX	10:00-12:00
13/01/2026	Newport Library drop-in	Newport Community Library, 53-55 High St, Newport TF10 7AT	10:00-13:00
13/01/2026	Shrewsbury Severn Rotary Club Meeting	Shrewsbury Beaconsfield Club, Meadow Pl, Shrewsbury SY1 1PD	19:00-21:00
19/01/2026	League of Friends Executive Committee HTP update	Hamar Centre	15:00-16:00
19/01/2026	PAF	Teams	13:00-16:00
23/01/2026	Whitchurch Library drop-in	Unit C, St Mary's Arcade, 13-17 High Street, Whitchurch, SY13 1AX	9:30-12:30
27/01/2026	About Health - HTP Update	Teams	18:30 - 19:30
28/01/2026	Oswestry Library drop-in	Oswestry Library, Arthur Street, Oswestry	9:30-12:30
28/01/26	Hospital Update	Teams	11:00 - 12:00
03/02/26	Southeast Shropshire Community Connectors	Small Woods Centre, Coalbrookdale	10:00 - 12:00
06/02/26	Broseley Library drop-in	Broseley Library	10:00-13:00
09/02/26	SALC update, HTP & Digital	MS Teams	18:00-19:00
10/02/26	Southwest Community Connectors	National Trust - Carding Mill Valley and the Long Mynd	12:45 - 15:30
10/02/26	V2C Cohort 1 - Communication	PRH	18:00-19:00
10/02/26	Marden PPG	MS Teams	18:00-19:00
11/02/26	Ludlow Library drop-in	Ludlow Library 7/9 Parkway Ludlow SY8 2PG	10:00-14:00
24/02/25	Newtown Library drop-in	Park Ln, Newtown SY16 1EJ	10:00-13:00
25/02/26	Hospital Update	Teams	11:00 - 12:00
05/03/26	HTP Focus Group	Hybrid - WFH & Teams	10:00-12:00
06/03/26	Donnington Live Well Hub	Donnington Community Hub, St Matthews Rd, Donnington, Telford TF2 7PR	9:30-11:30
10/03/26	V2C Cohort 1 - Confidence	PRH	18:00-19:00
12/03/26	Madeley Library Drop-in	Madeley Library, The Anstice, Park Ave, Madeley, Telford, TF7 5BB	10:00-12:00
12/03/2026	Hidden Illness and Disability Exhibition	CVS, Hazledine House, Telford	10:00 - 16:00
20/03/2026	Bishop's Castle Library drop-in	Enterprise House, Bishop's Castle	10:00-13:00
23/03/2026	Welshpool Library drop-in	Y Lanfa / The Wharf The Canal Road, Welshpool SY21 7AQ	10:00-13:00
25/03/26	Hospital Update	Teams	11:00 - 12:01

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20/03/2026	Wellington Library Drop-in	Wellington Civic and Leisure Centre, Larkin Way, Wellington, Telford, TF1 1LX	10:00-12:00
23/03/2026	Newport Library drop-in	Newport Community Library, 53-55 High St, Newport TF10 7AT	10:00-13:00
25/03/26	Shrewsbury Severn Rotary Club Meeting	Shrewsbury Beaconsfield Club, Meadow Pl, Shrewsbury SY1 1PD	19:00-21:00

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Public Assurance Forum January 2026

Agenda item	2026/10		
Report Title	Strategy and Partnership 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, BAF7, BAF8, BAF9, BAF10, BAF11, BAF12, BAF13, BAF14, BAF15
Effective	√	Our people	√
Caring	√	Our service delivery	√ Trust Risk Register id:
Responsive	√	Our governance	√
Well Led	√	Our partners	√
Consultation Communication			
Executive summary:	<p>Significant work is in progress both in SATH, together with Shropcom as part of developing the Group, and across the Integrated Care System on the development of the strategy and planning documents which underpin the short and medium term delivery of ICS and Trust priorities and duties.</p> <p>This paper provides a summary of key areas. Neighbourhood health presents a major area of development which all partners will be involved with.</p> <p>The Committee is asked to NOTE the report.</p>		
Recommendations for the Committee:	<p>The Committee is asked to NOTE the contents of the report and required actions.</p>		
Appendices:	<p>Appendix 1: Monthly Stakeholder Information Pack December 2025 Appendix 2: Neighbourhood Health Update December 2025</p>		

Public Assurance Forum January 2026

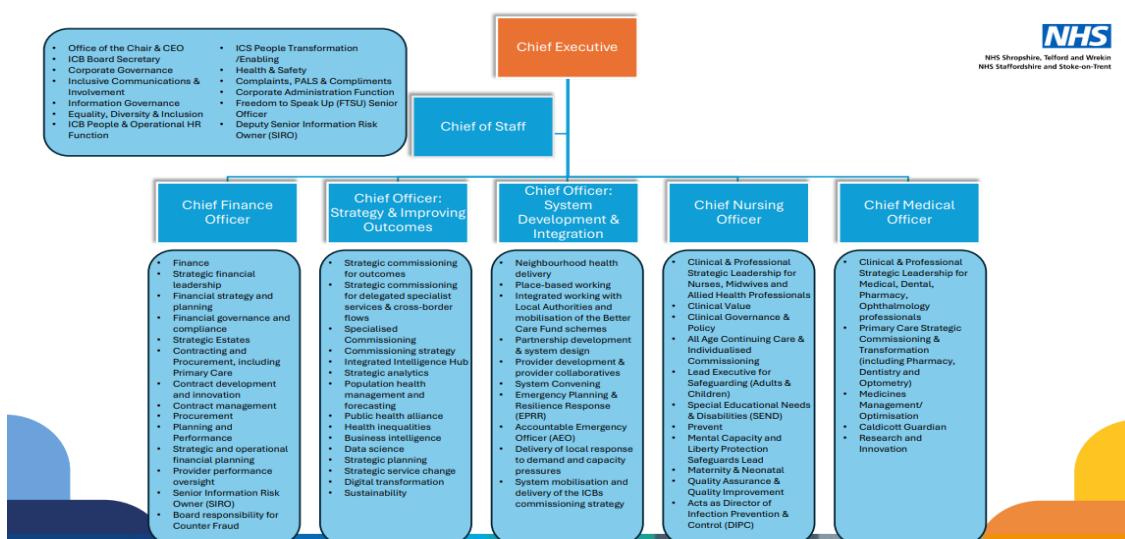
1.0 Introduction

1.1 This paper provides a summary of key actions and activities relating to both Trust and Integrated Care System (ICS) strategy development and implementation, as well as associated work

2. NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board (ICB)

Some highlights this quarter include:

- Simon Whitehouse appointed to role of “ICB Cluster” Chief Executive for Shropshire Telford and Wrekin ICB and Staffordshire and Stoke on Trent ICB supported with the following infrastructure.



- Cluster ICB roles appointed to are: CFO – Claire Skidmore; CO-S&IO – Dr Lorna Clarson; CO-SD&I – Phil Smith. CNO role is currently shared between current ICB CNOs. Dr Rachel Gallyot acts as interim CMO.
- Primary focus of the ICB for the period of November to March will be on resetting the Cluster ICB Board and Committee structures, managing restructuring including the voluntary redundancy scheme, and focusing on financial and performance priorities such as Neighbourhood health and Urgent & Emergency Care (UEC) with all system partners.
- Monthly Stakeholder update pack for December 2025 can be found in Appendix 1.

2.2 Shropshire, Telford and Wrekin Health and Wellbeing Board (HWBB)

Shropshire Health and Wellbeing Board

Areas of focus included:

- Neighbourhood Health Programme (Shropshire is one of the 43 National pilot areas)
- Youth Transformation Review and Pilot
- Place Universal Offer
- Winter Support
- Better Care Fund

- Health Prevention (vaccinations)
- Pharmacy Updates

Telford Health and Wellbeing Board

- Progress against the Telford & Wrekin Health & Wellbeing Strategy objectives
- Performance progress
- Economic Opportunities
- Connect to Work
- JSNA's
- Dental performance and oral health (linked to prevention)
- Safeguarding
- Vision 2032
- Neighbourhood Health priorities

2.3 Shropshire and Telford & Wrekin Integrated Place Partnership Boards (ShIPP and TWIPP)

A summary of this quarters topics included:

SHIPP

- ShIPP Accelerator Group
- National Neighbourhood Health Improvement Programme
- ShIPP Prevention Funding
- Healthy Ageing/Frailty strategy
- Draft SEND JSNA
- Lung Cancer Screening
- Urgent & Emergency Care Winter Plan (inc. Flu update)
- A HWBB/ShIPP Planning Workshop (in person) is planned for 12th Feb 2026 to review and agree priorities for 26/27.

TWIPP

- Good Level of Development
- Children and young people mental wellbeing
- Healthy Conversations campaign update
- Flu vaccine update
- STW ICB Strategic Commissioning Intentions 2026-27 to 2030-31
- Primary Care, PCN and evolving Neighbourhood Provider development
- Vision 2032
- TWIPP priorities
- Healthy ageing (frailty) strategy, acute frailty programme, ageing well strategy and ageing well partnership, community falls prevention

3. SATH Workstreams

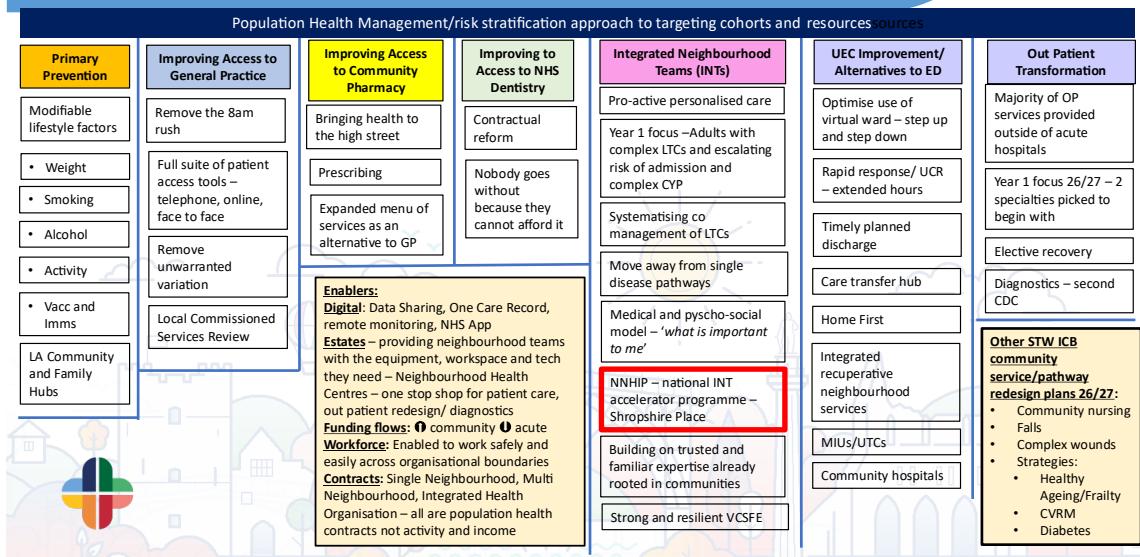
Strategy and Partnerships

- We continue to proactively support the ICB, Place based partnerships priorities as detailed above alongside the systemwide transformation programmes of work such as UEC, Planned Care, Neighbourhood Health, HTP.
- Collaborative partnership working continues pertaining to healthy aging/frailty following the launch of the systemwide strategy.
- A Draft STW Clinical Strategy has been developed for consultation and finalisation with partners. SaTH has played a pivotal role in the strategy development ensuring alignment to both national and local priorities. Further communication and engagement are planned across the system over the forthcoming months. We will align the systemwide clinical strategy with the development of our organisational clinical strategy which forms part of the group model transitional planning for 26/27.
- A Draft STW CVRM (Cardio-vascular, Renal and metabolic inc diabetes) Strategy has been developed with communication and engagement currently taking place. This work is in addition to the recently approved STW Frailty strategy.
- The systemwide Joint Forward Plan has been updated and refreshed to reflect the aspirations detailed in the NHS 10 year plan. Operational Planning continues with a focus on medium term planning assumptions.
- Participation in the systemwide neighbourhood health implementation programme continues. Appendix 2 details Decembers update.

We will continue to support the Neighbourhood health principles of:

- Bringing health services, resources and support closer to the communities where people live
- Promoting preventative health care, health education and tailored support
- Targeting health inequalities and improving access to care
- Empowering neighbourhoods and individuals to take charge of their own physical and mental health
- Facilitating partnerships among health services and community groups
- Developing the broad framework required to provide health provision and services in local communities
- Below details an overview of the areas of work included in the Neighbourhood Health Programme and leads.

STW Neighbourhood Health Overview (January 2025)



Neighbourhood Health leads

Neighbourhood Health Component	Lead
Primary Prevention	Directors of Public Health, Local Authority
Increasing Access to General Practice	Liz Walker, Deputy Director of Primary Care, ICB
Increasing Access to Community Pharmacy	James Milner, Head of Pharmacy Development, ICB
Increasing Access to NHS Dentistry	Liz Walker, Deputy Director of Primary Care, ICB/ Darrell Jackson, Office of the West Midlands
Integrated Neighbourhood Teams/NNHIP Shropshire	Emma Pyrah, Head of System Development, ICB
UEC Improvement Plan	Andy Procter, Director of UEC/Gareth Wright, Deputy Director of UEC

- Group model transitional planning continues to progress with the appointment of a project manager from December 2025.

3.1 Provider Collaboratives

Activity in collaboration is taking place in a number of areas:

- Collaboration with University Hospital North Midlands Trust continues, focussing on maxillofacial, gynae, cardiology, microbiology, urology and pathology. Over the last period and forthcoming months we will have a specific focus on the supporting the N8 Pathology Network Board and performance. This multiagency provider collaborative is an excellent example of our role supporting both national and local communities which is vital for digital, workforce and service sustainability.
- We continue to strengthen our relationships and support the development of our local provider collaborations and integrated system-wide working through various established boards and programmes of work. An ICS Strategy and Development Group continues to support strategy alignment and co-ordination of system priorities.

4. Recommendation

The Forum is asked to NOTE the report.

Monthly Stakeholder Briefing Pack

December 2025

Topic	Page
Shrewsbury and Telford Hospital Trust (SaTH)	3
Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH)	4
Midlands Partnership University Foundation Trust (MPFT)	5
Primary Care (General Practice, Pharmacy, Optometry and Dental)	6
Shropshire Community Health Trust (Shropcom)	7
NHS Shropshire, Telford and Wrekin (ICB)	8



Current Activity/Key Actions

Most improved Trust in country for reducing waiting times for planned care patients. Secured £2m in NHSE funding. End of Q2 2025/26, moved up 17 places in the National Oversight Framework (NOF). Now positioned at 96 out of 134 Trusts.

Resident doctor strike action (17-22 December). Plans in place to maintain safe levels of patient care, particularly Urgent and Emergency Care (UEC) pathway for time-critical planned care, and to minimise impact on wider services.

Performance:

- Diagnostics: DM01 for October – 86.9% of patients waiting less than 6 weeks, best performance for 5 years and now in top performing half of the country.
- Number of patients waiting for tests reduced from over 18,000 last year to 13,000 this year.
- Elective care – reduced overall elective waiting list by 30% in the last year. Elective list for children reduced by 40%.
- % of patients treated within 18 weeks rose from 48.1% in April to 62.3% in September 2025. Further increased to 65.5% at the end of November 2025. Ahead of SaTH's improvement target of 60% and national improvement target is to get to 65% by March 2026.
- Reduced proportion of patients waiting over 52 weeks from 7% to 0.2%. Now in top performing quartile of the country (national target <1% over 52 weeks by March 2026).
- 28-day cancer Faster Diagnosis Standard (FDS) improved further in October to 80.3%, best performance on record for the Trust. Now well into the top performing half of the country (national target 80% by March 2026).
- 62-day cancer Referral To Treatment (RTT) standard in October was 71.4%, no longer in the bottom quartile nationally and best performance in over three years (national target 75% by March 2026).
- UEC - 4hr/12hrs/ambulance handover remain highly challenged, although 4hr performance is demonstrating statistically significant improvement (national 4hr target 78% by March 2026).

Finance:

- Deficit of £3.9m to breakeven plan at end of month 8 (November) predominantly driven by premium staffing costs and unavailability with additional actions being taken. Great progress towards eliminating agency spend, leading to improved patient care and financial savings. Need to continue to reduce bank spend.
- £24.9m efficiencies delivered in 2025/26 to date – £7m more compared to the same time last year.
Accelerating transformational work will improve efficiency, reduce escalation costs and add value for patients.

Other Key Developments

As part of the UEC improvement plan and to increase resilience during winter:

- Two new modular wards bringing an additional 56 inpatient beds at RSH opened earlier this month (December).
- Significant investment and changes at PRH to improve flow and reduce unnecessary hospital admissions. Forty new acute assessment space, including a Frailty Same Day Emergency Care Unit, to also open in December.
- New initiatives with partners include Integrated Community Front Door service at both Emergency Departments to help patients who need urgent care get the community support they need quickly.

Hospitals Transformation Programme (HTP):

- Topping-out ceremony of the new four-storey healthcare facilities at Royal Shrewsbury Hospital (RSH). Development includes four new clinical floors and an expanded and modernised Emergency Department.

Flu Vaccination Campaign:

- More than 4,195 staff vaccinated to date - more than 6% up on the same time last year.

Digital:

- Digital investment and pilots of AI Scribe and the Patient Engagement Portal recently rolled out.

2025 CQC Maternity Survey:

- Survey found women at Trust's maternity services feel treated with kindness and compassion and are spoken to in a way they can understand.

Hot Topics/Current Activity

NHS England Waiting times:

- At the end of November, 57.29% of patients were being seen within 18 weeks. This is well ahead of our planned position (which was 51.08% for the end of November). We remain well on target to achieve or exceed our 60% target for the financial year end.
- The proportion of patients waiting for a first outpatient appointment <18 weeks was 74.46% at the end of November – an improvement of 20.74% since April.
- RJAH remains in Tier 1 for elective performance, with specific challenges in some key services – most notably the wait for spinal disorder treatment.
- Due to varying performance and contracting expectations, Welsh patients are waiting longer, however there is effort internally to address the disparity.

People/Workforce:

- Vacancy rates fell again in October to 7.04% (against a target of 8%), and are projected to fall further in coming months, based on recruitment to new posts as per our workforce plan.
- Sickness absence remains low at 5.06% and we continue to cope well despite high community prevalence of flu at present.

Industrial Action:

- The Trust managed a period of industrial action at the end of November, managing to avoid any significant disruption to patient care and without compromising patient safety.
- At the time of writing, another five days of industrial action by Resident Doctors is about to start. The Trust has again got plans in place to mitigate.

Other Key Developments

National Oversight Framework:

- RJAH was ranked 25th among all 134 NHS Acute Trusts in the second iteration of the NHS National Oversight Framework (NOF) published earlier this month. This is an improvement of two places since the tables were launched in September.
- The league tables form part of an interactive dashboard which was launched by NHS England as part of its commitment to drive transparency and improvement.

Green Plan Investment:

- The first phase of work to install solar car ports in several of our car parks is almost complete, with the ports in our main patient car park to be ready by the end of the year.
- This has been made possible by the securing of £2.4m from Great British Energy to significantly expand the amount of self-generated renewable energy we produce.

New Quality Management System:

- RJAH will soon be introducing a new Trust-wide system, called Radar Healthcare, which will improve how we manage information relating to patient safety, patient experience, risk management and clinical and quality audits.
- Currently all these elements are managed by multiple digital systems, but Radar Healthcare brings all this information together into one easy-to-use system.

Current Activity

National Oversight Framework Q2:

- MPFT has once again been rated in segment 1 – the highest possible category – in the latest quarterly results published under NHS England's new NHS Oversight Framework (NOF).
- The framework provides a national assessment of how NHS trusts are performing across a range of measures, including access to services, quality of care, patient experience, safety, workforce, finance and productivity.
- Retaining a segment 1 position continues to put MPFT among the best performing trusts in the country, and is a significant achievement given the size, breadth and diversity of services the Trust provides.
- MPFT sits in the non-acute category of the NOF ratings and has moved from second to third position out of 61 trusts since quarter 1.

Financial Wellbeing and Housing Support Team:

- Along with supporting a high volume of clients and delivering life-changing outcomes, the financial well-being and housing support team, who are integrated with MPFT's community mental health services, has helped secure 23 new tenancies, supported clients to be £400,071.00 better off through grants, benefits and appeals and saved £15,460 through formal debt management.

Talking Therapies – Adult Mental Health:

- Shropshire, Telford and Wrekin Talking Therapies is among the best performing Talking Therapies services in the country for the percentage of patients seeing a significant improvement in their symptoms of anxiety and depression.
 - The service's 'reliable improvement' rate for 2025/26 is 74.6%, above the national average of 68%.
 - The service is seeing improvements in reliable recovery for people from the global majority – 66% compared with baseline of 50%.
 - The number of people to completed a course of treatment has increased from 3,942 from Apr-Nov 2024 compared to 4,484 in the same period in 2025.
 - The number of referrals has also increased for the same period, up from 8,264 in 2024 to 9,261 in 2025.

Other Key Developments

Child and Adolescent Mental Health Service (CAMHS) mobilisation:

- MPFT have been awarded the 2026–31 contract to deliver a new CAMHS model for STW, replacing BeeU in April 2026.
- Mobilisation work is underway to implement the 'I Thrive' framework, improve access for CYP (0–25) with focus on prevention, early help, and address inequalities through a co-produced, partnership approach.

Crisis text message service – Adult Mental Health:

- A new crisis text messaging service is now live. The service is hosted through the support of SHOUT.
- Residents of Shropshire, Telford & Wrekin can text 'STW' to 85258 and they will receive free and confidential mental health support 24/7.

Access and Experience:

- Access to General Practice in STW remains broadly in line with national performance.
- 55% of appointments were delivered within 0–1 days, exceeding the national average of 52%, indicating continued capacity for same-day access.
- 80% of appointments took place within 14 days, compared to 76% nationally, demonstrating sustained performance against national access expectations.
- The GP Patient Survey 2025 shows 75.2% of patients reporting a good overall experience, consistent with the national average of 75.4%, reflecting stable patient confidence in local services.

Workforce and Capacity:

- Workforce indicators suggest that system-level GP capacity pressures remain comparable to the national picture.
- The proportion of patients registered with practices exceeding 4,000 patients per fully qualified GP is 10.2%, slightly below the national rate of 10.3%, indicating STW is not disproportionately exposed to workforce pressure.

Demand and Activity:

- Appointment volumes remain stable at over 250,000 appointments per month, reflecting sustained demand across system.
- Digital and telephone consultations now account for 47% of all activity, supporting same-day access while helping to manage workforce and estate constraints.
- Escalation protocols continue to be used selectively in a small number of practices that are experiencing sustained demand pressure.

Digital Access and Records:

- Digital enablement across Primary Care continues to improve and is largely compliant with national requirements.
- 100% of practices now have GP Connect access enabled for both HTML and structured records.
- 98% of practices can update records via GP Connect.
- Prospective Records Access is enabled in 78% of practices, with further improvement expected.
- Online consultations are switched on in 76% of practices, providing an expanding route of access for patients.

Service Transformation:

- Optometry First continues to reduce demand on General Practice, with minor eye condition referrals to GPs down 18% since full rollout across 10 PCNs.
- The Community Pharmacy cardiovascular pilot remains active, with 76% of participants achieving improved blood pressure control and 92% patient satisfaction, supporting prevention and early intervention.

Next Steps

Practice Level Support (PLS):

- Evaluation of 8 pilot practices concluded in November, focusing on resilience, access, and workforce sustainability, with shared learning informing future support.

Workforce:

- Recruitment through the Additional Roles Reimbursement Scheme (ARRS) continues, with 28 new posts in development.
- A regional retention forum took place in late November to review flexible career options and retention approaches.

Digital Resilience and Access:

- Testing of new digital backup infrastructure is underway in two practices.
- Cybersecurity and data awareness sessions for Practice Managers are progressing, with completion expected by end of year.
- Targeted support will continue to increase Prospective Records Access and online consultation utilisation.

Prevention and Community-Based Care:

- Evaluation of the cardiovascular pharmacy pilot will inform future alignment with the NHS Health Check digital pathway.

Current Activity

ShropCom has consistently supported partners in addressing increased demand while remaining committed to expanding community services and achieving the key milestones set out in the Winter Plan:

- We are continuing to deliver our financial plan. The Trust is reporting an adjusted financial surplus of £1,523k after eight months of the year, which is a favourable variance to plan of £274k.
- Percentage of patients waiting less than 18 weeks – Referral to Treatment (RTT) has shown an improvement from 80.47% in September to 82.46% in October (unvalidated).
- Children's Speech and Language Services have seen a steady improvement of waiting lists. A combination of early intervention programmes, holiday clinics and revalidation of waiting lists has resulted in a drop in children and young people (CYP) waiting over 52 weeks and an improvement for those waiting over 40 weeks.

Quality:

- The falls per 1,000 occupied bed days has fallen for the second consecutive month to 3.60 and is below our target of 4.0. Plans are in place to reduce this further. Several initiatives have been introduced, including:
 - Extending the Urgent Community Response (UCR) team hours to midnight daily.
 - Assigning Integrated Front Door practitioners at PRH and RSH Emergency Departments from 08:00–20:00 every day.
 - Expanding Care Transfer Hub and Therapy Hours to 08:00–20:00, seven days a week.

The second Group Model staff engagement session was held on Wednesday 19 November 2026 at AFC Telford. This provided a valuable opportunity to exchange ideas and collaboratively co-design some of our workstreams, identifying how we can enhance pathways for both patients and staff together.

The second quarter national NHS Oversight Framework (NOF) results have been published with ShropCom retaining our overall NOF rating of 2 (above average). ShropCom also achieved an Oversight rating of 1 (high performing) for finance and productivity.

Flu vaccination uptake - 47% of staff have received their flu vaccination.

Next Steps

- Developing the medium-term plan (5 years) for ShropCom and aligning activity with the Group.
- Continuing to reduce waiting times of over 52 weeks for community services.
- Collaborating with system partners in Shropshire as part of phase one of the National Neighbourhood Health Implementation Programme (NNHIP).
- Group Model Engagement: Additional sessions are scheduled, focusing on smaller, specific staff groups and services to agree on actions and plan next steps.
- A staff engagement survey will be issued to gather feedback on the new Group name.
- Flu vaccination uptake: Further staff engagement is planned to promote uptake.

Current Activity

NHS Government Reset Programme:

- A local voluntary redundancy scheme for staff across NHS Shropshire, Telford and Wrekin and NHS Staffordshire and Stoke-on-Trent launched on 1 December and will close on 22 December 2025.
- A formal Management of Change consultation will open in early January 2026 which will include Senior Leadership Teams (Bands 8C to 9 + VSM2) from across the wider cluster.

UEC/Winter pressures:

- The system is working hard to mitigate winter pressures (e.g. an early rise in flu cases, high number of respiratory-related emergency department (ED) attendances, IA (17-22 Dec), and is focusing on improving patient flow, enhancing community care and preventative measures like vaccinations. Helping to reduce unnecessary hospital admissions and speed up discharge processes.
- Key initiatives include the British Red Cross ED Support Service, Shrewsbury PCN's Winter Wellness Clinic, the expansion of the Urgent Community Response (UCR) teams, as well as encouraging the public to support discharge if loved ones are ready to go home.

Lung Cancer Screening:

- On 1 December, a new Lung Cancer Screening (LCS) Programme was launched for people living in STW. The aim of the LCS Programme is to identify lung cancer early, often before symptoms appear, when treatment is more effective and more lives can be saved.

Locally Commissioned Services (LCS) Review:

- NHS STW is reviewing Locally Commissioned Services in General Practice to ensure funding is fair, sustainable, and better matched to local population needs. LCS in STW currently vary significantly due to historical development. Introducing a more consistent approach will improve fairness in patient access, reduce differences in services between practices, align provision with national best practice, and help ensure long-term financial sustainability.

Next Steps

Reset Programme:

- Staff who have submitted applications for voluntary redundancy will be informed of decisions in early January 2026. A selection process for a cluster Senior Leadership Team will take place in early March.

Lung Cancer Screening:

- The programme will start in areas of highest deprivation, lung cancer prevalence and smoking rates, and will be rolled out to other areas across the county over the next 4 years. It forms part of a national NHS programme which is aiming to achieve 100% coverage across England by 2029.

LCS Review:

- The review is being conducted with GP leaders and the Local Medical Committee (LMC), with a new service model planned for implementation in April 2026. A more detailed Case for Change document will be shared with stakeholders shortly.

Promotion of Public Health Messages:

- Public Health and NHS leaders are urging simple steps to help prevent spread of winter illness- get vaccinations if eligible, clean hands regularly, open a window when inside, and stay at home when unwell - to curb rising winter illness admissions.

Thank you

For more information, please contact:
stw.communications@nhs.net

Shropshire Neighbourhood Health

Happy, healthy, connected communities

December 2025 Round-Up

Dear Shropshire Neighbourhood Programme Colleagues,

Across our health and care system, December brings seasonal pressures, with colleagues and partners working harder than ever to help people stay healthy at home or in our care.

Shropshire's aim for the neighbourhood health programme is to reduce crisis and emergency situations developing through local integration - even during challenging periods - working together in a coordinated and consistent way, wrapping support around people we provide care for, to help them enjoy the best possible quality of life all year round.

Next steps and priorities for our neighbourhood teams

Following November's local planning workshops, all our neighbourhood teams have submitted their plan on a page, which will form the roadmap for our part in wave one of the National Neighbourhood Health Programme (NNHIP).

Thank you to everybody who contributed to these plans, it has been encouraging to see input from all our partners; from adult social care & public health, local NHS trusts, primary care including general practice, voluntary and community sector partners & NHS STW – a truly integrated way of working.

Neighbourhood teams have now determined a priority focus for each of their patient cohorts, based on local data and intelligence, and within the wider priority of adults with long term conditions. The team in the North will focus particularly on diabetes, Shrewsbury and South-East Shropshire will focus on frailty and South West and Rural Shropshire will focus particularly on challenges related to isolation.

These priorities will be the focus of each integrated neighbourhood team's meetings, for partners to share information and updates about patients at moderate to high risk of escalation, to support joined-up care planning.

Team planning workshops



Shrewsbury's Neighbourhood Team get together for a local planning workshop on 9 December 2025

More practical and in-depth planning workshops have now been held in some of our individual neighbourhood groups, which included highlighting case studies of patients who would benefit from being part of the first cohort for our integrated teams. A great example of a patient case study suitable for the programme is Elizabeth, below, shared by Shrewsbury's neighbourhood team:

Case study: Elizabeth, DOB 15 August 1949



Elizabeth is 76 years old and lives alone in a rented flat in Ditherington, Shrewsbury. Her husband died five years ago. She has lived in the UK all her adult life and previously worked in catering at a school in Wolverhampton before retiring in her late sixties and moving to Shrewsbury.

Elizabeth is 76 years old and lives alone in a rented flat in Ditherington, Shrewsbury. Her husband died five years ago. She has lived in the UK all her adult life and previously worked in catering at a school in Wolverhampton before retiring in her late sixties and moving to Shrewsbury.

Elizabeth values her independence and takes pride in managing her own home, but over the past year she has noticed a decline in her strength and energy.

Elizabeth walks slowly with a stick and feels tired after short distances. Over the past year she has had a couple of minor falls at home, which have made her more cautious and less confident when going out alone.

Elizabeth can still dress herself and manage personal care, but she finds bending and lifting difficult. Shopping is a challenge, so she relies on online deliveries and occasional help from family. She enjoys reading and watching TV but misses attending her local church and social groups which are important sources of comfort and identity, but travelling feels overwhelming. Elizabeth sometimes feels lonely and low in mood.

Elizabeth lives with several long-term conditions, including high blood pressure, type 2 diabetes and osteoarthritis, which cause daily stiffness and pain in her knees and hands. She takes multiple medications and sometimes feels overwhelmed by managing them.

She has also noticed some mild forgetfulness, such as misplacing items or missing appointments, though she remains able to make her own decisions.

At the Shrewsbury neighbourhood planning workshop, Elizabeth was highlighted as a patient with needs that could be met through the neighbourhood team, reducing the risk of crisis and more urgent intervention.

Through joined-up working and regular communication, the team can support Elizabeth to be happy, healthy and connected in her community.

Dementia Neighbourhood Team in South-East Shropshire



There are great examples of neighbourhood working happening in Shropshire, where parts of our health and care system are already working closely together at a local level, communicating regularly and wrapping services around people to help them stay well.

There are great examples of neighbourhood working happening in Shropshire, where parts of our health and care system are already working closely together at a local level,

communicating regularly and wrapping services around people to help them stay well.

“ *That communication means everybody knows what each other is doing....which means we do the right things, with the right people.*

— Dr Jess Harvey

”

That communication means everybody knows what each other is doing....which means we do the right things, with the right people.

— Dr Jess Harvey

In the video below, Dr Jess Harvey and Dr Chandan Aladakatti talk about the impact of integrated neighbourhood teams for dementia started in South-East Shropshire; bringing together care professionals, admiral nurses, family members, voluntary and community groups and any other partners involved in a person's care in a coordinated way to get the best possible outcome for each patient; with the right partner doing the right things, at the right time.



More news from around Shropshire's neighbourhoods

Congratulations to Shropshire Council's Public Health team for their win at the prestigious Locality Awards, held recently at Anfield, home of Liverpool Football Club.



Market Drayton Community Covenant is a radical new community group that brings together local people to make decisions.

The team took the award for the 'Keep It Local' category, recognising the pioneering, people-led partnership with the Market Drayton Community Covenant, whose members have been integral in the development of the council's new Community and Family Hub within the town. [Read more here.](#)

Keep us in the loop

Please contact bridey.davies@nhs.net if you would like to share any stories from your own neighbourhood work here in the coming months.

What have you learnt in the early stages of setting up? Were there any obstacles you needed to overcome?

Let's share our learning and support each other as we make the shift to more neighbourhood working.

You can find updates from the national neighbourhood programme [here](#), and you can join the [Community of Practice mailing list for access to discussions and resources from across the country](#).

Many thanks,

Naomi, Emma and Ally

Core Programme Team

Public Participation Update Sep-Dec 2025

Agenda item

2026/11

- i. Public Participation Plan: 2024/25 Action Plan Update **Pages 176 - 182**
- ii. Helpforce Report **Pages 183 - 209**

Public Assurance Forum: 19 January 2026

Agenda item	2026/11			
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:	<ol style="list-style-type: none"> 1. The Forum's attention is drawn to Appendix 1 – Plan on a Page for: <ul style="list-style-type: none"> Community Engagement (including HTP) Volunteers SaTH Charity 2. The key risks are: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Continue to support our Divisions to ensure they meet their Statutory Duties. 			
Recommendations for the Public Assurance Forum:	<p>The Public Assurance Forum is asked to:</p> <p>NOTE The Activity completed by each of the areas during Quarter 3 This report is provided for information only.</p>			
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 are 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 are also developing a Volunteers Strategy 2025-2030 and will engage with our volunteers and the wider community.
- 1.4 Highlights of key achievements from Quarter 3 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. In December 2025 a survey was sent out to all volunteers and a focus group was held to incorporate their views into the strategy and the priorities for the next five years.
 - We are redeveloping our Youth Volunteer scheme and providing opportunities within two structured programmes – our Volunteer to Career, and the Duke of Edinburgh Award
 - In Quarter 3 we become an Approved Activity Provider for volunteering, for the Duke of Edinburgh Award.
 - Dates for Cohort 6 of our Volunteer to Career Award have been confirmed. We are trialling a new approach to this programme by expanding it to all departments to support anyone wanting a career within the NHS.
 - Our Volunteers were part of our annual Staff Awards, and the Volunteer of the Year Award went to our Volunteer Driver service, with Chaplaincy and CDC volunteers being shortlisted.
 - Volunteers were included with our staff Christmas celebrations and a special Christmas Coffee and catch up were held at both hospital sites
 - 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.
- 1.6 **Community Engagement:**

- Recruited to a full-time fixed term engagement post. The post will initially support our HTP engagement.
- We continue to work with Health and social care partners around joint engagement. Our engagement plans for the year are regularly reviewed.
- 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. In Q3 a survey and focus group were held to gain our communities views and feedback around our 5 year strategy.
- This Quarter we have been making links with our Seldom Heard Communities, including attendance at Hidden Illness and Disability exhibition. We are regularly attending Community Connector groups across Shropshire and T&W, making links with local groups and organisations.
- 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.
- Four “About Health” events delivered in Q3 – HTP update (HTP team), Menopause, Diabetes: Look after your feet and Patient Engagement Portal
- Support provided for HTP through monthly email update, Hospital Update meeting, focus groups and sharing information at community meetings and events attended by the engagement team.
- No support regarding potential service has been requested this quarter

1.7 **SaTH Charity:**

- We are working in partnership with Lingen Davies Charity (raising money for the new cancer centre at PRH), LoF who are fundraising for the new respiratory centre at PRH and the Rotary Club for the new critical care garden at RSH.
- Fundraising priorities are aligned to needs to the deliver HTP. Discussions are ongoing with divisions about future needs for service and HTP
- Plans are on track to deliver the major fundraising priorities for HTP as above and SaTH Charity have started the campaign for the Children's Services Sky Garden and Sensory Room. In the led up to Christmas, a Children's grotto was set up in the atrium of the W&C centre, with a Tap and Donate being installed.
- The staff lottery continues to grow with £4821 in ticket sales in December 2025 compared to £3487 in December 2024.
- The Small Things Big Difference campaign has been promoted at a number of events including Staff Health and Wellbeing Events at RSH and PRH.
- The Jackfield Brass Band Charity Concert was a success with plans to deliver another concert in 2026 are underway
- There is regular review of how we communicate and engage with supporters and potential supporters of the charity. In Quarter 3 a charity and staff lottery newsletter was produced and shared with supporters.

2 **Recommendations**

The meeting is asked to:

NOTE the current activity in Quarter 3 2025/26 across the Public Participation Team against the Public Participation action plan.

Julia Clarke
Director of Public Participation
January 2026

Areas of Focus

- Dementia
- Diabetes
- Respiratory
- Cardiovascular

Methods of Engagement

- Online**
Targeted messaging around prevention and management of conditions identified above with appropriate audiences
Sharing hospital knowledge through **About Health** programme
Sharing information from stakeholders through **#GetInvolved**

- Partnership**
Working with VCSA groups, representatives and forums. Building relationships with community leaders. Providing articles for community newsletters. Liaising with community advocates to ensure engagement is appropriate. Collaborative engagement with local authorities and other statutory bodies.

- Involvement Internal**
Working with divisions to develop meaningful engagement with target communities. Working collaboratively with the SaTH internal Health Inequalities group (***Accelerated Preventative Programme workstream**) to ensure a “whole of SaTH” approach to engaging our seldom heard communities.

- External**
Increase opportunities for the public to take part in SaTH involvement activity by identifying and mitigating barriers to involvement, developing new methods of involvement as required.

SaTH Community Engagement Action Plan 2025/2026



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

Strategic Aims

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

- INCLUSION:** To increase the number and diversity of people involved with SaTH, ensuring that they are provided with meaningful and timely involvement opportunities
- RESPONSIVE:** Build greater public confidence, trust and understanding by listening and being responsive to our local communities
- 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
- 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.
- 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)
- 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 in lack of confidence of our communities	2	4	8	A detailed Action Plan and yearly plan on a page will be drawn up and submitted quarterly to the Public Assurance Forum (PAF)
Fail to deliver our statutory duties (S242) to engage with the public	3	4	12	Continue to support our Divisions to ensure they meet their statutory duties. Update PAF on engagement relating to service changes
Failure to continue to involve communities during the building stage of HTP could result in challenge	2	5	10	Full programme until 2028 and ongoing attendance/events planned until 2028

Q1	Q2	Q3	Q4	General Notes
April—May—June 2025	Jul-Aug-Sep-2025	Oct—Nov—Dec-2025	Jan—Feb—March-2026	Outcomes—Q2
<p>1. Recruit to Engagement vacancies</p> <p>2. Work with SaTH Health Inequalities group to identify key audiences for thematic engagement.</p> <p>3. Create a diary of engagement events/invites and share internally to enable collaborative engagement</p> <p>4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</p> <p>5. Deliver About Health events</p> <p>6. Provide support for Hospitals Transformation Programme</p> <p>7. Work with divisions to ensure they meet their Section 242 duties.</p>	<p>1. Recruit to Engagement vacancies</p> <p>2. Create plan for Public Participation strategy development including community survey and workshop events.</p> <p>3. Visit 2 priority community groups</p> <p>4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</p> <p>5. Deliver About Health events</p> <p>6. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)</p> <p>7. Provide support for Hospitals Transformation Programme</p> <p>8. Work with divisions to ensure they meet their Section 242 duties.</p>	<p>1. Recruit to Engagement vacancies</p> <p>2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.</p> <p>3. Progress Public Participation Strategy engagement.</p> <p>4. Visit 2 priority community groups</p> <p>5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</p> <p>6. Deliver About Health events</p> <p>7. Provide support for Hospitals Transformation Programme</p> <p>8. Work with divisions to ensure they meet their Section 242 duties.</p>	<p>1. Review social media outcomes and develop standard protocols for ongoing use.</p> <p>2. Visit 2 priority community groups</p> <p>3. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities</p> <p>4. Deliver About Health events</p> <p>5. Provide support for Hospitals Transformation Programme</p> <p>6. Work with divisions to ensure they meet their Section 242 duties.</p>	<p>1. The team has successfully recruited to one of the vacant posts.</p> <p>2. Continue to work with partners around engagement and our engagement plans regularly reviewed.</p> <p>3. Surveys and focus groups carried out for Community Engagement and Volunteering strategies. Additional focus group for Community Engagement strategy taking place in January.</p> <p>4. Ongoing programme of visits, attended Hidden Illness and Disability Exhibition in Shrewsbury.</p> <p>5. Prioritised attendance at Community Connectors meetings across Shropshire/ Telford & Wrekin to share information</p> <p>6. Delivered 4 About Health events: Menopause, HTP, Diabetes: Look After Your Feet, Patient Engagement Portal</p> <p>7. Continued support for Hospitals Transformation Programme.</p> <p>8. No requests for support received.</p> <p>9. Explored with our communications team different alternatives, and agree to continue with current platform and review in the future</p>

Stakeholder Groups

A. Public (incl. patients)

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

B. Local Business and Organisations

SaTH provides health care for the workers of local businesses, many will have employees who either or their family are patients at SaTH. Supporting SaTH

Charity is likely to be popular with employees. SaTH Charity is keen to engage, encouraging fundraising and their support.

C. Staff

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

D. Existing charitable organisations providing support

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

E. Volunteers

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

Charity Team

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

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

Strategic Aims

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

Desired Outcomes

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

Key Risks / Benefits

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

Q1	Q2	Q3	Q4	General Notes
<p>April – May – June</p> <ul style="list-style-type: none"> 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 	<p>July – August – Sep</p> <ul style="list-style-type: none"> 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 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 	<p>Oct – Nov – Dec</p> <ul style="list-style-type: none"> 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 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 	<p>Jan – Feb – March</p> <ul style="list-style-type: none"> 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 	<p>Progress against Q3</p> <ul style="list-style-type: none"> We are working in partnership with Lingen Davies who are fundraising for the new Cancer Centre, LoF who are fundraising for a Respiratory Centre, the Rotary Club who are delivering the Critical Care Garden Fundraising priorities are aligned to needs to deliver HTP. Discussions are ongoing with divisions about future needs for service and HTP Plans are on track to deliver the major fundraising priorities for HTP as above and SaTH Charity have started the campaign for the Children's Services Sky Garden and Sensory Room The staff lottery continues to grow with £4821 in ticket sales in Dec 2025 compared to £3487 in Dec 2024 The Small Things Big Difference campaign has been promoted at a number of events including Staff Health and Wellbeing Events at RSH and PRH. The Jackfield Brass Band Charity Concert was a success with plans to deliver another concert in 2026 are underway Quarterly newsletter and staff lottery

SaTH Volunteer Development & Action Plan

April 2025 to March 2026

V1 17/03/2025



NHS

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.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 Q3
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> We have streamlined our youth volunteering opportunities to two, structured programmes (Duke of Edinburgh and VtC) which also include training, support and peer support provisions. We have now achieved Approved Activity Provider (AAP) status to provide volunteering for those completing their bronze, silver and gold DofE awards. Youth volunteers are now easily identifiable on Better Impact to ensure they are monitored and supported appropriately. Cohort 6 VtC dates are confirmed and the programme will now be expanded to all departments to support anyone wanting a career in the NHS. Volunteers completed a survey relating to the Volunteer 5 year strategy in December. The Volunteer Drivers won this years Volunteer of the Year Award, with our Chaplaincy and CDC volunteers also nominated for their care and dedication. Christmas volunteer catch ups held on both PRH and RSH, with numerous volunteers also included in staff celebrations. Monthly 'Coffee and Catch up' sessions continue on both RSH and PRH sites. We held a Focus Group on the Volunteer 5 year strategy in December and have a presentation on the 6 month Volunteer Driver Service Evaluation to share with volunteers and get their feedback.

Volunteer Discharge Driver Role Evaluation Report

The Shrewsbury and Telford Hospital NHS Trust
(Royal Shrewsbury Hospital & Princess Royal Hospital)

November 2025

Executive summary

The project

- A discharge volunteer driver service transporting patients from the Royal Shrewsbury (RSH) and Princess Royal Hospitals (PRH) within The Shrewsbury and Telford Hospital NHS Trust (SaTH) who qualify for hospital transport as a '1PC' (i.e., are able to mobilise independently). The service also supports those who do not qualify for non-emergency hospital transport who cannot get home by themselves or face long waits to be collected.
- Volunteer discharge drivers also perform a 'settling in service' to check that patients have access to water, electricity and heating in their homes along with a working mobile phone or landline.
- The service also delivers medications, equipment and discharge letters.

Key findings

- 666 journeys were made by the discharge volunteer drivers during the project, with **98.2% of patients** being **collected within 30 minutes or less** post-discharge, improving patient flow and providing a better experience for patients and staff.
- **Whilst it is difficult to estimate any potential savings and the rationale for this service was not primarily for cost savings**, if the patients the volunteer service transported during the project had used EMED instead, it is estimated that this would have costed **£83,958.58**. For all non-patient journeys (e.g. medicine and equipment runs), the estimated saving of not using local taxis is **£2,535.18**. Accounting for pool car costs across the project, in total, this equates to a potential saving of **£86,379.98**.

- **99.7%** of patients reported they were either satisfied or very satisfied with the service they received from the discharge volunteer drivers.

SaTH will need a full year's data to accurately measure the impact of this service.

Service overview

Following six months of funding from the ICB, SaTH developed a new volunteer driver service launched mid-May at the RSH and PRH.

The service:

- SaTH implemented a service with the aim of expediting the discharge of patients from hospital and supporting patients to settle back in. Helpforce worked alongside the volunteering team providing programme management support and an evaluation of the service. Further details on the evaluation approach are included within [the appendices](#).
- Transport to patients who qualify for non-emergency hospital transport. These patients are often referred to as '1PC'.
- Support for 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, patients from outpatients, A&E and the clinics are supported.
- A 'settling in service' is also available. 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



666

journeys made by discharge
volunteer drivers

98.2%

of patients were collected in 30
minutes or less post-discharge¹

74.8%

of journeys were patient
transport journeys

25.2%

of journeys were delivering
medication and equipment

- Figure 1 illustrates the total number of journeys completed by volunteers and volunteer recruitment across the project by month.
- As anticipated, there is a positive relationship between volunteer recruitment and journey completion. However, whilst recruitment increases steadily, the number of journeys completed fluctuates over time, indicating variability rather than a consistent upward or downward movement.
- This variability is due to a combination of staff holidays and a change in staff in role.



All data based on discharge driver activity between 9 May – 31 October 2025 from RSH and PRH.

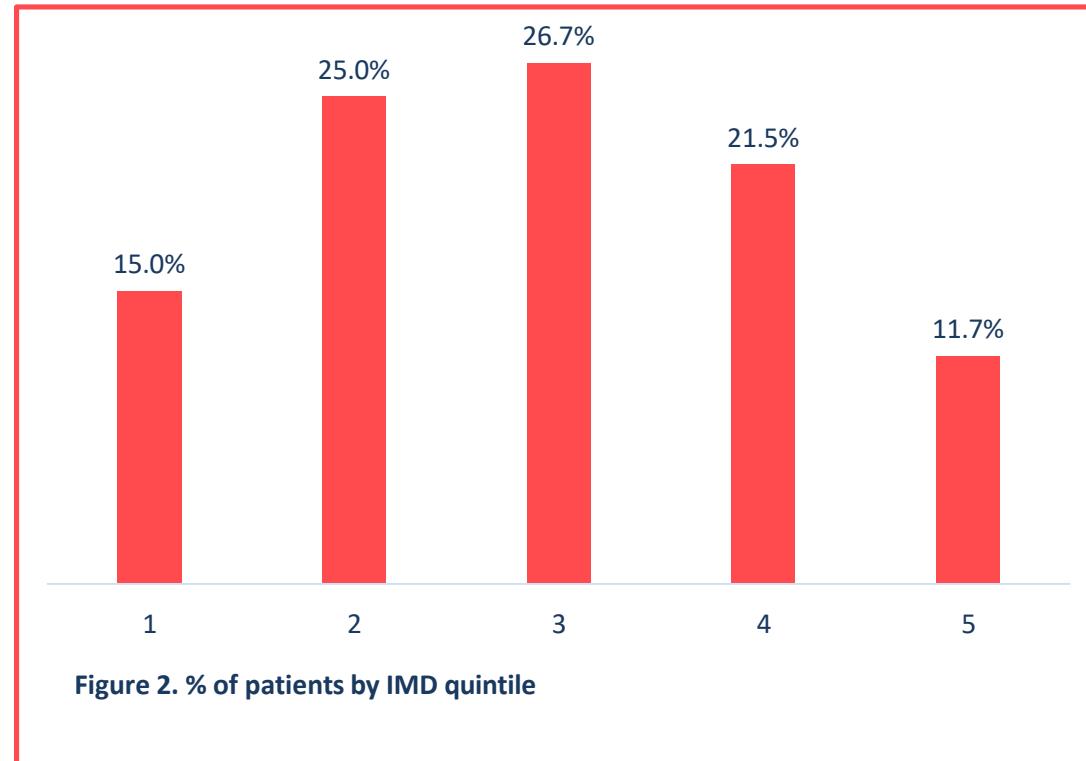
¹Percentage calculation based on known discharge and pick up times, equating to 74% of patient journeys.

Figure 1. Number of journeys completed by volunteers against the number of active volunteer drivers by month

Insight: Indices of multiple deprivation



- For all patient journeys, the postcode of the patient's destination address was recorded.
- To explore whether patients within areas of high deprivation were more likely to utilise the service, patient destination postcodes were compared with the Index of Multiple Deprivation (IMD)⁴.
- Quintile 1 indicates the patient lived in an area of high deprivation, with quintile 5 being the least deprived.
- **Figure 2 shows 40.0% of patients** who utilised the service were in the 1st and 2nd quintiles for deprivation.

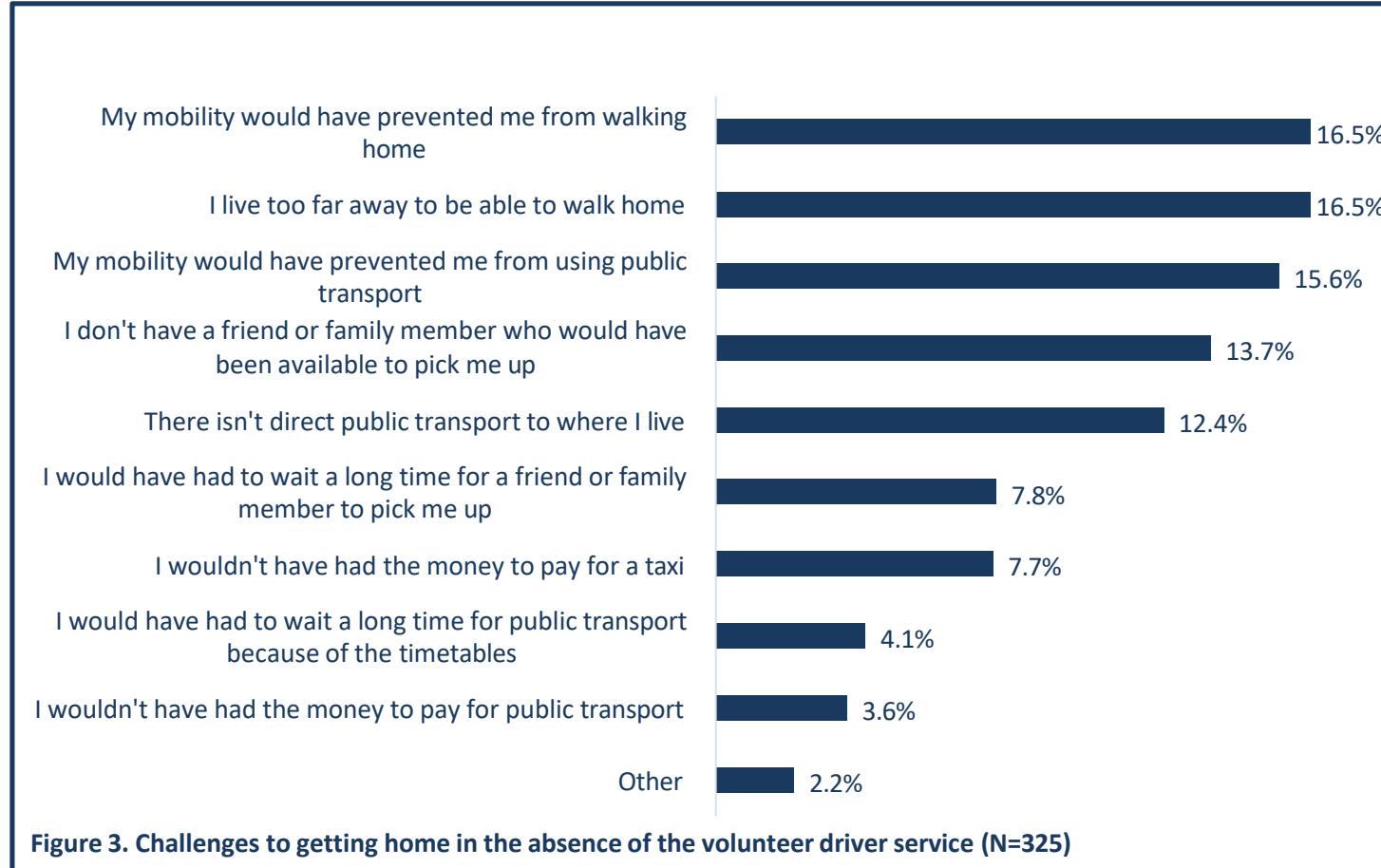


All data based on discharge driver activity: 666 journeys (patient and non-patient) completed between 9 May – 31 October 2025 from RSH and PRH. Thirty-four patient postcodes were unable to be matched to an Index of Multiple Deprivation quintile.

⁴ English indices of deprivation 2019 – GOV.UK



Insight: Challenges to patients getting home following discharge



- The **most frequent challenges** for patients towards getting home independently included **living too far away** and therefore not being able to walk home (16.7%) and **challenges with mobility** precluding individuals from walking home (16.7%) or **using public transport** (15.8%).
- Patients were also encouraged to report any further barriers by selecting '**other**' (2.2%). For instance, **patients reported having dementia or communication challenges and having a mental health condition**.

Figure based on patient survey data collected between 1 June – 14 November 2025. Completed by 325 patients of RSH and PRH. Patients were able to endorse multiple challenges or provide their own. Responses provided under 'other' not categorised as a challenge were not counted.

Impact: Meeting the objectives and beyond

- The volunteer driver scheme was introduced at SaTH to support patient flow through the hospital and increase capacity by getting patients home quicker.
- As demonstrated by the 666 journeys undertaken by volunteer drivers, the initiative has supported patient flow and capacity.
- Whilst cost savings was not the original aim or focus, by utilising volunteer drivers rather than non-emergency patient transport and taxis, meaningful cost-efficiencies have been realised.
- Patients discharged over the period of the project were eligible for EMED transport. However, as a volunteer driver was available, they were referred to SaTH volunteer services instead. **Patients were identified for the volunteer service via the discharge lounges, wards, A&E and through the daily SaTH transport meetings.**
- Over time, SaTH saw an increase in the number of requests as wards and departments became more familiar with the volunteer service, and it was embedded within the Trust. The volunteer driver service was further expanded to support **outpatient, renal, A&E and maternity** departments.
- The volunteer driver service focused on patients who could be transported in a car and did not need any form of manual handling. EMED refer to these patients as 1PC. **By providing a service to '1PC' patients, EMED/hospital transport can focus on patients with more complex needs who require their service.** This is 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's volunteer drivers helped EMED/hospital transport to meet their deadlines for 'stretcher' and 2PC' patients, reducing waiting times for patients.**



Molly, Volunteer Discharge Driver Beneficiary

Impact: Meeting the objectives and beyond



Whilst it is **difficult to estimate any potential savings** and the rationale for this service was not primarily for cost savings, if the patients the volunteer service transported during the project had used EMED instead, it is estimated that this would have saved £83,958.58. For all non-patient journeys (e.g. medicine and equipment runs), the estimated saving of not using local taxis is £2,535.18. Accounting for pool car costs across the project, in total, this equates to a potential saving of £86,379.98. **SaTH will need a full year's data to accurately measure the impact of this service.**

£86,379.98

potential cost saving for the ICB for volunteer drivers vs. hospital transport and local taxis³

Based on these **predicted potential savings**, and the increase in volunteers supporting this service, there is a **potential to make savings** on the use of non-emergency patient transport and taxis for 1PC patients **in the future**.

There are **several factors** which will **affect the future performance of this service**, these include:

- **A project manager** – this individual takes the bookings from the Trust, co-ordinates the volunteers (and ensures their safety and wellbeing when carrying out the role) and works with the Trust to identify all appropriate patients.
- **Volunteer recruitment and retention** – Volunteers are fluid though the very nature of their involvement. The Trust needs to ensure it safely recruits and then retains its volunteers.
- **Ongoing clinical support** – this includes ensuring the service is well utilised with ongoing referrals to the service. It's a change of culture, so that the volunteer service is seen as the first point of contact when arranging transport for patients.
- **Capacity** – As SaTH has more volunteer support, there is the opportunity to extend the service to other areas across both sites.

³ Estimated cost savings to ICB calculated following discharge driver mileage and pool car costs deducted. Calculations based on the 666 journeys (patient and non-patient) completed between 9 May – 31 October

Impact: Patient satisfaction with the service



99.7% 

of patients reported being **very satisfied or satisfied** with the service received by the volunteer drivers⁵

99.1% 

of patients **strongly agreed or agreed** the volunteer drivers service helped them to feel less **anxious** about getting home following discharge^{5,6}

“From the start I was treated royally; great driver, great personality, great conversation - I would be the first to recommend.

“This service should always be available, I felt that I could trust them, they listened to me and made me feel that it would all be ok.

“I would have had to wait 5 hours to be picked up. No hanging around at PRH, comfortable journey, perfect driving.

“Very happy, prompt, caring service and checked everything was ok in the house.

Based on patient survey data collected between 1 June – 14 November 2025. Completed by 325 patients of RSH and PRH. All data is based on level of endorsement.

⁵ 'Don't know' was endorsed on one occasion by a volunteer driver on a patient's behalf due to the patient having dementia and being deaf.

Impact: Staff views on volunteer support



All staff would be likely to recommend volunteer support to other colleagues



“ We would love for the volunteer support to continue; it has been a massive help to us as staff and a positive impact on the patient's journey.

Royal Shrewsbury Hospital staff

“ Wonderful helpful people & team especially the Volunteer Service Manager.

Royal Shrewsbury Hospital staff

“ I hope that this service continues to be available for our patients; I would also like the hours to be extended so more patients can use the service.

Royal Shrewsbury Hospital staff

“ Thank you Volunteers for all your help and thank you to Eve who is doing an amazing job to support different services within SATH in getting our patients home safety.

Princess Royal Hospital staff

Based on staff survey data collected between 7 October – 14 November 2025. Completed by 8 staff members at RSH and PRH. Data is based on level of endorsement. Only responses by staff who have been supported by volunteer drivers are considered.

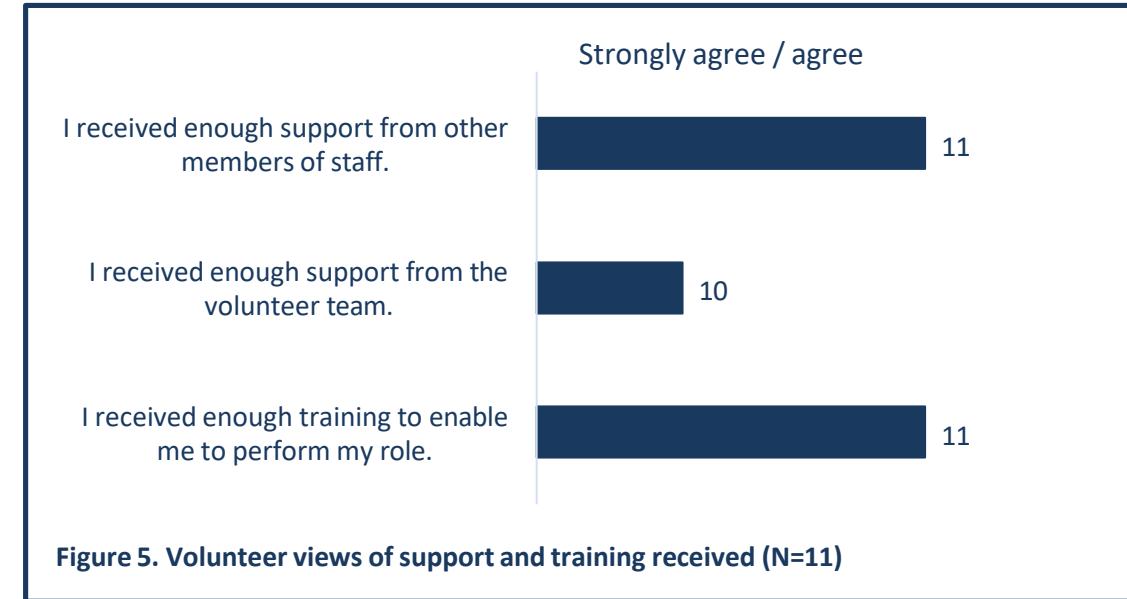
Impact: Volunteer views on gains, support and benefits



Volunteers endorsed multiple benefits of volunteering: All volunteers (N=11) feel that volunteering provides a **sense of purpose**, the majority (n=8) feel the opportunity has allowed them to **increase their skillset**⁷ and five out of eleven reported it has **increased their confidence**⁸.



Importantly, volunteers feel supported in their roles: All volunteers (N=11) endorsed they **received enough training** to support them to perform their role as well as **enough support** from other members of staff. While ten out of eleven volunteers reported they'd received enough **support from the volunteer team**⁹.



Based on volunteer survey data collected between 7 October – 14 November 2025 (11 completions). Volunteers conducted patient and non-patient journeys from RSH and PRH. All data is based on level of endorsement. Actual figures provided due to small sample (N<50).

⁷ Neither agree nor disagree' was endorsed by three volunteers

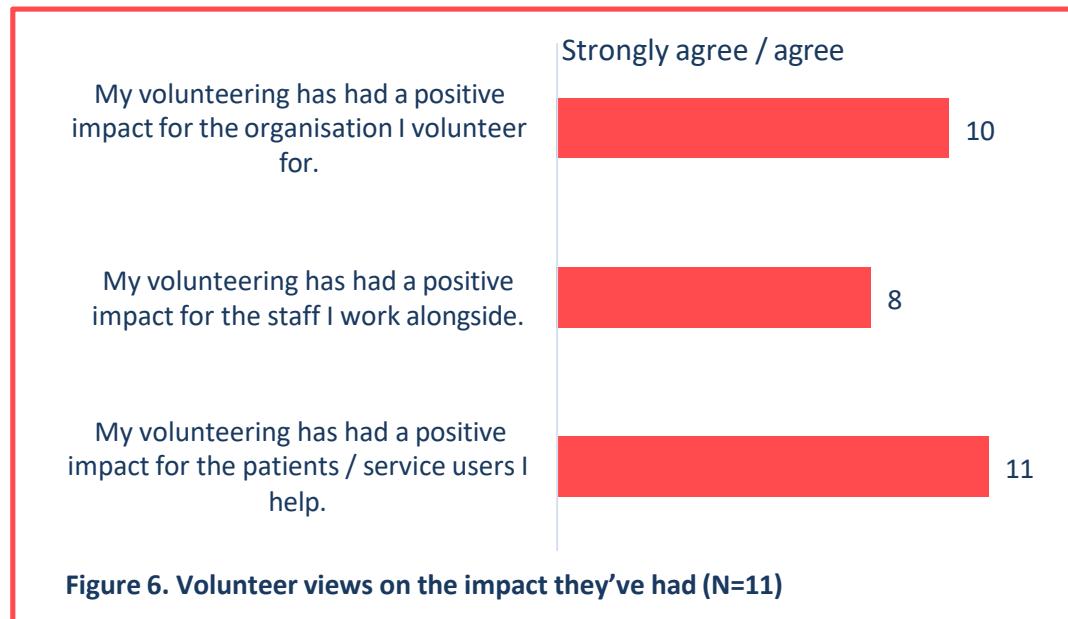
⁸ Other responses endorsed include: 'Neither agree nor disagree' by five volunteers and 'disagree' by one volunteer.

⁹ 'Strongly disagree' was endorsed by one volunteer

Impact: Volunteer views on gains, support and benefits



Volunteers recognise the impacts of their role: All volunteers (N=11) feel they've had a **positive impact for the patients** they've helped, while the majority feel their voluntary role has **positively impacted the organisation** (n=10)¹⁰ and the **staff they work alongside** (n=8)¹¹.



All volunteers reported being **very satisfied** or **satisfied** with their volunteering role¹²



All volunteers would be likely to **recommend** their role to someone looking for a volunteering opportunity¹²



Based on volunteer survey data collected between 7 October – 14 November 2025 (11 completions). Volunteers conducted patient and non-patient journeys from the RSH and PRH. All data is based on level of endorsement. Actual figures provided due to small sample (N<50).

¹⁰ 'I don't know' was endorsed by one volunteer

¹¹ 'Other responses endorsed include: I don't know' by one volunteer and 'neither agree nor disagree' by two volunteers.

¹² N=11

Impact: Volunteer of the Year 2025

The Volunteer Discharge Drivers were honoured with the prestigious **Volunteer of the Year** award at the Trust Celebration Awards 2025, recognising their exceptional dedication and service earlier this year.



Impact: Comments from volunteer discharge drivers

“ It’s an excellent service, and I’m sure it has a big impact on freeing up beds.

“ Excellent team.

“ I love working as a volunteer driver, patients are so grateful for this service. I’ve had nothing but positive feedback from patients I have transported. A very worthwhile service.

“ As a new volunteer I have already seen the impact that simply approaching a patient and informing them that I was going to personally transport them home with no delays and ensure they are safely into their property. Their sense of relief that someone is going to do this for them is almost physical and the relief palpable.

“ As a volunteer driver for a very short period, I have had very little interaction with other volunteers, but on the whole, I would say that customer reactions have always been very positive.

“ I think the staff in the volunteer office make us feel really valued.

Robert's story

Strong links with the hospital

Robert Turner has lived in Telford for most of his life. Over the years he has seen both sides of the NHS, as a patient himself and as someone deeply invested in its future.

"When the Telford new town was built, there originally weren't any plans for a hospital. So, there was an action committee and pressure group formed, which I was part of," he recalls. **"I kind of feel like I've been involved with the hospital from day one."**

That sense of connection never left Robert, and when he spotted a poster at A&E one night asking for volunteer drivers, it felt like the right next step. **"I thought—that might be something I'd be skilled at and would enjoy doing."**

Invaluable role

The role is simple on the surface—driving patients home after they've been discharged—but the **impact is anything but**. "One of the primary drivers for our scheme was to try and ensure that discharges happen quickly. Bed-blocking is a major issue," Robert explains.

What makes the role so rewarding for him is not just the practical help, but the people. **"The team of nurses in the discharge lounge are just fantastic—so welcoming. They very quickly made me feel part of the team,. And the patients—they're just very, very grateful and very happy to express their gratitude."**

Robert laughs when he adds: "I jokingly say all the nurses and healthcare assistants twist me round their little finger."

A way of contributing

What keeps him going is the same feeling he had when he first joined that action group all those years ago - **the sense that he's helping to build and protect something vital**.

"Most people love the NHS. And this is one way of giving back."

For Robert, volunteering is about being part of something bigger, **a way of contributing** to a service he has trusted his whole life. His advice to others thinking about volunteering is straightforward: "Don't be put off by the training - it can feel like a rigmarole. But persevere, because it's absolutely worth it."



Robert Turner
Volunteer Discharge Driver
The Shrewsbury and Telford Hospital NHS Trust

Impact and building on success

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

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

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 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 reducing the costs associated with this.

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.

ICB Impact Statement:

"I have been in post since April 1st 2025, and since the volunteer driver service launched Mid-May it has been very well received throughout the Trust with key relationships built in the discharge lounge and wider clinical pathway teams. The discharge lounge is utilising the service and enjoying the benefit of a having a flexible, on-site transport option which is also providing valuable support to our overwhelmed non-emergency hospital transport provider. We are excited to see the growth and expansion of the volunteer driver service, and we look forward to working with Eve and her team going forward into our busy Winter pressures and beyond."

Lisa Brewin

SCC Senior Commander/Performance Delivery

Conclusions

- A Driver Discharge Volunteer Project was conducted across Princess Royal and Royal Shrewsbury Hospitals from mid-May to October 2025. During this period, a total of **666 journeys were completed**, encompassing both patient (those who qualify for hospital transport as a '1PC') and non-patient transport. Using a hospital transport unit fee and local Shropshire Council hackney carriage fare as benchmarks, the **project is estimated to have generated savings of £86,379.98**.
- Volunteer recruitment was an ongoing process throughout the duration of the project, and by mid-November, **the total number of volunteer drivers had reached 18**. While the number of completed journeys fluctuated month to month, an overall upward trend was observed, with the **highest volume of journeys recorded in October**, particularly during the final week.
- Analysis of patient destination postcodes, using indices of multiple deprivation, revealed that **40% of journeys were to areas with higher levels of deprivation**. Patient survey responses highlighted **mobility as a key challenge for patients when leaving the hospital**.
- Patient and staff **satisfaction with the volunteer driver service was exceptionally high**, with both groups expressing strong support for the initiative. Additionally, staff members indicated they would be **likely to recommend the service to others**.
- Volunteer feedback confirmed that the majority felt the experience had **provided them with a sense of purpose and allowed for skill development**. Furthermore, volunteers reported a clear understanding of the **positive impact their contributions had on patients, hospital staff, and the broader organisation**.

Potential for the future

- **Extension of hours (staff and patients)** – With additional capacity we could look to expand the service in the evenings, when a high number of patients being discharge require transport.
- **Outpatient transport booking service for patients** – Currently the volunteer driver services, takes patients homes from their outpatient appointments. With an increase in capacity of drivers, and support from the volunteer team we could expand the service for patients to book a driver in advance.
- **Home collections (DNA service integration)** – Expanding our DNA volunteer role, if a patient is identified as having difficulties in attending their appointment due to transport issues, we could offer the volunteer driver service
- **Programme of wellbeing/support for volunteers** – Put in additional support for volunteers so that they can share experiences and maintain positive mental health
- **Integrating the service to provide drivers for community services and hospitals** – Working with the Community Trust, look at opportunities to support patients from the hospital into community.

Modelling the service for the future

- At the time of writing this report, SaTH has successfully recruited 18 volunteer drivers with 2 more in progress. Volunteer services are still receiving expressions of interest, and the aim is to continue to grow the number of volunteers as the project further develops.
- Overall, since the start of the project, there has been growth in the number of journeys completed as expected, with the highest number completed by volunteers (N=50) in the final week of October. The average journey completion rate per week stands at 4. However, individual performance varies, with the highest unique driver average reaching 9, and a peak of 18 journeys recorded in a single week. Expanding the volunteer driver base will help sustain and enhance this capacity.
- Whilst it's difficult to estimate any potential savings and the rationale for this service was not primarily for cost savings, the volunteer service transported patients rather than using EMED/taxis, has given an estimated saving of **£86,379.98 over 6 months**. If the service continue at the same level over **12 months** this would be a **saving of £172, 759.96**. SaTH hopes with the increase in capacity we will be able to continue to **expand the service** to providing transport for patient discharge, A&E and our outpatient departments.
- To continue this service over the next 12 months SaTH would require the following investment:

Funding	
Band 5 Volunteer Facilitator (mid-point with on-costs)	£40,184
Pool Car Lease and fuel costs/expenses	£15,000
TOTAL REQUIRED FUNDING FOR FULL YEAR	£55,184

All activity data based on discharge driver activity between 9 May – 31 October 2025.

Appendices

About the Helpforce Insight and Impact Service

What is it?

- The I&I Service is an online tool to help you easily and effectively evaluate your voluntary project or initiative.
- It guides you on a simple 4-step process, from designing outcomes for your beneficiaries through to what data we will need to collect - how, when, and from whom.
- Resulting in an evaluation report that our team produces for you, showing evidence of impact made against the outcomes and insights around how the project is working.



How the service is making a difference

We have worked with many NHS and VCS organisations to collect data on high-impact voluntary projects. We have produced evidenced findings against a broad range of health and care outcome measures that have helped to scale up volunteering services and unlock additional funding for our partners.

A guide to some key terms we use



Insights provide an understanding of a situation or problem. They help us to share valuable information around what is working well, and what is not working so well, so that we can advise on potential service improvements and developments.



Impact relates to evidence of lasting and sustainable changes. Impact data helps us to understand the value and difference being made as a result of the project.

Evidence is reviewed against the following criteria to determine if it is **compelling**, **promising**, or **limited**:



- Is the sample size / response rate reliable and robust?
- Is the data direct or a proxy measure?
- Is there a causal link between the evidence and the outcome?
- Is there a control group or comparative data set?
- How was the evidence gathered – directly from participants, or via a third party?
- Was the survey question well designed, or has there been signs of misunderstanding by participants?

Evaluation approach: Outcomes

The SaTH anticipated outcomes included:

 **Patient**

- Reduced anxiety about getting home from hospital
- Satisfied with their volunteer support experience

 **Staff**

- Staff believe volunteers support patients to return home safely after discharge
- Staff believe volunteers support patient flow by helping them to get home more quickly
- Staff are satisfied with the support they receive from volunteers

 **Volunteers**

- Improved confidence & sense of purpose
- Develop new skills that supports their personal & professional development
- Feel well supported in undertaking their volunteering role
- Confidence that time spent volunteering is of benefit to staff, patients, and the organisation they volunteer for
- Satisfied with and happy in their role

 **Organisation**

- Reduction in outsourced transport costs

Throughout the report, data findings are linked back to the beneficiary using icons at the top right-hand side of the screen. Evidence strength is also rated using icons. These icons are as follows:

Findings / outcomes related to...

 Patients	 Organisation
 Staff	 Volunteers

Insights vs Impact

 Insight	 Impact
---	--

Evidence strength ...

 Compelling evidence	 Promising evidence	 Limited evidence
---	--	--

Evaluation approach: Methodology

Helpforce's approach to evaluating

Using its established *Insight & Impact* evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then we collect the necessary data to prove and evidence the outcomes.

This final analysis includes the following data collection methods:

 A paper-based **patient survey** completed by 325 patients of RSH and PRH - questions concerned likely transport and possible barriers to getting home in the absence of the discharge volunteer driver service, impact of the service on patient anxiety levels relating to getting home following discharge and level of satisfaction with the discharge volunteer driver service.

 An online **volunteer survey** completed by 11 volunteers across RSH and PRH - questions concerned the impact of volunteering on volunteer's sense of purpose, confidence and the development of new skills as well as support received to understand the role, the perceived impact of them performing the role on others and their satisfaction with the volunteering role.

 An online **staff survey** completed by 8 staff across RSH and PRH - questions concerned impact of volunteer support on patient discharge, satisfaction with volunteer support and impact of experience on expectations towards volunteers.



Analysis of **data provided by The Shrewsbury and Telford Hospital NHS Trust** on discharge volunteer driver activity to understand the organisational benefits of the role.

Financial approach

Taxi tariff: The estimated avoided outsourced taxi transport costs were calculated using volunteer mileage records (the mileage was halved for the purposes of the calculations - a taxi would only charge for a one-way journey to the patient's home). Calculations were based upon Shropshire Council hackney carriage fares¹³: Tariff 1 - (From 7am to 11pm Monday - Saturday):

Flag and first mile (1,760 yards/1,609 metres) £5.50

For each 176 yards or uncompleted part thereof (equivalent to £2 per mile) £0.20

Hospital transport: Hospital transport fees were costed per unit at £180.00. The calculation included the transport of patients only.

Volunteer mileage claims: £0.45 per mile.

Acknowledgements

Our thanks go to the volunteering team at both Royal Shrewsbury Hospital and Princess Royal Hospital, in particular to Eve Simmonds-Jones, (Project Manager), and Hannah Morris, (Head of Public Participation) and Julia Clarke (Director of Public Participation). All have been instrumental in driving this project forward and providing the organisational data required for this report.

We would also thank the patients, staff and volunteers who provided feedback and the volunteers who generously give up their time to provide this valuable service.

¹³ <https://www.shropshire.gov.uk/get-involved/hackney-carriage-table-of-fares-administrative-area-of-shropshire-council/>

help*force*

Thank you

help@helpforce.community
www.helpforce.community



Helpforce, 2025.

Public Assurance Forum meetings 2026

Monday 27th April 13.00-16.00

Monday 6th July 13.00-16.00

Monday 12th October 13.00-16.00