

HTP Focus Group

Held on Thursday 4th September 2025
 10:00 – 12:00hrs via MS Teams

QUESTIONS/ANSWERS

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| | <p>SATH members of staff responding to public questions:</p> <p> Julia Clarke – (JC) Director of Public Participation Naiwad Ahmad – (NA) Clinical Director Acute Medicine Kate Ballinger – (KB) Community Engagement Facilitator Sara Biffen – (SB) HTP Delivery Director Steve Ellis – (SE) Deputy Director of Operational Service Development for Shropshire Community Health Trust Aaron Hyslop – (AH) Public Participation Team Facilitator (HTP Engagement) Clare Marsh - (CM) Matron for Surgery & Pre Assessment Hannah Morris – (HM) Head of Public Participation Dianne Lloyd - (DL) HTP Clinical Implementation Lead - Clinical Support Services Samantha Roberts – (SR) Acting Centre Manager for Theatre, Anaesthetics, Critical Care and Pre-op Rachel Webster - (RW) HTP Nursing, Midwifery and AHP Lead </p> |
| | <p><u>Q&A's FOLLOWING PRESENTATION:</u></p> |
| <p>Part 1</p> | <p><i>Q: How many bays are now complete in the ED department to look after patients when they arrive at the hospital?</i></p> <p>A: (RW) – There are eight resuscitation cubicles, but we are not using all those eight until the end of the project when we transfer the Telford resuscitation area across. We've got eight now, but we are using four and we have 21 majors' cubicles. We will largely use all of those because the additional space is part of what we're using to move areas around to vacate spaces for the next phases of refurbishment.</p> <p><i>Q: Is the modular SDEC (Same Day Emergency Care) building still going to be used long term?</i></p> <p>A: (SB) – This is good clinical space; it will be kept but moved elsewhere. We are unsure at the moment where it will be moved to.</p> |

A: (RW) – When the modular building moves, this area will then become part of a new build footprint which will be bigger than the footprint that SDEC building occupies now. The current footprint of the RSH emergency department expands quite considerable to incorporate a building that is not currently part of that emergency department. The top space is all office space now, so the whole space becomes an increased footprint space of the RSH emergency department by the end of the project which will primarily be Paediatrics.

Q: *The plans are very interesting, I have the impression that the original A&E department (including what used to be the fracture clinic), that space will not be able to expand. Is the amount of square metre available going to get any bigger than what is already available?*

A: (RW) – No, unsure on square metre size available.

ACTION: Sara Biffen to find out the current measurements by square metre for emergency department and what the new measurements will be at the end of the project.

Naming survey and Colour Palette update

Comment: Julia Clarke informed the group; there was around 1600 responses around the colour palette and the naming convention. Overwhelmingly people voted for the Shropshire hills. The group were asked what hills should be featured throughout the hospital. The hills which the group mentioned were: Pontesbury, Clee, Wrekin, Haughmond, Ercall, Hawkstone, Grinshill, Berwyn, Ragleth, Stiperstones, Long Mynd, Brown Clee, Wenlock Edge, Caer Caradoc Hill.

Comment: Eight short names of Shropshire hills need to be decided on throughout the four floors of the hospital. The simpler the better.

Comment: Julia Clarke informed the group; the colour palette was evenly split. The group independently voted, and it was undoubtedly palette three which was decided on.

Comment: Signs should not have too many words and simply terms need be used as people won't stand there and read it. Visual reassurance is always best.

Part 2

Pre Op Service Change (RSH)

Comment: At RJAH (The Robert Jones and Agnes Hunt Orthopaedic Hospital) hold interactive group sessions to explain the immediate pre-op preparation to undertake at home as well as what to expect and how to optimise recovery. This has been incredibly helpful and reassuring. If there is space for a group session of this type it might be very helpful for SaTH patients.

ACTION: Clare Marsh and Samantha Roberts to take comment back to see if this is something that can be arranged and to feedback at the next PAF meeting on 19th January.

Q: *How many patient spaces will there be at Sentinel Trade Park, Shrewsbury?*

A: (CM) – There will be approximately 10 dedicated parking spaces for patients, at the moment we are the only clinical service there, the rest will be staff staff. We have worked out how many clinics we'll have at any given time and on average it will be 10 patients. There will be 10 dedicated spaces plus one disabled and an ambulance bay. More will be allocated for patients if needed. If the car park is busy, we are looking at whether our patients could park on the Morrisons Car Park. We are currently working with Morrisons supermarket to look at providing these additional 50 spaces for staff and patients.

Comment: SaTH does not seem to be performing well when it comes to providing a stay well information to patients who are on the waiting list, the performance on this is not good. The responsibility is to do better whilst on the waiting list. RJAH are not too bad on letting patients know what exercises to do etc.

Q: (JC) – *When a patient is added to the waiting list, what information do we give them about what will happen next on what they need to do to keep themselves well whilst they wait?*

A(SR) – At the moment there is no information given, but there is an optimisation pathway for our patients, which is something that GIRFT recommended. Within the business case we have just secured funding for a digital pre-op tour, this will allow the team to do a three-monthly check-in with our patients to ensure that their status has not changed and they are not becoming more poorly. If the care coordinators are included within that business case, they are the people who will be able to link in with the patients more frequently which will be better than what we have at the moment. There is also the new digital patient portal “Dr Doctor” which is being rolled out at SaTH and this has a lot more information for patients to access digitally.

Comment: The “Attend Anywhere” is a face-to-face facility, this could be used in the smaller more rural hospitals to provide what Shrewsbury Hospital provide.

Comment: Can the hospital consider various chair heights to accommodate short and tall people, and chairs with arms to help people get in and out more easily.

ACTION: Clare Marsh to investigate providing good instructions, to help patients find where they need to go in various ways, which the CDC (Community Diagnostic Centre) provide. It is important to have a good map with simple instructions to be included with additional information, this would be very useful.

Comment: We need more information on waiting lists as there is a lack of information from Shrewsbury Hospital.

A (JC) – The Patient Advice and Liaison Service link has been included within the meeting chat; they support patients with this sort of query. They have been in place for around 15-20 years, but unfortunately not many people are aware of this service.