

AGENDA

Public Assurance Forum

Date: Monday 27th April 2026

Time: 1pm – 4pm

Location: Microsoft Teams

OPENING MATTERS AND PROCEDURAL ITEMS

Item No.	Agenda Item	Paper No / Verbal	Lead	Require Action	Time
2026/13	Welcome and apologies	Verbal	Co-Chairs	For noting	13:00
2026/14	Minutes of previous meeting	Paper 1	Co-Chairs	For noting	13:05
2026/15	Matters Arising/Actions	Paper 2	Co-Chairs	For approval	13:10
2026/16	Partner's updates	Paper 3	Forum Members	For approval	13:15
2026/17	SaTH Divisional updates on key issues	Paper 4	Divisions	For information	13:25
2026/18	Home Birth Service Provision	Verbal	Jacqueline Bolton (Head of Midwifery) Lauren Taylor (Deputy Head of Midwifery)	For information	14:00
2026/19	Gynaecology Update	Verbal	Donna Moxton (Centre Manager – Gynaecology, Paediatrics and Fertility)	For information	14:15
2026/20	Patient Engagement Portal	Presentation	Sally Orrell (Business Change Manager - Digital)	For information	14:30

2026/21	Update on HTP: i. Update on HTP ii. HTP Programme Board Engagement Report	Presentation Paper 5	HTP team Hannah Morris (Head of Public Participation)	For approval For discussion	14:40
2026/22	SATH Strategy & Partnership update	Paper 6	Nigel Lee (Director of Strategy and Partnerships)	For discussion	15:10
2026/23	Approval of draft Community Engagement and Volunteer 5-year strategies 2026-2030	Paper 7	Hannah Morris (Head of Public Participation)	For approval	15:35
2026/24	i. Draft Public Participation six monthly Board Report	Paper 8	Hannah Morris (Head of Public Participation)	For information – to address any comments /queries	15:45
2026/25	Any Other Business	Verbal	Chair		15:55
	Dates for the Forum for 2026 and close of meeting	Paper 9	Chair	To note	16:00

Public Assurance Forum

Held on Monday 13th January 2026
13:00 – 16:00hrs via MS Teams

MINUTES

Present:

Trevor Purt	Trust Vice Chair
Julia Clarke (part meeting)	Director of Public Participation
Kate Ballinger	Community Engagement Facilitator
Kara Blackwell (part meeting)	Deputy Director of Nursing
Michelle Cole (part meeting)	Divisional Director of Nursing –Surgery, Anaesthetics and Cancer
Claire Eagleton	Equality, Diversity and Inclusion Lead Nurse
Jennifer Fullard (part meeting)	Chief Communications Officer
Rebecca Houlston	Emergency Centre Manager – MEC Division
Aaron Hyslop	Public Participation Team Facilitator (HTP Engagement)
Alisha Jones	Divisional Operations Manager – Clinical & Scientific Services Division
Louise Kiely	Head of Facilities
Nigel Lee	Director of Strategy and Partnerships
Sean McCarthy	Armed Forces Outreach Support Coordinator - Deputy
Dave Morgan	Telford Patients First representative
Hannah Morris	Head of Public Participation
Lynn Pickavance	Telford Patients First representative
Jane Randall-Smith	Llais, Wales representative
Graham Shepherd	Shropshire Patient Group representative
Zain Siddiqui (part meeting)	Deputy Director of Operations - W&C Division

In attendance:

Rachel Fitzhenry	Senior Administrator (Minute taker)
Adam Ellis-Morgan (part meeting)	Assistant Director of HTP (Technical)
Lydia Hughes (part meeting)	HTP Communications and Engagement Manager
Carol McInnes	Director of Planning & Transformation
Rachel Webster (part meeting)	HTP Nursing, Midwifery and AHP Lead

Apologies:

Cllr Joy Jones

Powys County Councillor and Chair of Newtown Health Forum
(Co-Chair)

Anna Martin

Divisional Director of Operations – CSS Division

Hannah Walpole

Divisional Director of Operations – MEC Division

Item No.	Agenda Item
2026/01	Welcome and Introduction
	Trevor Purt (Trust Vice Chair) opened the meeting by welcoming the group to the MS Teams meeting.
2026/02	Minutes of previous meeting (3rd November 2025)
	The Minutes of the previous meeting on 3 rd November 2025 were approved as an accurate reading.
2026/03	Matters Arising/Actions
	Separate actions sheet attached.
2026/04	Partner Update
	Jane Randall-Smith (Llais, Wales representative) informed the group, all Wales Llais has published a report on rural remote health and patients concerns. Report link: Spotlight on rural health and social care in Wales Llais
2026/05	SaTH Divisional Updates on Key Issues
	<u>i) Clinical & Scientific Services</u> – Alisha Jones (Divisional Operations Manager) 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 involves the patient engagement representatives in some of their service changes and improvements such as: <u>Hospitals Transformation Programme – specifically for CSS:</u> Within the Hospitals Transformation Programme, plans are continuing 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 CSS are seeking involvement from their patient representatives as follows: <ul style="list-style-type: none">• Chemotherapy Day Unit and Haematology Outpatient Department at PRH Fundraising campaign launched by Lingen Davies for £5m on 5th June 2025. 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, 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 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. The Division are currently scoping the options for suitable accommodation at PRH and if this proves to be possible then they 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.

The 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, it was felt appropriate to move this into the Spring 2026.

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:

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 five 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 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 with the aim of reducing the amount of corridor care and improve the ability to make timely handover of ambulance patients that arrive.



The addition of 96 spaces across the two 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:

MEC Division are working with ICB (Integrated Care Board) and Community colleagues in preparation for the development of the ‘Waitless App’ designed to help patients make an informed decision about where to seek urgent medical attention.

Dave Morgan (Telford Patients First representative) informed the group that there had been discussions on the effectiveness of the language and health literacy for the app. It is potentially a great instrument and could be a successful way forward

Dave asked that people were involved more thoroughly on literacy as complex language can deter patients and discourage their use of technology.

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

Maternity & Neonatal:

- The Clinical Negligence Scheme for Trusts (CNST) assurance was 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 Post-acute care enablement (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 Neonatal Community Outreach Team (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 Standard Operating Procedures (SOPs) are being implemented to reduce backlogs and DNAs.

Fertility:

- Service resilience planning: Digital Patient Administration System (PAS) business case and workforce plans will improve safety, continuity and patient experience.

Patient voice: QR-code feedback, Human Fertilisation and Embryology Authority (HFEA) data and local audits continue to inform service changes.

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

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
- Excellent pathology reporting times and ongoing health inequalities and promotion activities
- The leadership team's commitment and proactive approach were evident from the meeting

. 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.

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 Community Diagnostic Centres (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.”

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.

Dave Morgan questioned the pre-op issue following a visit in December 2025 when he felt that the staff did not have his full medical records or the right information and the anaesthetist went through his details with him. Dave said that he hoped the change to the new pre-op location would improve the administrative flow

Michelle Cole informed the group that the service moving to Sentinel House, Shrewsbury where everything will be in one place so work will be far more efficient with the hope that patients won't have the same experience with

unorganised records. Paperless records are the plan as an organisation, but until we get to that point, services will still need to use paper records.

iiii) Patient Experience – Kara Blackwell (Deputy Director of Nursing) 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.

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.

Kara Blackwell left meeting after this item

2026/06

SaTH Medium Term Plan

Carol McInnes (Director of Planning & Transformation) gave a verbal on the SaTH Medium Term Plan, paper provided:

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

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

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.

Carol McInnes left meeting after this item

2026/07 Discuss Group and Group Name

Jennifer Fullard (Chief Communications Officer) gave a presentation update to discuss Group and Group name, paper provided:

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

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

- Feedback will help inform decision by Boards in early 2026
- Sustainable approach: value for money and environment
- Gradual replacement of any branding

Update on SaTH University name:

	<ul style="list-style-type: none"> • 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 <p><u>Update on SaTH University name:</u></p> <ul style="list-style-type: none"> • 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 <p>*Jennifer Fullard left the meeting after this item*</p>
2026/08	Community Engagement Strategy 2026-30
	<p>Julia Clarke (Director of Public Participation) gave a presentation update on the Community Engagement and Volunteer Strategy 2026-30, paper provided:</p> <p><u>Community Engagement Strategy:</u></p> <p>Engagement to date:</p> <ul style="list-style-type: none"> • 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 <p>The feedback from the public focuses on five themes:</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p>

	<p>Foundation Trust status - Move towards the national objective of all Trusts achieving Foundation Trust status by 2035, with the first wave in 2026</p> <p>The feedback from managers focuses on:</p> <ul style="list-style-type: none"> • Building stronger partnerships with community organisations • Improving health education in communities • Building trust with local communities <p><u>Volunteer Strategy:</u></p> <p>Engagement to date:</p> <ul style="list-style-type: none"> • 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 <p>The feedback from our volunteers (58 responses) focuses on five themes:</p> <p>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</p> <p>Experience - Develop models of volunteering that maximises the quality of the volunteering experience and lead to improved retention</p> <p>Two-way communication and feedback - Provide more opportunities for our volunteers to share their ideas and feedback to them on outcomes</p> <p>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</p> <p>Information systems - Expand our volunteer management systems to manage and share our data to better capture the impact of volunteering to increase the recognition of its value and visibility</p> <p>The feedback from managers (97% reported positive experience of working with volunteers) focuses on:</p> <ul style="list-style-type: none"> • Majority want more volunteers • Need structured support/training for staff managing volunteers • Need flexible volunteer roles to keep volunteers engaged in long-term
2026/09	Update on HTP
	<p>Adam Ellis-Morgan (Assistant Director of HTP) and Rachel Webster (Clinical Lead for Nursing in HTP) gave a presentation on the Proposed HTP About Health Public update July 2025, paper provided:</p> <p><u>Construction – topping out:</u></p> <ul style="list-style-type: none"> • In December, the project reached an important construction milestone where staff, project partners and community members gathered 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.
- HTP is 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.

Construction – sample rooms:

- At the end of 2025, sample rooms within the new building were completed. 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 clinicians to review the rooms and adjust designs as required
- A small group of focus group members will also be reviewing the sample rooms in due course

Construction next steps:

- The modular building in front of the Emergency Department will be relocated in Spring 2026. This is so HTP can continue to expand the existing ED to create a dedicated children’s emergency care footprint, ready for 2028
- HTP contractors, Integrated Health Projects, have started the groundwork to prepare for the building relocation near the new modular wards
- Whilst not related to HTP, it is also hoping to bring a modular theatre to RSH to be sited next to the new modular wards (Ward 38 and 39). Surgery, Anaesthetics & Critical Care division are in the planning phase for this, and will share more information as soon as they are able to
- It is recognised that parking continues to be a concern for patients and colleagues, particularly with the large volume of construction currently underway at RSH. Long term several solutions are being explored to improve this. This includes:
 - Opening a nearby 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 old, unusable estate near Stretton House in the coming months. This will allow the development of more spaces adjacent to the existing car park

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

Engagement Approach:

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

Public Focus Groups - Focus groups are held quarterly with all the presentations published on the Public Participation pages of the SaTH website along with all Questions and Answers and Action logs for full transparency,

website: [Hospitals Transformation Programme Focus Groups – SaTH](#). The focus groups are aligned to the clinical workstreams within the HTP programme:

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

In 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 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

Adam Ellis-Morgan and Rachel Webster left the meeting after this item

2026/10 SATH Strategy & Partnership Update

Nigel Lee (Director of Strategy and Partnerships SATH) provided a presentation of key actions for the SATH Strategy & Partnership Update, paper provided.

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: Chief Financial Officer (CFO) – Claire Skidmore; Chief Officer of Sales and Operations Planning (S&OP) – Dr Lorna Clarson; Chief Officer of Supplier Diversity & Inclusion (SD&I) – Phil Smith. Chief Nursing Officer (CNO) role is currently shared between current ICB CNOs. Dr Rachel Gallyot acts as interim Chief Marketing Officer (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.

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

Shropshire and Telford & Wrekin Integrated Place Partnership Boards (SHIPP and TWIPP):

A summary of this quarter's 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

SATH Workstreams:

Strategy and Partnerships:

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

	<ul style="list-style-type: none"> • 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. <p><u>Provider Collaboratives:</u></p> <p>Activity in collaboration is taking place in a number of areas:</p> <ul style="list-style-type: none"> • 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 <p>Nigel Lee informed the group that HTP is an important and significant transformation project and so too is neighbourhood health. The PowerPoint slide within the pack indicates the different themes of neighbourhood health. They are not all led by SaTH or the Group, they are put of the whole system SaTH continues to work in partnership with a range of other different organisations, including the work in musculoskeletal with primary care and The Robert Jones and Agnes Hunt Orthopaedic Hospital and Shropshire Community Trust.</p> <p>There is also work with the Royal Stoke University Hospital and including improving the pathology network</p>
2025/48	Supplementary Information Pack
	<p>i. Public Participation Plan: 2024/25 Action Plan Update, paper provided.</p> <p>ii. Helpforce Report, paper provided:</p> <p><u>Volunteer Discharge Driver Role Evaluation Report:</u></p> <p><u>The project:</u></p> <ul style="list-style-type: none"> • A discharge volunteer driver service transporting patients from the Royal Shrewsbury (RSH) and Princess Royal Hospitals (PRH) within The

	<p>Shrewsbury and Telford Hospital NHS Trust (SaTH) who qualify for hospital transport as a '1PC' (i.e., can 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.</p> <ul style="list-style-type: none"> • 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. <p><u>Key findings:</u></p> <ul style="list-style-type: none"> • 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.
2024/49	Any Other Business
	Nothing noted.
	Dates for the Forum 2026
	Monday 27th April 13:00-16:00 Monday 6th July 13:00-16:00 Monday 12th October 13:00-16:00

Public Assurance Forum – Actions

(No actions taken from previous meeting dated 19th January)

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 Julia Clarke and Graham Shepherd to the new permanent Fit to Sit area created as part of the HTP design]	Rebecca Houlston	19/01/2026	This has been superseded. Graham and Julia Clarke are going to visit the permanent fit to sit area that's being created as part of the HTP design later this month. They will feedback after they been on the permanent fit to sit. UPDATE: New Ambulatory Majors now open so action superseded.	CLOSED
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.	CLOSED
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	
Member Update	
<p>Name of Organisation: Healthwatch Shropshire</p> <p>Name of Member: Jane Turner-Bragg: Healthwatch Volunteer</p> <p>Date: Monday 27th April 2026</p> <p>Time: 1.00 - 4.00pm</p> <p>Location: Microsoft Teams</p>	
1.	<p>Key updates from member organisation</p> <p>Latest Report: Community Hospital Experiences in Shropshire</p> <ul style="list-style-type: none"> • Healthwatch Shropshire gathered 260+ comments during the 2025 Share for Better Care campaign but identified limited feedback on community hospitals and MIUs. • We then conducted face-to-face engagement visits (Feb–July 2025) at Oswestry MIU, Whitchurch Community Hospital & MIU, and Bridgnorth Community Hospital & MIU (we were unable to arrange visits to Bishop’s Castle and Ludlow). • Feedback was overwhelmingly positive, highlighting: <ul style="list-style-type: none"> ○ Fast service ○ Convenient local access ○ Preference over larger hospitals (shorter waits) ○ High-quality staff care ○ Strong community value <p>Further information: https://www.healthwatchshropshire.co.uk/report/2026-03-10/community-hospital-experiences-shropshire</p> <p>Have you used a Virtual Ward? Healthwatch Shropshire wants to hear from you</p> <p>Healthwatch Shropshire, in partnership with Shropshire Community Health NHS Trust, is seeking feedback from patients and carers who have used the NHS Virtual Ward service. This service provides hospital-level care at home for patients who are well enough to remain outside hospital but still require regular clinical monitoring.</p> <p>Since its introduction locally in 2022/23, nearly 10,000 people across Shropshire, Telford and Wrekin have received care through the Virtual Ward. The service involves daily support from healthcare professionals via home visits, phone contact, and digital monitoring, enabling patients to recover in familiar surroundings.</p> <p>A short online survey has been launched to:</p> <ul style="list-style-type: none"> • Gather real experiences of patients and families • Assess how well the service is working • Identify areas for improvement

- Increase public awareness of the Virtual Ward model

Feedback collected will help shape the future development of the service and ensure it meets the needs of local communities.

Further information: <https://www.healthwatchshropshire.co.uk/news/2026-02-03/have-you-used-virtual-ward-healthwatch-shropshire-wants-hear-you>

2.	Any items for discussion at the Public Assurance Forum from member organisation
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3.	Action update from previous meeting (if applicable)
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Report by:	Healthwatch Shropshire
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Date	15 th April 2026
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Public Assurance Forum

Divisional Update

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

Name of Divisional Lead: Michelle Cole

Date: 27th April 2026

Time: 13.00-16.00 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

SaTH is now in the upper quartile nationally for weekday core theatre available-session utilisation, outperforming most NHS Trusts.

Progress in 2025/26: The Trust saw the greatest national improvement in 18-week Referral to Treatment (RTT) performance. There was a reduction of over 90% in patients waiting over 52 weeks. Noted over delivery of outpatient and theatre transformation.

Elective Hub High Flow Theatre List. To increase the theatre list for cholecystectomies, hernia repair and haemorrhoids patients and reduce theatre turnaround time by 50%.

RTT Recovery — Additional Capacity. Approximately 5,400 extra outpatient slots were provided across all specialties during March to support the Trust's RTT position. This represents an increase of over 2,000 slots compared with February.

Patient Engagement Portal. DrDoctor is now being used for the validation of patients waiting 12 weeks or more, following the end of the Netcall contract. The Trust is currently achieving approximately 40% of the NHSE target of 90%, with a manual process being established as a precursor to automation.

Medical Records Consolidation. Relocation of medical records to Sentinel Park is progressing. Two rooms at Atcham BP have been cleared and shelving is scheduled for reassembly at Sentinel on 2 April. The aim is to complete the move from all areas by September 2026.

Booking and Scheduling Teams are relocating from William Farr House to Sentinel Park. This will co-locate teams with medical records, supporting greater operational efficiency and collaboration.

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

Local **prostate cancer** patients are seeing improved survival thanks to a landmark study that has reshaped treatment worldwide. Prostate Cancer Awareness Month, SaTH is highlighting its key role in the internationally recognised STAMPEDE trial, which allowed local men early access to innovative therapies such as abiraterone years before they became routinely available on the NHS. The trial's evidence directly supported NICE approval of abiraterone for newly diagnosed high-risk prostate cancer, enabling many more patients across England to benefit from this life-changing treatment.

TRIOMIC update. More than 2,600 patients have now taken part in the TRIOMIC study at the Community Diagnostic Centre in Stafford Park, Telford, and funding has been extended until October. The company added three new clinic rooms last year, allowing almost all colorectal patients on the Urgent Suspected

Cancer pathway to be seen there, whether enrolled in the study or not. Capacity has increased to 150 appointments a week, and since the trial began in October 2024, the average wait for a first outpatient appointment has dropped from 14 days to five by January 2026.

The new **Urology Investigation Unit** at RSH is due to open soon, offering improved facilities, greater capacity, and faster access to diagnosis and treatment. The unit includes three new procedure rooms for urology investigations such as prostate biopsies and bladder examinations, enabling more procedures to be carried out in a modern, high-quality clinical environment. Seven clinic rooms are also being fully refurbished to create a more comfortable and efficient space for patients and staff. Work is underway in Clinic 12, with the first patients expected in the new unit from April

Ward 5 at PRH has reopened for elective orthopaedic surgery, with overnight joint replacement procedures resuming from March 2026. Essential upgrades have been completed, including new ventilation units, lighting and windows, creating a safer environment for patients. The team also celebrated their first “day zero” patient on Ward 5.

SaTH is one of the first NHS Trusts in the UK to fully equip all the **Endoscopy** rooms with AI technology. The GI Genius system is designed to assist colonoscopy in real-time by using visual markers to alert physicians of potential colorectal lesions.

Friends and family feedback; Positive comments and compliments have been received from patients for the Shrewsbury Elective Surgery Hub, Surgical Assessment Unit, Ward 37, Ward 38

Telford Elective Surgery Hub - accreditation

The Telford Elective Surgery Hub at the Princess Royal Hospital opened in 2024 and is actively working towards accreditation from the Getting It Right First Time (GIRFT) team. It operates as a ring-fenced facility with four theatres, focusing on increasing day-case operations to reduce patient waiting times in Shropshire, Telford & Wrekin, and Mid Wales. Key Details on Accreditation and Operations

- **Accreditation Status:** The hub is in the process of seeking national accreditation from the GIRFT team to validate its high clinical and operational standards.
- **Performance & Impact:** Within its first year, the hub performed nearly 5,000 operations, contributing to a 30% reduction in patients waiting for treatment at SaTH.
- **Specialties:** The hub focuses on high-volume, low-complexity procedures, including orthopaedics, ophthalmology, gynaecology, general surgery, breast, and ear, nose and throat (ENT).
- **Facilities:** The £24 million facility includes four modern theatres and specialised recovery areas.
- **Patient Experience:** The centre is designed with ring-fenced beds to reduce cancellations due to emergency pressures and allows patients to be accompanied while waiting.

The **Orthopaedic** ward at RSH has been working alongside the Medical Engineering team to trial a new hybrid mattress. This will help reduce pressure injuries.

Refurbishment of **Ward 31 and 32** at The Royal Shrewsbury Hospital; the orthopaedic wards are currently undergoing refurbishment to improve facilities and support patient flow. This includes the creation of a new assessment area, kitchen upgrades, and additional patient amenities.

Next phase of **Robotic Surgery;** the business case for a second surgical robot at The Princess Royal Hospital has been approved. This will further support elective work. The Robot was installed in March and is housed in Theatre 12 on the elective surgery hub.

Lewis Brace has been busy raising awareness of **Bowel Cancer Screening** as part of a wider Men’s Health Initiative. He organised a dedicated Men’s Health Event in Telford, bringing together a range of organisations focused on improving wellbeing. The event offered:

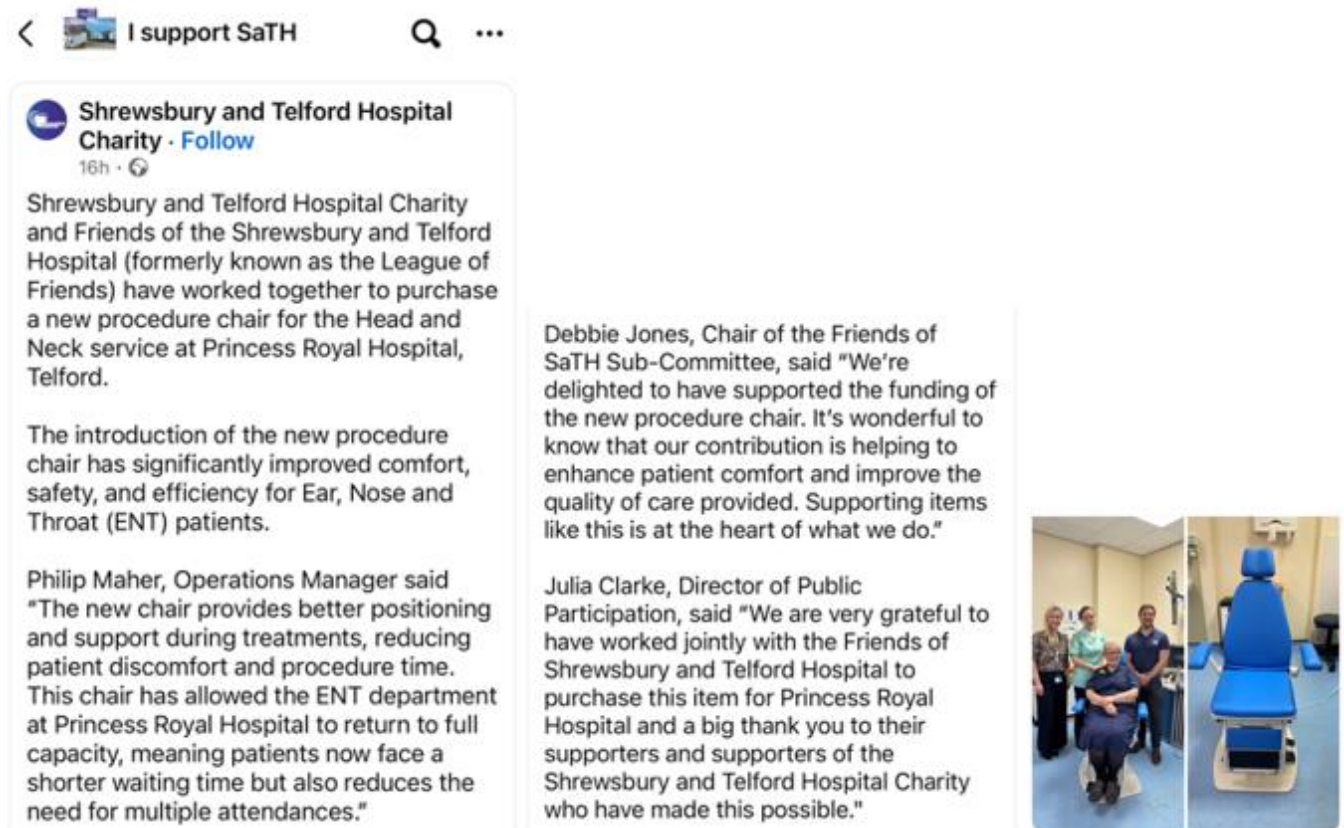
- Sport and exercise opportunities
- Screening and early detection services

- Mental health awareness and support
- Free health checks for attendees

By creating a space where men could access information, support, and practical health services all in one place, Lewis has helped break down stigma and encouraged more open conversations about health. A brilliant effort that will have a lasting impact



A new **modular theatre** is to be sited to the rear of the RSH site adjacent to the modular wards and will adjoin to the hospital footprint via an enclosed patient suitable corridor. This will allow covered access to and from the main hospital which will allow inpatients to be treated and access to pre and post procedure patient facilities. The Modular theatre will allow expansion of operating facilities at the RSH site and accommodate additional activity.



Clinic Preparation Team Relocation. The planned relocation of the Clinic Preparation Team to Sentinel Park in Shrewsbury is delayed, pending confirmation of a date for the required network and electrical works. The move was originally anticipated by end of April 2026; the team will proceed once infrastructure is in place.

Self-Check-In Kiosks. In March, outpatient areas across both sites were reviewed for suitability for self-check-in kiosks, with positive feedback received in all areas. The Digital Lead will develop a business case to support implementation across both sites.

3.	Action update from previous meeting (if applicable) None noted
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Report by:	Michelle Cole
Date	15/04/2026

Public Assurance Forum

Divisional Update

Name of Division: MEC

Name of Divisional Lead: Rebecca Houlston

Date: Monday 27th April 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

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.

- **Urgent, Emergency and Acute Care: Delivering Safe & Timely Care**

In line with the Hospital Transformation Programme (HTP) developments, the next phase opened, and is now home to Ambulatory Majors, previously known as 'Fit to Sit'. This remodelled area within ED is a dedicated space for patients who are stable, able to walk, and usually do not require a hospital bed overnight, but need urgent assessment or treatment. In addition, our Ambulance Receiving Area (ARA) relocated alongside our ED Majors cubicles and our Urgent Treatment Centre (UTC) relocated to a new unit co-located at the front of ED.

Focused developments within the UEC improvement plans has also seen improvements within the Trust across some key quality indicators:

- Average ambulance handover time for March reduced to 45 minutes.
- 12 hour performance in March was the most improved since 2023.
- Zero-day Medical SDEC Admissions continue to show sustained improvement for the 7th consecutive month being above the improvement target of 30%.

- **Reducing Unnecessary Hospital Stay**

The reconfiguration of in-patient areas in Medicine has continued with the re-modelling of some of the in-patient wards. Ward 25 at RSH has been re-established to focus care on patients that have an estimated stay in the hospital of between 4 and 7 days. The Ward has been restructured with a new inclusion criteria and workforce that ensures it can deliver care as a Medical Rapid Turnover Unit, providing an intensive focus on timely care to ensure patients length of stay is safely minimised.

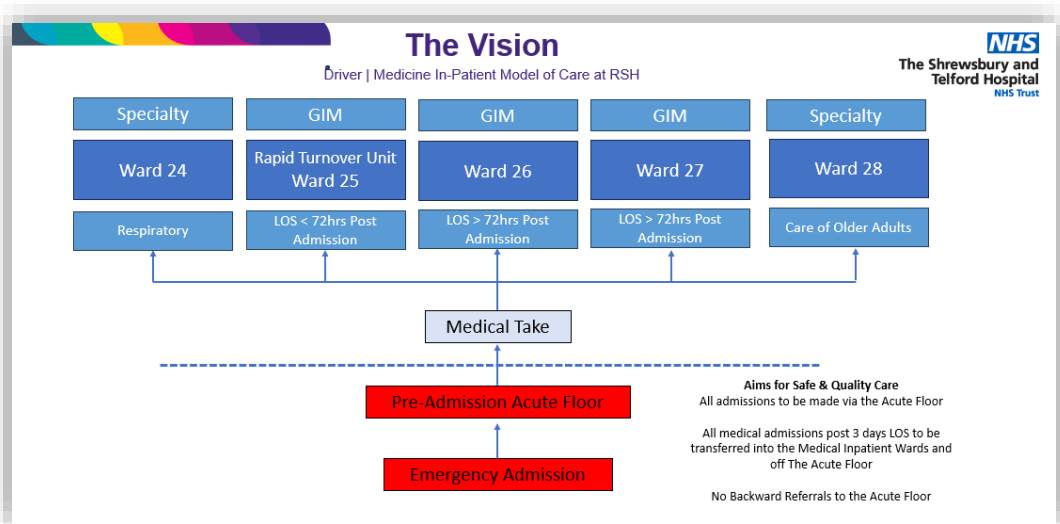


Figure 1: The vision of In-Patient Care at RSH

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

Referral to Treatment Waiting Times have continued to maintain the improvements that have been delivered over the last 6 – 12 months. Significant work is continuing with an aim to make further improvements with some of the most challenged specialties such as Cardiology, Dermatology and Respiratory looking to optimising clinic capacity for additional patients to be seen. To date, Cardiology has been able to increase their clinics by an additional 128 clinic slots yearly and Dermatology is planning over the coming months to make adjustments for an additional 1417 clinics per year; both have been made possible mainly through workforce adjustments.

- **Investment in Targeted Health Lung Checks**

Respiratory and Clinical Support Services recently received approval of an investment to start delivering lung cancer screening with the support of Oncology. The programme fully aligns with a national UK roll-out aiming to improve clinical outcomes of lung cancer patients through early identification. The service was able to quickly mobilise with recruitment to extend the workforce continuing.

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

- Patient representatives now in place on UEC patient experience group

March safe & Timely campaign delivered with some schemes continuing into April:

- ED Front Door Clinician (60% patients seen, treated & discharged within 4 hours)
- Weekend ward cover – progression of care

- New seating in place in PRH ED in response to patient feedback



- New CYPUs doors installed at PRH ED



- Group Engagement Workshops are planned from April onwards to support the transition to Shropshire, Telford and Wrekin Community and Hospitals NHS Group.
- UEC launch of Poppys Promise from May 2026 with insights being brought through PACE meetings.

3.

Action update from previous meeting (if applicable)

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

No actions to note

Report by:

Date

Public Assurance Forum

Divisional Update

Name of Division: Clinical and Scientific Services

Name of Divisional Lead: Anna Martin (DDO)

Date: Monday 27th April 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

CDC

Management transferred from Radiology to Pathology in December 2025. Now has a dedicated CM.

Introduction of three new clinical pathways, improving access:

Breathlessness

CYP Asthma

CYP Phlebotomy – in addition to phlebotomy services for children offered by The Shrewsbury and Telford Hospital NHS Trust (SaTH) and local GPs.

EBD funding approved (full report embedded):

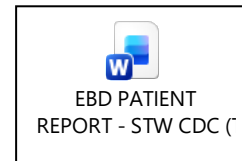
Improved signage

Door automation

Removal of obstructive wall

New location for automatic check-in kiosks

(New staff room and Multifaith room)



Regular support from Volunteers welcomed and appreciated

Onc & Haem

Work to create the Oncology Unit at RSH progressing well. Plans for 24 single (en-suite) rooms, two 4-bedded bays, and two assessment trolleys.

Lingen Davies has already raised >£562,700 for the [Sunflower Appeal](#) with no plans to slow fundraising efforts. The Lingen Davies Sunflower Appeal aims to fund the new Chemotherapy Day Unit and Haematology Outpatient Department at PRH.

[T&W Council](#) has set aside a £250,000 commitment to match the next £250,000 raised by the Sunflower Appeal during the 2026/27 financial year.

Fast-Forward Boost ([FFB](#)) clinical trial begun, supporting cancer patients with radiotherapy to treat breast cancer in fewer treatment visits.

Pathology

Work to implement the new automation equipment in CellPath continues. Stainer installed and in use; microtomes and other equipment pending.

LFTs established in both EDs for winter viruses

Taken over management of RJAH CellPath Svc. UKAS inspection in April 2026. Will align SOPs, and use rotational staffing model, to improve efficiencies.

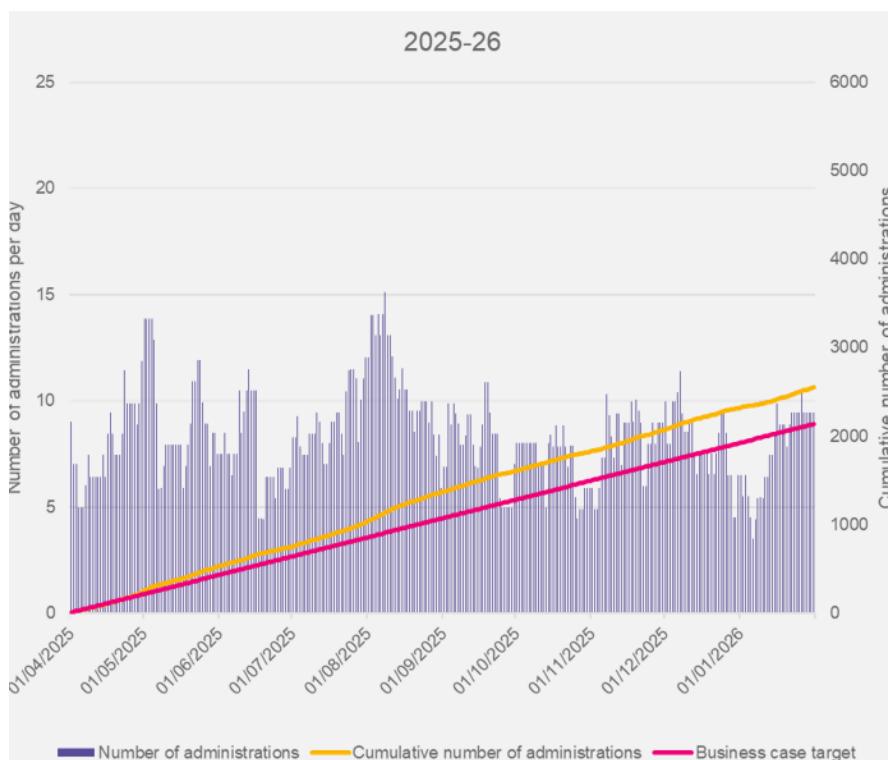
Two great patient stories:



Pharmacy

BD Pixys pharmacy automated cabinets live in the EDs

OPAT (outpatient parenteral antimicrobial therapy) saved 6601 bed days since service began, and tracking above target.



Radiology

Whitchurch X-ray opening hours increased from 4 morning per week to 9-5 Monday-Friday commenced 05.01.26 to support MIU.

DM01 Performance doing well:

DM01 6 Week Performance



DM01 >6wks

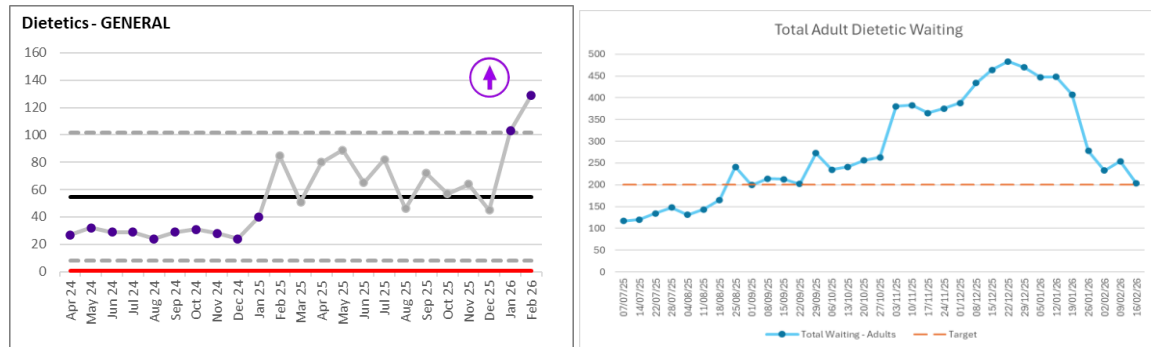


Therapies

Introduction of Dr Doctor has led to a dramatic reduction in DNA rates, with Out-Patients sitting at around 7% (peak of >15% in May 2025).

Good collaboration with ShropCom and CTH colleagues with the D2A programme.

Dietetics increased adult clinic slots, bringing waiting list back to target:



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

Therapy Centre Prehab Svc, with Lingen Davies

- SaTH wishes to establish a full Prehab Service, in partnership with Lingen Davies. This will require a brand new, specially designed building. Lingen Davies Trustees' Board have approved the project, and the building will include a gym and consulting rooms.
- In the meantime, whilst this is being finalised and constructed (timeline 2-3 years), SaTH plans to set-up an Interim Prehab Model in already existing premises and with a smaller cohort of patients using WMCA funding.

CDC2

- SaTH and ICB have applied for funding to develop, implement, and establish a second CDC in or around the conurbation of Shrewsbury
- Options will be reviewed and presented for both location and services offered
- Greater emphasis on 'one-stop-shops' to impact health inequalities and deprivation
- Will support Neighbourhood Health Implementation Programme

15 Steps Visits

- CSS Patient Experience Group reps and CSS staff
- Spring Schedule has started
- Visits in Cardiorespiratory taken place, and Oncology underway.
- Plan to visit Hamar Centre, Ward 23, and Breast Screening.

Cardiorespiratory

- 2 new pathways at the CDC: Breathlessness and CYP Asthma
- Additional funding request for further development submitted
- Collaborative approach with Shropcom and W&C colleagues, with associated Specialist Nurses and expertise

3.

Action update from previous meeting (if applicable)

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

N/A

Report by:

Adrian Vreede
CDC Centre and Projects Manager

Date

April 2026

Public Assurance Forum	
Divisional Update	
<p>Name of Division: Corporate</p> <p>Name of Divisional Lead: Kara Blackwell</p> <p>Date: Monday 27th April 2026</p> <p>Time: 1.00-4.00pm</p> <p>Location: Microsoft Teams</p>	
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"> <p>• PALS and Complaints</p> <p>The Trust continued to receive higher numbers of complaints in quarter four, however the Complaints Team are working closely with the Divisions to ensure that these are investigated and responded to as quickly as possible. The fast-track process has been expanded to include more specialties and is working well. This will be rolled out further in 2026/27.</p> <p>Staff in the PALS team have continued to support patients and relatives in resolving issues at the time, despite recent staffing challenges, with 1741 concerns and enquiries logged in quarter four.</p> <p>• Non-Medical Education</p> <p>The Head of Non-Medical Education also fulfils the role of the Trust's Designated Lead for Non-Medical Prescribing (NMP). Collaborative work has commenced with the NMP Lead at ShropComm, and on 13 April 2026 the first joint Non-Medical Prescribing Forum for Paediatric Nurses from both Trusts was successfully held. The forum was well attended by staff from SaTH and ShropComm, and a further joint meeting is planned for September 2026. There are also plans to develop closer joint working arrangements between prescribers across both organisations.</p> <p>Cohort 6 of the <i>Volunteer to Career</i> programme is progressing well at PRH, with 13 participants currently enrolled. Evening employability-focused sessions have been offered and well attended. Helpforce, the charity instrumental in developing the programme, has recently won the HSJ Award for Staffing Solution of the Year, citing SaTH as one of the Trusts that contributed to their success. Cohort 7 of the programme is scheduled to commence in September 2026 at RSH.</p> 	

In relation to the Preceptorship Quality Mark, we are awaiting further guidance from NHS England regarding its launch. The proposed April 2026 launch date has been put on hold indefinitely at this time.

Quality assurance of post-registration education continues to progress positively. All lesson plans have now been updated using the generic lesson plan template. The Lead Nurse for Post Registration Education has developed a peer assessment document and is finalising a supporting training package to enable the delivery of peer reviews. A face-to-face teaching session is planned for May 2026 in preparation for rolling out peer reviews over the summer period.

The CPD funding cycle for 2025/26 has now closed, with the full allocation utilised. We are awaiting confirmation of CPD funding for 2026/27 from NHS England, which is anticipated by early June 2026.

We are working in partnership with medical colleagues to embed the Safe Learning Charter across all clinical areas for all learners. This work will include the development of a generic induction document to ensure a consistent experience and set of information for all learners joining the Trust.

The latest results of the National Education and Training Survey (NETS) have been released. These are currently being reviewed, and actions will be identified for implementation across both medical and non-medical workforces.

- **Equality, Diversity and Inclusion**

There is a requirement for all organisations to have implemented the Reasonable Adjustment Digital Flag by September 2026. This date has recently been changed from December 2025. A briefing from NHSE to stakeholders was released in March which clearly outlines the steps required to achieve compliance. System C have been contacted to confirm their compliance with Phase 2 of the Reasonable Adjustment Flag information standard and a plan has been formulated with the actions required for Trust Compliance. There is a need for staff education regarding the concept of what a reasonable adjustment is and the legal requirement to provide them, and this is part of the Learning Disability Improvement action plan.

NHSE provided three years of funding for Shropshire, Telford and Wrekin to implement the Oliver McGowan Training which came to an end in March 2025. The way this funding was distributed across the system created organisational challenges and as a result SaTH was only able to offer training during the 2024/25 financial year. This limited the number of colleagues who could be trained and had an impact on overall compliance rates. In recognition of this the Integrated Care Board allocated the small amount of remaining NHSE funding to SaTH enabling additional training sessions to run between November 2025 and March 2026. A total of 330 Tier 1 places and 180 Tier 2 places were offered and fully utilised resulting in a modest improvement in compliance. A wider plan has been developed by the Trust for 2026/27 to deliver 3,000 training places, prioritising patient-facing colleagues, which is now being finalised through a one-year agreement with Joint Training. This programme will include 92 Tier 2 sessions and

16 Tier 1 sessions, with the aim of increasing compliance for both tiers to 60% by March 2027. A business plan outlining the long-term, sustainable approach to ongoing training delivery will be developed during 2026/27.

The Trust is playing an active role in supporting neighbourhood level health planning across Shropshire, Telford and Wrekin. This includes working with partners to strengthen local collaboration, agree shared priorities, and build a clearer understanding of where health inequalities are most significant. The Trust contributes to developing practical processes for using local insight, helping teams to consider population needs more consistently and ensuring that equity is a core part of planning discussions. Significant work has already taken place across the system and the Trust's focus is now on helping to embed these approaches, so they translate into meaningful, community centred action.

- **Facilities**

- **Deep Clean**

- Facilities are working with the Chief Nurse on carrying out deep cleans on priority areas at PRH and RSH. The work is scheduled to commence on 5 May at PRH and 18 May at RSH. At RSH some beds on Ward 25 will be used as a decant area and wards will be cleaned half a ward at a time. At PRH the cleaning will be done bay by bay due to the lack of decant beds.

- **RSH Car Parking Updates**

- There will be a Pay Machine installed in Patient Zone 1 car park to support visitors leaving ED.
 - There will be some re-configuration of Zone 1 which has both staff and patient spaces which creates confusion – this will become all patient parking.
 - The machine inside ED was going to be moved to under the canopy of SDEC but this is on hold until there is a clearer picture of where it could go.
 - The solar pay machine at William Farr House has been replaced and is just awaiting the electrical supply to be provided.
 - We have new signage ready to go up to give visitors more info on where pay machines are located.

- **PRH Car Parking Update**

- New cameras and pay machines are in place but have not been working correctly due to the inadequate data cable. BT are scheduled to fit a new data cable.
 - Once the data cable has been replaced, we will reconfigure the front car park so that it becomes visitor parking only which will increase visitor spaces. At the same time, we have had an increase in staff spaces by converting some of the green areas into parking.
 - At the same time enforcement will begin at car park level to ensure that visitor car parks are only used by visitors, staff car parks only used by staff and we stop the unsafe parking that is going on around the site at present.
 - A free Park and Ride service is available to PRH staff using and AFC Telford car park and an existing Arriva bus route.

Catering

Over the last few months the Trust has had several inspections from the Environmental Health Officer on both sites for new and refurbished food areas and feedback has been very positive. Both sites main Catering provision remain at 5 stars which is the highest score.

PRH main kitchen refurbishment to replace RAAC in the roof is well underway, the main kitchen has relocated into a new area and work is now underway for a new restaurant and servery which should be ready to open towards the end of the year.

Change of Directorate Management

With effect from 1 April 2026 Facilities report into the Director of Estates, Facilities and MES and Group Chief Estates, Facilities and Capital Officer

• Patient Experience

15 Step Challenge visits have taken place within both the Princess Royal Hospital, Royal Shrewsbury Hospital, and Sentinel Park during quarter four. Patient partners and volunteers supported visits across 11 outpatient areas and 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 visited the Trust in January 2026 to participate in 15 Steps Challenge visits taking place. Patient partners, volunteers, and staff participating had an opportunity to share feedback on the tool to identify strengths and opportunities for improvement within the documentation and overall process. The draft outpatient 15 Steps Challenge template has changed significantly in response to feedback, making the document easier to use.

A third Experience Based Design survey was carried out in September 2025 at the Community Diagnostic Centre (CDC), whilst previous studies have focused upon Phlebotomy and Radiology services, this study incorporated services that have subsequently transferred into the CDC. The aim of the workstreams being to gain feedback from people accessing services to provide an understanding of their experience and identify opportunities to improve the services. Members of the Patient Experience Team worked collaboratively with patient partners to gather feedback from 251 people accessing within the CDC. Through feedback a range of opportunities for improvement were identified, and funding secured from NHSE

- A door release button for reception staff to improve patient access from the waiting room to toilet facilities.
- Adapting the waiting room to improve visibility, and to the self-check-in machines.
- Introducing automatic doors to the stairwell and lifts to improve accessibility for patients and visitors.
- Improving chair selection within waiting rooms across upper floors.
- Creating additional seating in the Phlebotomy corridor to improve patient flow.

The Patient Experience Team facilitated a free Mini First Aid Course for parents and prospective parents at the Royal Shrewsbury Hospital site. Funded by the local Maternity and Neonatal System, the session offered parents a face to face opportunity to learn lifesaving skills in a practical environment. Attendees were also given a free first aid pack together with books to support the learning.

During Autism Acceptance Week (30th March to 6th April 2026) a range of activities were made available across the Trust to help raise awareness, and understanding amongst the workforce. Examples of training and sessions available include:

- Two sessions were delivered, with a focus on communication and language, and stress and change. The sessions were delivered by an expert by experience speaker.
- A digital story shared by a patient with lived experience was shared to provide insight into challenges that were encountered when accessing healthcare services within the Trust.
- An Autism Reality Experience using immersive simulation to provide an insight into sensory, communication, and cognitive differences a person living with autism may encounter in daily life.

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 Focus 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. Kara Blackwell
Date	15 th April 2026

Public Assurance Forum

Divisional Update

Name of Division: Women and Children's Services

Name of Divisional Lead:

Date: 27th April 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

Maternity

- **Safety and Quality:**
 - CNST Year 7 submission has been completed and is currently awaiting formal confirmation/publication (under embargo).
 - Continued strong delivery against safety metrics, with sustained compliance across key indicators.
- **Transformation and Improvement:**
 - Ockenden actions remain largely complete and embedded, with continued focus on evidencing and assurance.
 - Participation in the national Perinatal Equity and Anti-Discrimination Programme has commenced, supporting improved outcomes for diverse populations.
- **Workforce:**
 - Workforce pressures remain due to sickness and parental leave; however, safe staffing has been maintained.
 - One-to-one care in labour continues to be achieved consistently.
- **Public Health and Prevention:**
 - Smoking at delivery and CO monitoring continue to perform above national expectations.
 - Healthy Pregnancy Support Service remains a key enabler of improved outcomes.
- **Patient Experience:**
 - Maternity Open Day held in March 2026 saw increased attendance (254 visitors) with very positive feedback from families.

Gynaecology Services

- **Service Recovery and Quality:**
 - Theatre waiting list performance has stabilised, with activity transitioning from insourcing back to substantive teams to ensure sustainability.
- **Pentrox Reintroduction:**
 - Pentrox has now been safely reintroduced within outpatient hysteroscopy following completion of staff training, COSHH updates and governance assurance processes.
 - No issues have been reported post reintroduction.
- **Transformation Programme:**
 - Gynaecology Transformation Programme is being formally established, with governance oversight through a dedicated assurance structure.

- Focus areas include hysteroscopy pathways, pessary management and outpatient optimisation.
- **Governance:**
 - Governance processes have been strengthened, including improved incident oversight, audit tracking and guideline management following identified gaps in previous reviews.

Fertility Services

- **Workforce:**
 - Senior nurses' sickness has resolved. Recruitment to current vacancies in progress. Medical workforce has stabilised, supporting continued service delivery.
- **Quality and Regulation:**
 - Service continues to operate in line with regulatory requirements following previous HFEA review, with no new concerns identified.

Paediatric Services

- **Performance and Recovery:**
 - The service continues to sustain elective recovery, with no patients waiting over 52 weeks, maintaining delivery against national standards.
 - Demand remains high across paediatric services, with activity levels being managed through ongoing capacity and pathway optimisation.
- **Quality and Safety:**
 - Robust governance arrangements remain in place to review incidents, patient safety events and learning, with oversight through established divisional and Trust forums.
 - Learning from patient safety events continues to be embedded across teams, supporting continuous improvement in care delivery.
- **Governance and Risk:**
 - A small number of risks remain on the risk register, primarily relating to outpatient waiting times and service capacity, with active mitigation plans in place.
 - Oversight of incidents, actions and risks continues to be strengthened through regular review and escalation processes.
- **Transformation Programme:**
 - The Paediatric Transformation Programme has now been completed, with a closure report to be taken to the Quality and Safety Assurance Committee in April.
 - Ongoing CYP related items will be discussed at the CYP Stakeholder meeting which has now commenced.
 - Key improvements include strengthened workforce models, robust and strengthened paediatric training models, development of innovative pathways of care, the introduction of several safety measures, e.g. enhanced training, hand-over stickers, improved equipment for example paediatric vital Pac and Massimo monitors.
- **Workforce and Service Delivery:**
 - The staffing model to address increased activity and acuity in the winter and conversely the decrease in the summer which was introduced in September 2025 is being fully evaluated but has proved to be a positive initiative.
 - Workforce recruitment and retention remain a priority, with continued progress in strengthening staffing models and improving resilience across services.

- Collaborative working across teams and services is supporting safe and effective delivery of care.
- **Patient Experience:**
 - Patient and family feedback remains positive, particularly in relation to staff compassion and quality of care.
 - Work is ongoing to improve feedback mechanisms and increase response rates to better inform service improvements.
 - CYP engagement in the Hospital Transformation Programme continues, with an engagement opportunity for CYP to discuss seating and wall art being planned imminently.

Neonatal Services

- **Quality and Accreditation:**
 - Achieved Bliss Baby Charter Gold Award in February 2026 and Unicef BMI Level 3 Accreditation in March 2026 (awaiting report). This has demonstrated continued improvement in family-centred care.
- **Workforce and Training:**
 - QIS compliance trajectory remains on track, with anticipated achievement in December 2027, based upon retention of all current QIS trained staff. .
- **Digital Transformation:**
 - Neonatal digital programme (BadgerNet) remains on track, to be implemented by Q1 2027, with implementation timelines aligned to Trust digital roadmap.
- **Environment and Safety:**
 - Fire safety improvements (including installation of vertical fire equipment) have now been completed.
 - All fire risk actions remain in place, with escalation to the Trust Risk Register requested for continued oversight.
- **Patient Experience:**
 - Continued strong engagement through MNVP and family partnership models.

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>
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The Division continues to progress service transformation and strengthen community engagement across all service lines.

Maternity and Neonatal Services

- **Service Transformation and Improvement:**
 - Maternity and Neonatal services continue to deliver against national transformation programmes, with sustained progress across safety, quality and experience.
 - Ongoing embedding of learning from national reviews (including Ockenden) with a focus on assurance, sustainability and continuous improvement.
- **Quality and Patient Experience:**
 - Continued improvement in patient experience, reflected in positive feedback from families and recent engagement events, including the Maternity Open Day.
 - Ongoing focus on personalised care, safety and ensuring families are active partners in care delivery.
- **Community and Patient Involvement:**

- The Maternity and Neonatal Voices Partnership (MNVP) remains central to service development, supporting co-production and ensuring the voice of women and families informs service design.
- Targeted engagement with diverse communities is ongoing, supported by health equity work to better understand and meet the needs of local populations.
- **Reducing Health Inequalities:**
 - Participation in national programmes, including the Perinatal Equity and Anti-Discrimination Programme, is supporting improvements in equitable access and outcomes.
 - Continued focus on prevention and early intervention, including smoking cessation and wider public health initiatives.
- **Innovation and Service Development:**
 - Development of new initiatives such as Poppy's Promise pilot, aimed at enhancing personalised care and support for families.
 - Strengthening system-wide working, including partnerships with tertiary providers to improve access to specialist services.
- **Future Developments:**
 - Continued focus on workforce, safety and quality improvement alongside service transformation.
 - Ongoing engagement with women, families and system partners to shape future service models aligned to the Hospital Transformation Programme.

Paediatric Services

- **Service Transformation and Improvement:**
 - The Paediatric Transformation Programme is complete with a transition to a CYP Stakeholder Group now in progress to ensure sustained oversight and continuous improvement of care for CYP.
 - Recent improvements have focused on enhancing patient flow through assessment areas, improving discharge processes and strengthening multidisciplinary working across services.
- **Innovation and Service Development:**
 - Continued development of innovative care models, to include the use of melatonin when undertaking MRI scans to reduce the need for general anaesthesia and to improve the experience for children and young people.
 - Ongoing work to optimise outpatient pathways and improve access, aligned to demand and capacity.
- **Community and Patient Involvement:**
 - The Youth Engagement Panel (YEP) continues to play a key role in shaping services, providing direct feedback from children, young people and families.
 - Engagement has informed improvements in appointment scheduling, communication methods and overall patient experience.
- **Reducing Health Inequalities:**
 - Targeted work is underway to support national priorities (including CORE20PLUS5), with a focus on improving outcomes for children with long-term conditions such as asthma and epilepsy.
- **Future Developments:**
 - Ongoing engagement with children, young people and families to inform the design of future services, including alignment with the Hospital Transformation Programme (HTP).

- Continued focus on developing community-based and integrated models of care, working in partnership with system partners.

Gynaecology Services

- **Service Transformation and Improvement:**
 - The Gynaecology Transformation Programme is being formally established, providing a structured approach to improving pathways, patient experience and access to care.
 - Initial focus areas include outpatient pathways, hysteroscopy services and pessary management, with a focus on delivering more efficient and patient-centred care.
- **Enhancing Patient Experience:**
 - The reintroduction of Pentrox within outpatient hysteroscopy has improved patient comfort and experience, supported by robust training and governance processes.
 - Ongoing work is focused on reducing variation in care and ensuring consistent, high-quality experience across all sites.
 - A focus on menopause has seen the employment of a CNS for menopause for 1 day per week to support staff and the advertisement of a full time CNS for menopause to support patients. Clinics will take place in the neighbours to support the care closer to home model.
- **Community and Patient Involvement:**
 - The Gynaecology PACE group is being re-established to strengthen patient voice, bringing together patients, staff and partners to co-design improvements.
 - Patient feedback, including surveys and lived experience, is being actively sought to shape service redesign and prioritise improvement areas.
- **Integrated and System Working:**
 - The service continues to work with system partners to explore opportunities for delivering care closer to home where appropriate.
 - Engagement with primary care and community services is supporting improved pathway design and access.
- **Future Developments:**
 - Continued rollout of the transformation programme, with a focus on improving access, reducing delays and embedding sustainable models of care.
 - Strengthening governance and assurance processes to support safe and effective delivery alongside service change.

Digital Developments

- Continued rollout of DoctorDoctor, improving outpatient communication and reducing DNAs.
- Progression of neonatal digital system implementation as part of wider Trust digital strategy.

3.

Action update from previous meeting (if applicable)

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

Breastfeeding Room Refurbishment

- **Completed.**
Enhanced facilities continue to support improved experience for mothers and families.

Engagement of CYP and Families in HTP

- **Ongoing.**
Continued co-design engagement with children, young people and families, including those with additional needs, to inform future estate developments.

Additional April 2026 Updates

- Pentrox Reintroduction: Completed safely with no reported issues.
- Baby Tagging Business Case: Approved; awaiting capital processes to raise purchase order.
- Fire Safety Improvements: Completed within Neonatal services; ongoing risks escalated appropriately.

Report by:

Zain Siddiqui

Date

April 2026



Womens Health Gynaecology Services

Womens Health Statistics

50% of STW population
is Female

271,224
(GP Regi 2026)

12% are within
Menopause age range
(45-59)

31,949
(GP Regi 2026)

34% are of
Reproductive age
(15-44)

93,388
(GP Regi 2026)

8% are aged over 80

20,487
(GP Regi 2026)

Services Available – Acute

- Acute Gynaecology Services – Princess Royal Hospital Ward 14 and Gynaecology Assessment Treatment Unit
- Early Pregnancy Assessment Service
- Outpatient Services – Princess Royal Hospital, Royal Shrewsbury Hospital and Severn fields Practice Shrewsbury
 - General Gynaecology
 - Cancer Services
 - Urogynaecology & Pessary Services – Accredited Service
 - Menopause
 - Endometriosis
 - Colposcopy
 - Hysteroscopy
 - Paediatric and Adolescent Clinic
 - Recurrent Miscarriage
 - Fertility
 - Pelvic Health - Physio
- Surgical Treatment – Princess Royal and Royal Shrewsbury Hospital Service
 - Robotic Surgery – PRH



Service Available – Community

- Community Outpatient Services (Consultant Led)
 - Ludlow
 - Whitchurch
 - Bridgnorth
- APCS service (GPwER / Nurse led)
 - Oswestry Health Centre
- Pelvic Health / Incontinence Service (Physio led)
 - Ludlow, Bridgnorth & Whitchurch Community Hospitals
 - Market Drayton Medical Practice
 - Coral House, Shrewsbury



Future Developments

- Expansion of Gynaecology workforce
 - Consultant Body to support Subspeciality
 - Colposcopy Nursing
 - Hysteroscopy Nursing
 - Menopause Nurse
 - Surgical Nursing
- Gynaecology Improvement Programme (GTAC) - Patient representative will be within this Improvement Programme
- Integration of Services across Community and Acute
 - Looking at options of One stop clinics with Consultant, Nursing and Pelvic Health
 - Working closely together to get services into neighbourhoods and care closer to the patients
- Women's Health Hub

Gynaecology Improvement Programme

Improving lives in our community – across Shropshire Telford and Wrekin and surrounding areas by putting patients first





DrDoctor (Patient Engagement Portal) Update April 2026

Notification Statistics

2M

Notifications

537K

Primary Reminders

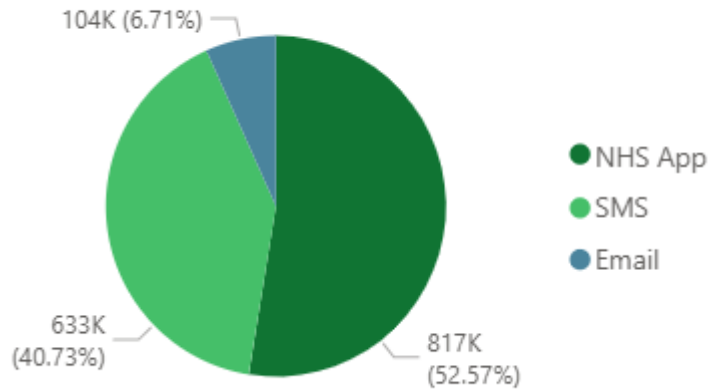
397K

Secondary Reminders

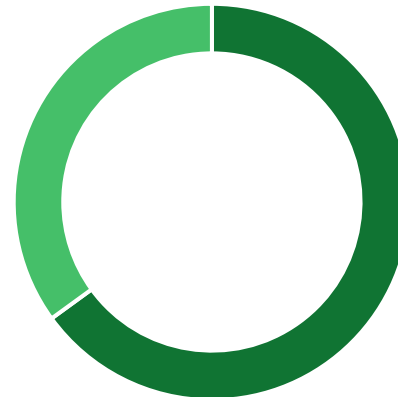
620K

Booking Confirmations

Notifications by Channel



Patient Letter Preference



■ Digital Letters (65%) ■ Printed Letters (35%)

22,000



Rescheduling Requests sent
digitally to the SaTH booking
team

Key Benefits (2025 – 2026)



Reduced missed appointments



Reduced printing – over 60% of letters being read digitally



Reduction in CO2 omissions – from printing, paper and delivery



Increase NHS App Log ins in STW – from 500,343 (March 2025) to 800, 271 (February 2026)



Next steps...

Public Assurance Forum – 28 April 2026

Agenda item	2026/21		
Report Title	Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 4 2025/26		
Executive Lead	Julia Clarke, Director of Public Participation		
Report Author	Julia Clarke, Director of Public Participation		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	Our patients and community	√	BAF9
Effective	Our people		
Caring	Our service delivery		Trust Risk Register id:
Responsive	Our governance		
Well Led	Our partners	√	
Executive summary:	<p>The Public Participation team continue to support the HTP team to ensure they meet their Statutory Duties and engage and involve our local communities and their representatives with the Programme.</p> <p>Regular reports are provided to the Public Assurance Forum relating to engagement activity and any feedback and actions needing to be taken. 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 4 • Summary of feedback received and actions to date • Engagement with seldom heard groups • SaTH Charity HTP fundraising update 		
Recommendations for PAF:	<p>The Public Assurance Forum is asked to</p> <ul style="list-style-type: none"> • NOTE the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 4 2025/26 • NOTE there is no longer a dedicated HTP-funded Engagement Facilitator • NOTE there will be a regular quarterly update on engagement with seldom heard groups • APPROVE sharing this quarterly engagement report with HTP Assurance Committee for Board assurance on engagement activity 		
Appendix 1	Future Engagement Q1 2026/7		
Appendix 2	Summary of engagement activity with seldom heard groups 2023/6		
Appendix 3	Draft HTP Fundraising leaflet		

1. HTP Community Engagement Report (Quarter 4 2025/6)

Plans to transform our hospital services in Shropshire, Telford & Wrekin and mid-Wales are now progressing well. 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.

It should be noted that HTP had funded a Band5 Engagement facilitator from 2023 but the funding for this post finished in March 2026 so there is no longer a dedicated HTP Engagement facilitator but the Community Engagement team in Public participation will continue to deliver the significant elements of the Programme, but some elements will be passed back to the HTP team.

The report also contains a section on activity with seldom heard groups since SaTH Public Participation team started delivering the HTP engagement programme in January 2023 and will include an update in the quarterly report going forward.

2. Engagement Approach and engagement activities for Quarter 4 2025/26.

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 including with seldom heard groups, which are all published on our website
- About Health Events (one hour recorded online updates with Q&As from the public)
- Public Assurance Forum (PAF)
- Attending external meetings and events to update communities and groups
- Drop-in sessions with pop-up stands in public meeting places
- 5000+ community members and 400+ organisations who receive a monthly newsletter which contains an HTP update
- Monthly Hospital Update meetings (one hour presentation for the public to join and ask questions)

Pages 2- 6 of the paper outlines community engagement activities which took place in Quarter 4 2025/26 in relation the Hospitals Transformation Programme. Appendix 1 contains scheduled activity in Q1 2026/7.

3. Summary of feedback received from the public and actions taken

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. There have been significant changes to the plans throughout the Programme following feedback from focus groups and communities.

The views and feedback from our local communities in Q4 is highlighted on Pages 6 – 9

4. Engagement with seldom heard groups since 2023

The involvement of seldom heard groups was a key consideration during the original Future Fit Consultation and an Equality Impact Assessment was undertaken in November 2018 (and submitted with the Outline Business Case). It was reviewed in 2023 as part of the Independent Reconfiguration Panel referral. **Overall the EHIA found that the proposed changes would have a positive impact for the whole population included those from the nine protected characteristics due to improved quality of care, waiting times, facilities and staffing.** The impacts on the different protected characteristic groups may be lower or higher depending on where they live and also if they belong to a protected characteristic group. It was recommended that HTP should develop mitigation plans to address any potential inequality and access issues. These included

- clear communication strategies explaining service changes using videos, leaflets, stories.
- Launching public awareness campaigns targeting groups likely to use A&E such as young men, parents, older adults and migrants
- Incorporating findings into travel and transport plans, especially for rural deprived, older and younger populations
- Enhancing out of hospital care strategies including tele-medicine to reduce hospital travel and visits
- Addressing impacts related to women and children's services, including reducing unnecessary journeys and ensuring safe care pathways
- Reviewing midwife-led services to align with equality findings, considering community hub locations
- Providing suitable accommodation for parents of inpatients to mitigate travel and cost impacts

In terms of engagement the EHIA recommended SaTH increase engagement with diverse and seldom-heard groups, maintaining long-term relationships, pages 10 -16 and Appendix 2 summarise some of the relevant engagement activity.

5. SaTH Charity 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 'clinical model' of HTP but will enhance our patients, relatives and staff's experience.

Pages 17-23 of the report outlines fundraising that has taken place in Quarter 4 for HTP by SaTH Charity and partner organisations, such as Shrewsbury Rotary club. Appendix 3 is the draft HTP Fundraising leaflet that is currently being reviewed by SaTH's Reader's Panel

6. Recommendations

The Public Assurance Forum is asked to

- **NOTE** the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 4 2025/26
- **NOTE** there is no longer a dedicated HTP Engagement Facilitator
- **NOTE** there will be a regular quarterly update on engagement with seldom heard groups
- **APPROVE** sharing this quarterly engagement report with HTP Assurance Committee to provide the Board with assurance on HTP engagement activity

Julia Clarke

Director of Public Participation

April 2026

HOSPITALS TRANSFORMATION PROGRAMME ENGAGEMENT REPORT

Q4 2025/6

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, the Public Participation team 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 4 (January - March 2026).

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. With formation of the Shropshire,

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Telford & Wrekin Community and Hospitals NHS Group well underway, colleagues from Shropshire Community Trust including Steve Ellis (Deputy Director of Operational Service Development), have been regularly attending the quarterly HTP Focus Group, and most recently delivered an update on community transformation to the focus group in December 2025.

Community engagement (and Volunteers and SaTH Charity) are all part of the Public Participation team and HTP updates (and HTP fundraising) are embedded in all engagement meetings and presentations and HTP focus groups as well as monthly updates shared with our 5000+ community members and 200+ volunteers. There are printed copies of the HTP booklet available which contains a section on fundraising. [Hospitals Transformation Programme - Information Leaflet - 2026 by The Shrewsbury and Telford Hospital NHS Trust - Issuu](#)

2. ENGAGEMENT APPROACH

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

- **Public Focus Groups** - Focus groups are held quarterly with all the presentations published on the Public Participation pages of the SaTH website along with all Questions and Answers and Action logs for full transparency, website: [Hospitals Transformation Programme Focus Groups – SaTH](#). Originally the focus groups were 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 as the building work at RSH progressed, it was agreed with attendees that the focus groups be merged into one group and should concentrate on specific areas of focus.

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

- the RSH planning application
- Two focus groups for RSH and PRH Travel and Transport
- Mental Health

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- Dementia
 - Learning Disabilities and Autism
 - Maternity and Neonatal Voices Partnership
 - Children and Young People
 - RSH New Main Entrance
 - Visual Impairments
 - Hearing Impairment (with BSL translators)
 - Veterans and Armed Forces community
 - Communication and Engagement around UEC and Emergency Care
 - Signage and Wayfinding
 - Critical Care/Oncology Terrace Garden
- **HTP About Health Events** – Held via MS Teams, these are quarterly online 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 the 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 has over 5000 community members and 400 organisational members, who each receive a regular email newsletter update (#GetInvolved) from SaTH, which includes

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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 4 2025/26

Engagement activity relating to the Hospitals Transformation Programme in Quarter 4 is outlined below. The views and feedback from our local communities are important all feedback has been passed on to the relevant service:

Table 1: HTP Engagement activity Q4

Date	Event & attendance	Outcome
08/01/2026	Wellington Library - Live Well Hub (4)	Not well attended but allowed for good networking with other exhibitors, exchanged information with Lingen Davies, Healthy Lifestyles, VISS, and Telford Council.
13/01/2026	Newport Library drop-in (7)	Relaxed setting allowed for long and in-depth conversations, including local parish councillor, TACT trustee, local veteran, local mother of 2 young children with chronic conditions (interested in focus groups, signed up), local ex-GP clinical psychologist (interested in focus groups, signed up)
19/01/2026	Public Assurance Forum (21)	Meeting went very well with 21 attendees, HTP presentation approved for use in About Health.
23/01/2026	Whitchurch Library drop-in (8)	Spoke to 8 including homeless man, young family very interested in W&C move as well as ED with some concern about length of drive from Market Drayton to Shrewsbury but understanding of overall plans. Left 15 leaflets in library and 20 in Whitchurch Hospital.
27/01/2026	About Health: HTP (17)	17 members of public attended, some questions about design slides, particularly the examination room, request for more PRH information.
27/01/2026	RSH Neighbours drop-in (11)	Busier than usual, concerns about parking and encroachment of site onto northern site borders, and the new modular buildings
28/01/2026	Oswestry Library drop-in (8)	Spoke to 8 including partially sighted visitor who came especially,. Interested in HTP presentation for sight loss group, took details. Generally plans are accepted but concern about journey to PRH. well as parking there. Left 15 HTP booklets in library and 20 in Oswestry MIU.

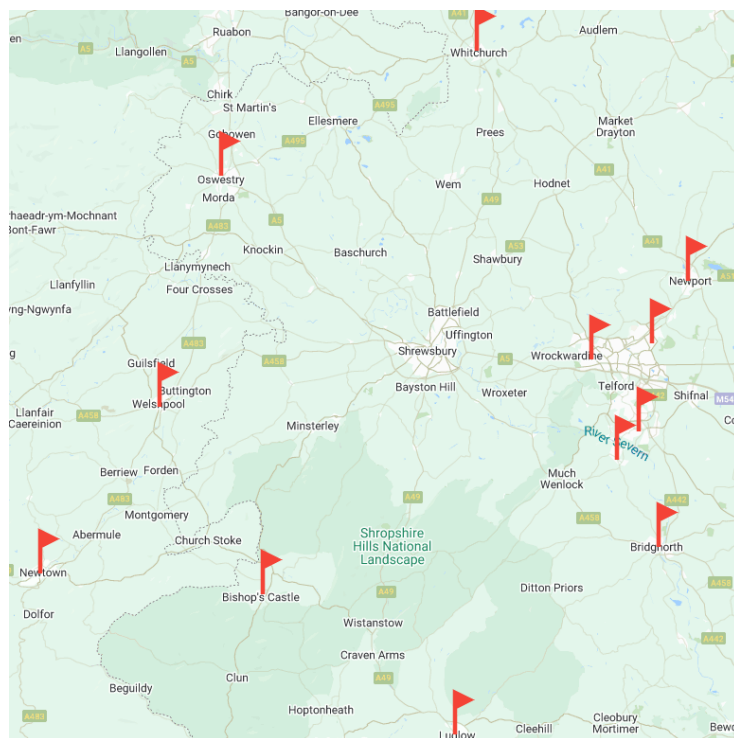
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Date	Event & attendance	Outcome
28/01/2026	Hospital Update (9)	Attended by 9 members of the public, information well received and feedback received about the usefulness of the session (led to new Community Member!)
02/02/2026	Bridgnorth Library drop-in (9)	Spoke to 9, including mothers with young children, Shropshire Council smoking cessation (with leads on engagement in Highley), VISS interpreter (will offer visit to BSL community),.
06/02/2026	Broseley Library drop-in (7)	Dreadful weather which impacted footfall. Mother with young child found W&C move concerning but was reassured by plans for UTC and Cancer Treatment, some other young parents took leaflets. Left 10 leaflets with adjacent Broseley Medical Practice.
09/02/2026	Shropshire Association of Local Councils HTP & Digital update (8)	8 attendees in total, including deputy Lord Lieutenant, non-controversial, presentations well received, SALC chair suggests arranging again for early autumn, to arrange date with him.
10/02/2026	Marden PPG update (26)	Attendance of 26 from PPG members and staff from Marden Medical Practice. Very receptive and positive questions. Sharing presentation so it can be shared with staff who were unable to attend the meeting
11/02/2026	Ludlow Library drop-in (26)	A busy library, spoke to 15. Very non-controversial and plans generally well supported, although there was some concern about accessing PRH. Some concerns around ambulances as well, but reassured to hear that new clinical model should improve ambulance handovers.
16/02/2026	Friends of SaTH Executive Committee (20)	Very positive reception from all members. Agreed way forward for fundraising.
24/02/2026	Newtown Library drop-in (13)	Joint effort with PTHB / North Powys Wellbeing Programme. Spoke to 13, busy in the morning. Bronllys hospital currently taking their emergency stroke patients, but service will be moving to Carmarthen so emergency stroke care being available at RSH will be of great benefit to people in Powys. Powys patients using public transport have issues with early appointment times, but feedback very positive.
25/02/2026	Hospital Update (9)	Good response to presentation
05/03/2026	HTP Focus Group (15)	4 in room, 11 online, fruitful discussion with resulting actions (all previous actions closed), request for digital update in future HTP focus group.
06/03/2026	Donnington Community Hub - Live Well Hub (10)	Excellent conversations with attendees. Conversated with JHOSC joint-chair who attended. Leaflets and details passed to Telford CVS carers, Family Hubs, Newport Primary Care digital outreach, T&W digital inclusion, Healthy Lifestyles, and CAB. Further info on patient portal passed on to digital inclusion manager.

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Date	Event & attendance	Outcome
12/03/2026	Madeley Library drop-in (12)	Held during Community Resource hearing aid clinic so spoke to a number of people using SaTH audiology services. Feedback was very positive, there was appreciation for clarity and resulting reassurance. Left leaflets at library, both Madeley GPs, and Sutton Hill GP.
20/03/2026	Bishop's Castle library drop-in (15)	Spoke to 15, including SaTH volunteer and a number of regular service users who were grateful for information. Lots of comments about parking or ambulance availability, also asking about diagnostics at the community hospital. News about Group model well received. Left leaflets at library, GP, and community hospital including some to top up Ludlow.
23/03/2026	Welshpool Library drop-in (14)	Spoke to 14, very quiet in the morning but very busy between 12-1. Major concerns from multiple attendees around stroke services moving from Bronllys to Carmarthen, and Air Ambulance move to north Wales. Spoke at length to Age Cymru representative. Left 20 leaflets with MIU.
25/03/2026	Hospital Update (31)	Very well attended with 31 in meeting including Shropshire and T&W councillors, overall very positive and lots of interest in the group and community work. Very positive particularly regarding news on exit from special measures.

Map 1: Highlights the areas visited in Quarter 4:



Appendix 1 contains scheduled activity in Q1 2026/7

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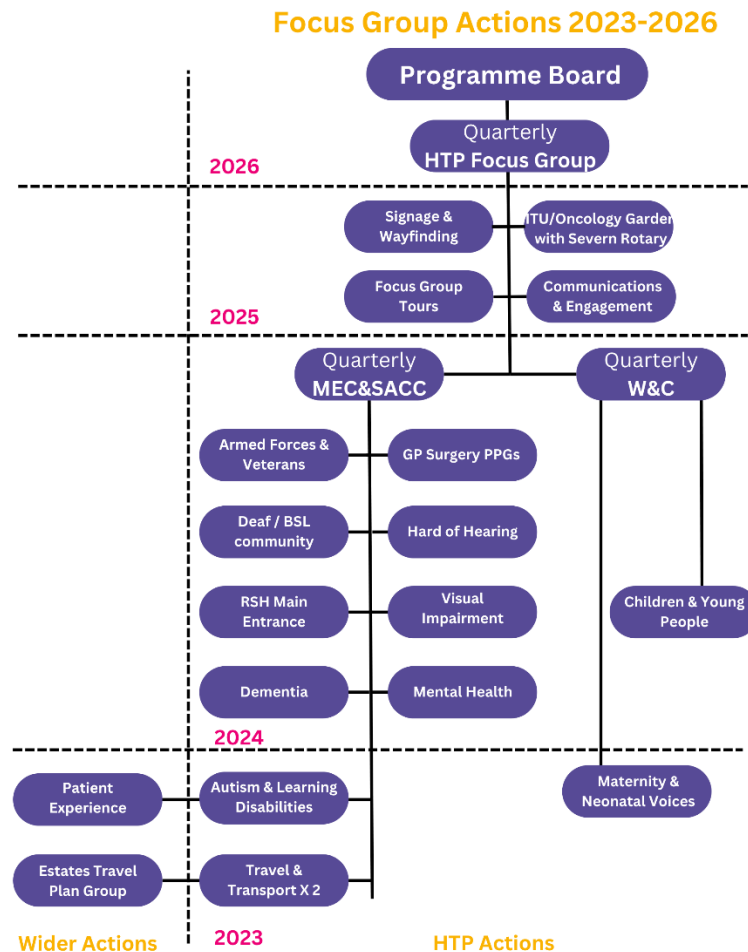
4. SUMMARY OF FEEDBACK RECEIVED AND ACTIONS TO DATE

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.

Fig 1 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:



Feedback from the various focus groups has been feedback to HTP and many changes made based on these comments/suggestions. The Programme architects have commented on the degree of involvement and feature HTP as “the patient

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centred design” in an industry magazine. All the changes were incorporated at the design stage avoiding the need for expensive retrofits. Some of the changes are detailed in Table 2

Table 2: Design feedback from focus groups

	Proposal	Status	Comment	Comment re costs
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	Calm pods being costed	Cost not included
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	Included
6	Sensory room in W&C for children with Learning Disabilities and families	Included	Room allocated	Cost of kitting out not included
7	Wayfinding to include visual cues – e.g. hills decals. Lower-level signage ED information Boards	Not yet implemented ED boards being finalised	Was very important to number of groups	Cost of additional wayfinding cues Costs not included
8	Toilet doors to be yellow for easy identification	Included	Was very important to number of groups	Included
9	Dementia friendly clocks in rooms	Included	Design Council standard	Completed and ordered throughout ED1
10	2 Mental Health rooms in ED	Included	En suite rooms provided	Included (and no longer called “crisis rooms”)

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	Proposal	Status	Comment	Comment re costs
11	Consider digital map/touch screen possibly with printout	Not included	Part of wider Trust wayfinding strategy with Estates	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
13	Lift display units for lone deaf/mute visitors – visual and audible instructions available through auto dialler	Included	Induction loop also included	Included
14	Consider using Makaton symbols for ALD	Not included		Costs required
15	Needs to be clear colour differentiation between floors and walls for dementia patients	Included		Included
16	Children and young people wanted areas for social life while in hospital and family time	Spaces/rooms included		Costs to kit out required
17	Children and young people wanted USB points/charger points			Included
18	Use rounded edges where different colour paint used as wayfinding on doorways etc to “soften” angles			Included
19	Design for outside gardens for Oncology, Children’s & critical care	Space included	Landscaping required	Funding being sourced
20	Disquiet re nomenclature around “fit to sit”	Now called “Ambulatory Majors”	Patients very pleased with change	No cost

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5. ENGAGEMENT WITH SELDOM HEARD GROUPS 2023-present

5.1 BACKGROUND

There was a request from the HTP Assurance Committee (HPAC) for an update on the work with seldom heard groups. This is a review of the work to date and there will be an update in this report each quarter going forward and it is suggested that HPAC are sent a copy for information.

The involvement of seldom heard groups was a key consideration during the original Future Fit Consultation and an Equality Impact Assessment was undertaken in November 2018 (and submitted with the Outline Business Case). It was reviewed in 2023 as part of the Independent Reconfiguration Panel referral [Independent Reconfiguration Panel Report: Shrewsbury and Telford Hospitals Transformation Programme - GOV.UK](#) and again by legal advice requested by the HTP team in 2024 and no changes were required. (The nine protected characteristics are Age, Sex, Sexual orientation, disability, race, religion, pregnancy/maternity, Gender reassignment and marriage/civil partnership. Additionally the EHIA highlighted people living in a rural area, people living in a deprived area, carers, Welsh speakers (although it recognised over 80% of the Welsh population had no knowledge of the Welsh language). The IRP recommendations included that “HTP team should regularly review the EHIA to reflect the most up to date population data and take account of any changes in demographics, levels of deprivation and healthy life expectancy, as well as access to healthcare, the patient experience and health outcomes”.

The Equality Impact Assessment drew upon a wide range of existing information, intelligence and previous engagement work and examined if particular protected characteristic groups or other vulnerable groups were likely to experience any disproportionate impact from the proposals – either negatively or positively. **Overall the EHIA found that the proposed changes would have a positive impact for the whole population included those from the nine protected characteristics due to improved quality of care, waiting times, facilities and staffing.** The impacts on the different protected characteristic groups may be lower or higher depending on where they live and also if they belong to a protected characteristic group

The assessment work paid particular attention to equality legislation and to showing how the proposed work is considering the needs and views representative of the nine protected characteristics under the Equality Act 2010 and Public Sector Equality Duty

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2011. The findings were that generally impacts depend on where individual live and their multiple protected characteristic eg moving emergency and planned care services could disproportionately impact those in deprived and rural areas and noted that mitigation plans should be developed to address any potential inequality and access issues. These included

- clear communication strategies explaining service changes using videos, leaflets, stories.
- Launching public awareness campaigns targeting groups likely to use A&E such as young men, parents, older adults and migrants
- Incorporating findings into travel and transport plans, especially for rural deprived, older and younger populations
- Enhancing out of hospital care strategies including tele-medicine to reduce hospital travel and visits
- Addressing impacts related to women and children's services, including reducing unnecessary journeys and ensuring safe care pathways
- Reviewing midwife-led services to align with equality findings, considering community hub locations
- Providing suitable accommodation for parents of inpatients to mitigate travel and cost impacts

In terms of engagement the EHIA recommended SaTH increase engagement with diverse and seldom-heard groups, maintaining long-term relationships

5.2 FOCUS GROUPS

In addition to the regular quarterly focus groups, throughout the programme speciality focus groups have been held for specific areas of engagement and involvement. These are held on ad-hoc basis as requested, either as instruction from the programme or through quarterly focus groups where a key area has been identified for further consideration. A full list of focus groups held for target engagement with seldom heard groups as well as actions relating to seldom heard groups can be seen below in Table.

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Date	Focus Group	Target	Outcome
28/09/2023	Travel & Transport	General public	Twelve actions emphasising the challenges faced by rural populations, including arrangements for community transport, patient transport, and public transport
14/11/2023	Learning Disability & Autism	Carers and relatives of people living with Learning Disabilities and Autism	Four actions including design changes and the establishment of an Autism & Learning Disabilities Patient Experience Group
22/02/2024	Mental Health	Mental Health professionals and people with Mental Health concerns	Two actions concerning design in ED
01/03/2024	Dementia	People living with Dementia, carers and professionals supporting them	Nine actions including numerous design issues that have been incorporated in plans
20/03/2024	RSH New Main Entrance	General public	Three actions including organisation of focus group to cover hearing loss
15/05/2024	Sight Loss	People with impaired vision	All questions answered satisfactorily in the meeting, nothing to take away
18/05/2024	Children	Children aged 7-11	Excellent feedback captured on the look and feel of healthcare facilities
18/05/2024	Young People	Young People aged 11-17	Excellent feedback captured on the look and feel of healthcare facilities
26/09/2024	Deaf/BSL	Deaf people, BSL speakers	Six actions including accessibility and design issues and wider Trust issues, all addressed
03/10/2024	Hard of Hearing	People with impaired hearing	Six actions including accessibility and design issues and wider Trust issues, all addressed
17/10/2024	Armed Forces	Veterans, serving members, and families	Four actions, mostly for wider trust, all completed

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5.3 ENGAGEMENT ACTIVITIES

5.3.1 As part of the engagement activity for the programme, regular updates and presentations are provided to community groups across the region.

5.3.2 Face to face discussion and distribution of printed informational leaflets through open invite drop-in sessions have been held throughout the region since 2023. General engagement sessions have mostly focused on markets, libraries, and community centres. Locations are selected to ensure geographical coverage but frequently allow for strong engagement with particular groups, for instance visits to community centres in deprived areas such as Brookside and Sutton Hill in Telford saw engagement with people dealing with heightened levels of health inequalities, while visits to libraries have seen higher levels of engagement with families with young children and people experiencing homelessness. Targeted drop-in sessions have also been held in spaces that are specific to seldom heard groups.

A list of all held and scheduled updates for community groups grouped by characteristic can be found in appendix 1.

5.4 ASSESSMENT OF REACH

The engagement programme demonstrates a clear and sustained commitment to the Core20PLUS5 population, particularly in relation to disability, mental health, rural communities and Armed Forces communities. This is a significant strength and reflects a thoughtful approach to condition-specific engagement. Some of the issues identified are not specifically related to HTP and will need to be included in a wider engagement approach

5.5.1 People with disabilities, neurodiversity and sensory Impairments

Engagement with disability-related groups represents a significant strength of the programme. Multiple focus groups were delivered across a range of conditions and impairments, including learning disabilities, autism, dementia, mental health, visual impairment, deaf and BSL users, and Hard of Hearing communities.

The distinction between Deaf/BSL users and Hard of Hearing communities demonstrates awareness of differing communication needs. Repeat engagement with mental health and visually impaired forums indicated we have built a relationship that has been developed over time rather than relying solely on one-off events.

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Further work could be done to ensure individuals experiencing multiple and overlapping disadvantage, such as disabled residents living in rural Powys or those affected by poverty. There is an opportunity to formalise feedback loops to demonstrate impact with these groups. Overall, disability-focused engagement is well established and provides a strong foundation for inclusive practice.

5.5.2 Older people

Given the ageing demographic profile of Shropshire and Powys, engagement with older people is of strategic importance, as they are often a higher proportion of users of healthcare services. Activity to date has included a dementia focus group and engagement with a Probus Club, which typically has an older membership base.

This reflects some targeted outreach with older populations. It is important to note that within the other broader engagement events, there has been strong engagement with this group. There is an opportunity to improve engagement with isolated older residents in rural communities, care home residents, or older people who are digitally excluded. Positive relationships have been built with the Communications and Engagement team to help bring this to life in 2026 and beyond.

5.5.3 Children and young people

Engagement with children and young people has included a dedicated focus group, engagement with Telford College Student Council and dialogue with parent networks. This demonstrates our commitment to hearing directly from younger populations. Participation has been primarily concentrated within organised educational settings and established networks. Future activity will seek to broaden participation, aligning with both Shropshire and Telford Council, to ensure that young people across different geographies and backgrounds are engaged and informed.

5.5.4 Armed Forces community

Engagement with the Armed Forces community has been a clear strength for the programme. This recognises the wider Trust commitment to Veteran and families. A dedicated focus group was held, alongside presentations to RAF networks and Armed Forces outreach sessions. This sustained engagement reflects the significance of the

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military presence within the region. We have also established links with the local Armed Forces Forum which provides an opportunity for wider engagement.

5.5.5 Ethnic minority and migrant communities

There has been significant involvement and permanent links made with some ethnic minority groups through wider engagement activities which has included HTP.

There are also quarterly multi-agency visits to sites to the Gypsy Traveller (GT) site in Donnington, Telford and very strong links with Shropshire and Telford & Wrekin groups. We are currently working with GT Wales and have agreed to meet quarterly in connection with the two small GT sites in Powys (one site with 5 pitches and one with 12)

5.5.6 Rural and geographically isolated communities

Rurality is one of the defining characteristics of Shropshire and Powys. There has been limited engagement activity specifically designed to reach rural and geographically isolated populations. However, as part of the wider programme engagement drop-ins have been held in rural areas of the region, including mid-Wales. Further work will continue to host rural outreach events, village-based engagement sessions or Powys-specific activities.

5.5.7 People experiencing socioeconomic deprivation

Telford and Wrekin contain significant pockets of deprivation, yet limited targeted engagement has taken place with low-income communities, housing association tenants, or community support hubs such as food banks. Work has begun to attend Live Well Hubs – a Telford Council initiative – to engage with those experiencing deprivation.

5.5.8 Unpaid carers

There are now some good connections with unpaid carers through engagement with Shared Lives Carers and Parents Opening Doors. However, broader unpaid carers, particularly older carers and those providing high levels of care, requires wider engagement.

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5.6 SUMMARY

This review highlights a strong and sustained programme of community engagement since January 2023, particularly with people living with disabilities, sensory impairments, mental health needs, and the Armed Forces community, supported by a wide range of focus groups, presentations, and local drop-in activity. The engagement completed has also ensured that feedback is action and shared appropriately, regardless of how it is gathered. A key theme that has emerged is a general lack of understanding of how NHS healthcare is provided in Shropshire, Telford and Wrekin. This lack of understanding can lead to confusion, inappropriate service use, and reduced trust in system changes. A more joined-up, inclusive approach to engagement helps ensure consistent messaging, builds health literacy, and reaches people through channels they trust. This however is a wider issue than HTP. The formation of the Group Model from April 2026 should improve this and conversations will be taking place with colleagues from Shropshire Community Trust and more effective ways of reaching out to communities.

5.7 ENGAGEMENT WITH SELDOM HEARD GROUPS - NEXT STEPS

At the HTP focus group in March there was a discussion around health inequalities and seldom heard groups and the following actions agreed;

- Continue to work with patient experience to develop plain language, easy read programme information
- Work strategically with other partner organisations to engage and inform effectively both on HTP and more widely and ensure HTP Engagement and Communications aligns to the overarching strategies for both workstreams. This includes the Group Model, Neighbourhood Health, and NHS 10-year Plan
- Include section on engagement with seldom heard groups in future reporting and share engagement report with HPAC to provide further assurance to the Board

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6. SaTH CHARITY HTP FUNDRAISING UPDATE

Shrewsbury and Telford Hospital Charity are supporting 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 included in fundraising plans. These have been discussed with each of the Divisions

Meetings have taken place with Cancer Services, Critical Care and Respiratory teams to discuss reserving existing funds and future fundraising for HTP schemes. A separate SaTH Charity HTP Fund has been set up to track HTP restricted donations received and is being separated out into their individual campaigns (see below).

The Sunflower appeal was launched by Lingen Davies Cancer Support in June 2025 for £5million for a Cancer Centre at PRH

Following discussions with The Friends of SaTH there has been an agreement to launch an Appeal in October 2026 for £900k for the Respiratory Centre but this is **not** yet in the public domain and is not being published in any way

There are two smaller campaigns that SaTH Charity is coordinating for Children's services (Balcony Garden and Sensory room) and for the Critical Care and Oncology Garden on the 4th floor which is being supported by Shrewsbury Severn Rotary. These are relatively low key so as not to be in direct competition with the Lingen Davies Appeal.

Table 4: SaTH Charity mini-campaigns

Campaign	Amount Raised So Far (this does not include gift aid)
HTP "General" Campaign	£1,879 (plus money from card payments which have not been added to the total in our Beacon CRM yet)
HTP Children's Campaign	£18,265.66
HTP Critical Care and Oncology Sky Garden	£7,813

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6.1 SHREWSBURY AND TELFORD HOSPITAL CHARITY

Shrewsbury and Telford Hospital Charity has planned 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.

6.1.1 Children's Services Campaign. We have launched a campaign to help create lasting improvements for the children cared for at our Trust. Funds raised through this new campaign will support exciting projects including the creation of a Sensory Room and a Sky Garden for the new Children's Ward at the Royal Shrewsbury Hospital, set to open in 2028. These developments are designed to enhance the hospital experience for young patients and their families and the funds raised are reserved for HTP developments. Our Children's Services Campaign has been very successful, raising over £18,000 (before gift aid) so far.

There are a few people who have supported the campaign in Q4:

- Jared Maple, one of our Interns from Telford College, raised £108.15 from a tombola he held onsite at Princess Royal Hospital



- Bryce Cordon is trekking across Snowdon to raise money for the campaign. Bryce has so far raised £610 towards the children's services campaign.
- The administration team in Women and Children's are also planning a Snowdon Trek on 13th June.

6.1.2 Transforming PRH Hub – the Charity Hub has been operational now for 6 months and is proving to be an excellent 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 in the Charity Hub has raised over £4,000 for the HTP Fund, with Severn Bear being a big favourite

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6.1.3 Contactless Giving (Tap & Donate)

During December 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).

Contactless donation machines are being purchased for installation in the Women and Children's Centre for the purpose of raising money for the HTP Children's Services Campaign.

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Three contactless donation machines are also being ordered for Chemotherapy, Radiotherapy, Oncology Outpatients and they will also have the option to donate towards the new Cancer Care Centre at PRH.

6.1.4 Share Gratitude System

We have just installed the Charity module for the ShareGratitude System which is a feedback system where the public can thank individual members of staff through (moderated) emails and also donate to the hospital Charity. With the integration of this module we hope to increase the visibility of the Shrewsbury and Telford Hospital Charity to patients. The module links to a Just Giving page to track donations and we have already received a £50 donation: [HUMAN by ShareGratitude is fundraising for The Shrewsbury and Telford Hospital NHS Trust Charity](#)

6.1.5 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. They are also recruiting three more staff (25 in total) to support their fundraising. A meeting was held on 22 January with the Lingen Davies Chair to discuss key principles in relation to fundraising in the Centre itself. The Appeal has already raised £1million.

6.1.6 Respiratory Centre - Friends of the Shrewsbury and Telford Hospital (formerly the League of Friends) have agreed to fundraise for the £900,000 new Respiratory Centre at PRH. Friends of the Shrewsbury and Telford Hospital will be launching their campaign in October 2026 as part of their 60th Birthday Celebrations and are already in discussion with the respiratory team regarding the scope for the equipment. Shrewsbury and Telford Hospital Charity work closely alongside the Friends and quarterly meetings take place with their recently appointed fundraiser.

6.2 CRITICAL CARE AND ONCOLOGY GARDEN

SaTH Charity is working with the Shrewsbury Severn Rotary Club to support the fundraising of the new Critical Care and Oncology Garden on the 4th floor of the new Centre. The Shrewsbury Severn Rotary's new president, Johnathan Callwood has pledged to support the creation of the Critical Care and Oncology Garden project in memory of his father Godfrey who had spent time in Critical Care. He is working with

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Rotary Clubs across Shropshire to plan fundraising events to raise the funds for the garden. To date Ellesmere Rotary Club have also committed to support fundraising for the Garden.

Shrewsbury Severn Rotary fundraising ideas for 2026/7 include:

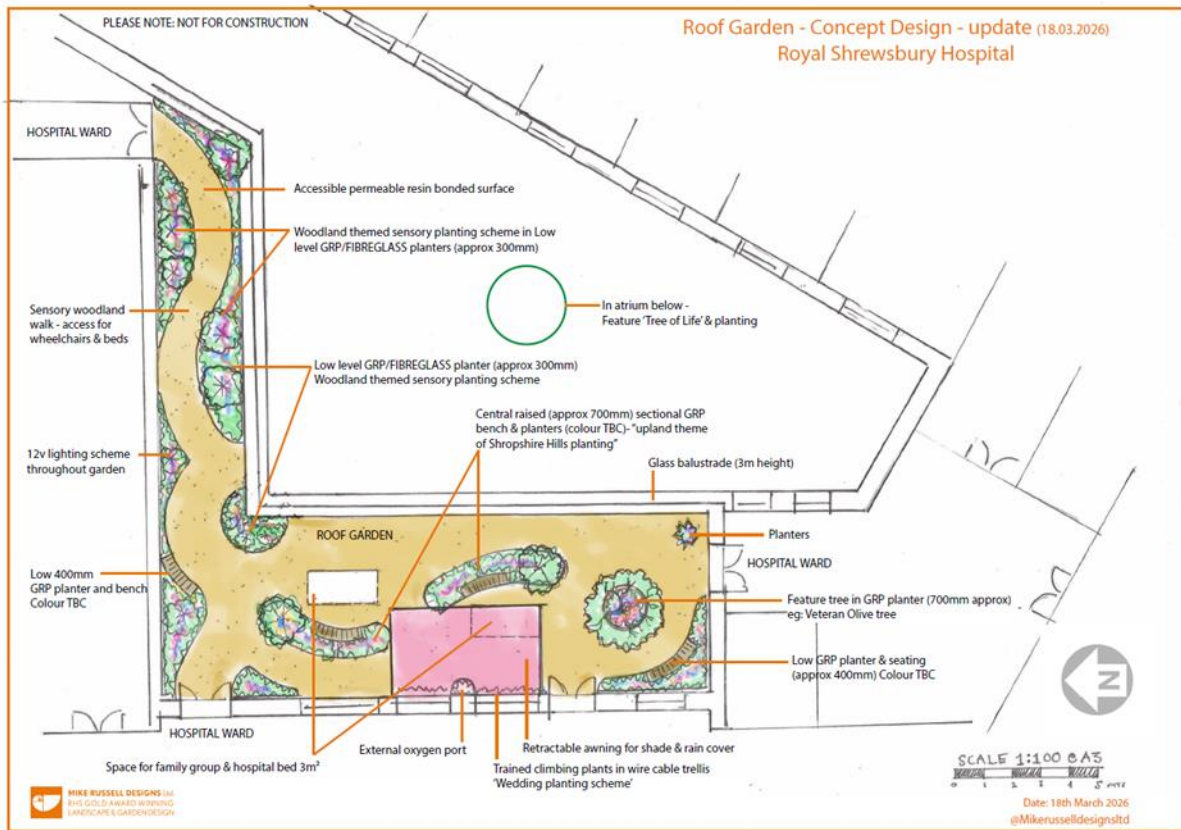
- A social wine tasting event to be held at Tanners in May.
- A trip to Pitchford Hall, including a tour of the house.
- A golf day at Oswestry GC in September.
- A murder mystery fundraising event at Berwick House in October.
- A ghost walk social event in November.
- A day at the races in July.
- A Bridgerton Ball in October 2027

Julia Clarke is part of the Rotary Projects Team and Nic Brockey has joined their Social Media team. There has also been fundraising and donations received by SaTH charity of around £10,000 which are reserved for this scheme

Johnathan 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 second draft of the design for the roof garden has been received based on feedback from the Critical Care Team. These will be finalised with Health & Safety and Fire Safety and a further meeting with the clinical teams is planned for the end of April to finalise designs.

Fig 2: Draft of Critical Care and Oncology garden design

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Customers at The Red Lion, Caersws raised an incredible £7,125 in support of the HTP Critical Care and Oncology Garden. The fundraising total was achieved through a series of fun and creative community activities, including food stalls, “money in a jar,” “spud in a bucket,” freshly prepared baps, and other lively events hosted at the pub. The generosity and enthusiasm of customers and supporters turned small change and community spirit into a significant donation for local hospital services.



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6.3 HTP FUNDRAISING – NEXT STEPS

We are progressing with plans to increase our presence in our hospitals and make donating easier for people.

A further 4 contactless donation machines are being purchased for installation in the Chemotherapy, Radiotherapy, Oncology Outpatients and the Women and Children's Centre

We are in the process of creating a fundraising leaflet (Appendix 2) and website page for HTP with ways to get involved.

We are planning / sponsoring a number of events throughout 2026 for the HTP Campaign, this includes:

- 26th September 2026 'Off the Block' Charity Abseil
- We have secured a place in the 2027 TCS London Marathon
- Brass Band Charity Concert in Autumn 2026 – Date TBC

7. RECOMMENDATIONS

The Public Assurance Forum is asked to:

- **NOTE** the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 4 2025/26
- **NOTE** there is no longer a dedicated HTP-funded Engagement Facilitator
- **NOTE** there will be a regular quarterly update on engagement with seldom heard groups
- **APPROVE** sharing this quarterly engagement report with HTP Assurance Committee to provide the Board with assurance on HTP engagement activity

Julia Clarke

Director of Public Participation

April 2026

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Appendix 1

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

Date	Event	Venue	Time
01/04/2026	Volunteer Coffee and Catch up	K2 WFH	18.00- 19.30
07/04/2026	Volunteer Coffee and Catch up	Room B PRH Education Centre	18.00-19.30
14/04/2026	Shrewsbury Severn Rotary meeting	Beaconsfield Club, Shrewsbury, SY1 1PD	18:30-21:00
14/04/2026	V2C Cohort 1 - Personal Statement Workshop	PRH	18:00-19:00
22/04/2026	Malinslee - Healthy Minds Healthy Bodies	St Leonard's Church, Alma Avenue, Malinslee, Telford, TF4 2DS	10:45-11:45
23/04/2026	Wellington Library Live Well Hub	Wellington Library, TF1 1LX	10:00-12:00
27/04/2025	PAF	Teams	13:00-16:00
28/04/2026	About Health - HTP Update	Teams	18:30-19:30
29/04/2026	Hospital Update	Teams	11:00 - 12:00
05/05/2026	Volunteer Catch Up	Room B PRH Education Centre	10.00 - 11.30
05/05/2026	Volunteer Coffee and Catch up	Room B,PRH Education Centre	10.00 - 11.30

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Date	Event	Venue	Time
06/05/2026	Market Drayton Visual Impairment Club	Market Drayton Methodist Church Hall, Shrewsbury Road, Market Drayton, Shropshire, TF9 3DL	14:00-16:00 (exact time for presentation tbc)
08/05/2026	Volunteer Catch Up	K2 WFH	10.00 -11.30
08/05/2026	Volunteer Coffee and Catch up	K2 WFH	10.00 - 11.30
12/05/2026	Shrewsbury Community Connectors	Shrewsbury Business Park	10:00 – 12:00
12/05/2026	Shrewsbury Severn Rotary meeting	Beaconsfield Club, Shrewsbury, SY1 1PD	18:30-21:00
12/05/2026	V2C Cohort 1 - Values Based Conversations	PRH	18:00-19:00
13/05/2026	Sutton Hill Live Well Hub	Hub on the Hill, Sutton Hill	10:00-12:00
18/05/2026	Newtown event with NPWP/PTHB	TBD	12:00-14:00
19/05/2026	Donnington Live Well Hub	Donnington Community Hub, St Matthews Rd, Donnington, Telford TF2 7PR	15:30-17:45
27/05/2025	Hospital Update	Teams	11:00 - 12:03
02/06/2026	HTP Focus Group	Hybrid - WFH & Teams	10:00-12:00
03/06/2026	Volunteer Afternoon Tea	The Wroxeter Hotel	13:00-15:00
09/06/2026	Hadley Live Well Hub	Hadley Community Centre, Telford	13:00-15:00
09/06/2026	Shrewsbury Severn Rotary meeting	Beaconsfield Club, Shrewsbury, SY1 1PD	18:30-21:00
Date	Event	Venue	Time

[Type here]

09/06/2026	V2C Cohort 1 - Celebration Event	PRH	18:00-19:00
16/06/2026	Living Well with Dementia, Sight and Hearing Loss	Theatre Severn, Frankwell, Shrewsbury	10:00 - 15:00
18/06/2026	Leegomery Live Well Hub	Leegomery Community Centre, Telford	10:00-12:00
19/06/2026	Shrewsbury Library drop-in	Shrewsbury Library	10:00-12:00
24/06/2026	Hospital Update	Teams	11:00 - 12:04

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Appendix 2:

Table 1: Engagement activity 2023-March 2026 and scheduled engagement (indicated in blue) grouped by seldom heard group

Group	SaTH HTP Engagement Activities
Eastern European Communities in Shropshire/T&W/Powys	Have contacted Oswestry Council about hosting a stall at the Bulgarian Community Day in Cae Glas Park, Oswestry, 14 June. Contacted Shropshire European Organisation about possibility of drop-in at one of their events, and for contact details for similar orgs in T&W and Powys
Taarc / Afro-Caribbean communities in Telford	Shared info with Taarc at Cultural Diversity Day, AFC Telford Utd, 21/09/23. Presented at One Voice Telford (org representing diverse communities in T&W and Shropshire) 50 attendees mostly of Afro-Caribbean or South Asian heritage, 26/04/24
Telford Interfaith Group	Presenting at Telford Interfaith Council on 29th April 2026 and inviting further engagement opportunities
Islamic contact (Telford Central Mosque)	Attended Eid Mela celebration for Regent St. Mosque in Wellington for HTP drop-in, 19/08/23 Contacted Telford Central Mosque to consider further targeted drop-ins
Sikh Contact (Telford Gurdwara)	Gurdwara has been supplied with informational leaflets and attended opening Contacted about targeted drop-in
Parents and Families Telford	Have made links with T&W Family Hubs through attendance at T&W Council's Live Well Hubs, including offer to present or attend specific drop-ins, will continue to network through Live Well Hubs and determine best means of informing their service users. Presented at PODS (Parents Opening Doors for parents of children with learning difficulties) on 20/11/23. Representatives also attended focus group and provided substantial input into plans and design of building
Older people (Age UK)	Held Dementia focus group 01/03/24. Age UK hosted HTP prominent window display in their offices in Central Shrewsbury for a month in Spring 2024. Hosted drop-in in Age UK office on 15/05/24. Hosted drop-in for Senior Social session at The Wakes, Oakengates, 09/10/25. Presented for Probus Club (retired business people) 08/01/25, Wellington U3A 08/05/25, Bridgnorth Befriending Club (run by Age UK) 01/10/25. Numerous contacts through market/library/community centre drop-ins across the board

Group	SaTH HTP Engagement Activities
Rural and farming communities (Farming Community Network, Shropshire Rural Support)	<p>Numerous drop-ins targeted for rural communities including Edstaston Village Hall, Montgomery Market, Lydham Friday Market, etc, presentations for rural Parish Councils including Ercall Magna, Waters Upton, Whittington, Wem Rural, and regular updates for Shropshire Association of Local Councils (supporting town and parish councils) since January 2024.</p> <p>Hosted drop-in at Welshpool Livestock Market 09/12/24 with further attendance planned for 28/09/26.</p> <p>Contacted Farming Community Network and Shropshire Rural Support.</p>
Young People 18 and under (sixth forms/colleges, youth clubs)	<p>Hosted children's focus group (ages 7-11) and young people's focus group (ages 11-17) 18/05/24,</p> <p>Presented at 6 SaTH Young People's Academies (ages 14-17, 2023-4),</p> <p>Presented for Telford College Student Council 02/05/24</p>
People with mental health issues (Mind/MHS)	<p>Held Mental Health focus group 22/02/24,</p> <p>Attended Telford Mental Health Forum 14/11/23, 16/01/24</p>
Deprivation	<p>Presented at Brookside residents meeting (18/04/24),</p> <p>Held targeted drop-ins in Sutton Hill (27/02/24), Brookside community centres, Regent St Park Wellington (Eid Mela, 19/08/23), Madeley Library (12/03/26).</p> <p>Attended T&W Council Live Well Hub in Donnington Community Hub (06/03/26)</p> <p>Scheduled for Malinslee Healthy Minds, Healthy Bodies drop-in (22/04/26), Sutton Hill Live Well Hub (13/05/26), Donnington Community Hub (19/05/26), Hadley Live Well Hub (09/06/26), Leegomery Live Well Hub (18/06/26), Woodside Live Well Hub (09/12/26).</p>
Local Councils, regarding engagement opportunities for most deprived LSOAs	<p>In contact with local councils through monthly Public Participation #GetInvolved newsletter which all county/town/parish councillors are signed up for and contains regular updates on HTP and engagement opportunities.</p> <p>Provide regular updates for Joint Health & Overview Scrutiny Committee, Shropshire Association of Local Councils, and attendance at drop-ins.</p>
Healthy Lives Shropshire/T&W in most deprived areas	<p>Have attended drop-ins with Healthy Lives including Whitchurch (07/09/24), Shrewsbury Library (13/06/26), Welshpool Livestock Market (Farming Fit, 09/12/24), with further dates scheduled for Shrewsbury Library (19/06/26) and Welshpool Livestock Market (28/09/26), plus all Live Well Hubs where Healthy Lives are regular attendees</p>

Table 2: All presentations given by HTP team to groups/ communities with substantial seldom heard groups

Date	Group	Target	Outcome
04/10/2023	Shared Lives Carers	Unpaid carers	Positive meeting, carers appreciative, information and slides shared with all carers
17/10/2023	Ercall Magna Parish Council	Rural community	Invited to present for Shropshire Association of Local Councils on regular basis
14/11/2023	Telford Mental Health Forum	Organisations supporting mental health	Positive networking and involvement
16/11/2023	Maternity and Neonatal Voices Partnership	Maternity	Six actions implemented including addition of extra bereavement suite in plans
20/11/2023	Parents Opening Doors (PODS)	Families with young people with disabilities	Establishment of Autism and Learning Disability Patient Experience Group, and inclusion of sensory room in plans
16/01/2024	Telford Mental Health Forum	Organisations supporting mental health	Networking and recruitment for Mental Health Focus Group
18/04/2024	Brookside Big Local	Residents meeting in one of Telford's most deprived areas	Community links, followed up with drop-in session
26/04/2024	One Voice Telford	Ethnic communities in Telford, particularly Afro-Caribbean and Muslim	Numerous questions answered satisfactorily in meeting
02/05/2024	Telford College Student Council	Young people	Information shared with fellow students
15/05/2024	Whittington Parish Council	Rural community	All questions answered satisfactorily in the meeting
20/05/2024	National Society of the RAF	Veterans and armed forces	Also attended by a local councillor, challenging questions answered in meeting

Date	Group	Target	Outcome
10/09/2024	Armed Forces Covenant Board	Veterans and armed forces	Recruited for Armed Forces Focus Group, all questions answered satisfactorily
01/10/2024	Wem Rural Parish Council	Rural community	Followed up with drop-in session in village hall on community day
08/01/2025	Wellington Probus Club	Retirees	Subsequently invited to present for Wellington U3A
08/05/2025	Wellington U3A	Retirees	Large group, answered questions in meeting and stayed after for one-to-one conversations with attendees
01/10/2025	Bridgnorth Befriending Group (Age UK)	Retirees	Key message around more information on services within community hospitals when in vicinity
02/10/2025	Telford Visually Impaired Group	Visual Impairment	Invited following Visual Impairment focus group, subsequently invited to Market Drayton Visual Impairment Club and Telford Macular Society

Table 3: Informational drop-ins to groups/ communities with substantial seldom heard groups

Date	Event	Target	Outcome
19/08/23	Eid Mela Celebrations, Regent Street Park, Wellington	Muslim community in deprived area	Signed up 20 community members and networking with community leaders
09/09/23	Culturefest Oswestry	Rural and ethnic communities	Signed up 11 community members, discussed HTP with locals, strong Welsh speaking turnout for traditional Welsh performers
13/12/23	Newtown drop-in in PTHB offices	Rural communities	Signed up 3 organisations and 7 individuals to community membership including RNIB volunteer who has provided substantial expertise to the programme

Date	Event	Target	Outcome
27/02/24	Sutton Hill community centre drop-in	Deprived community	Addressed numerous misconceptions, attendees stressed need for printed materials to take away
14/03/24	Montgomery market drop-in	Rural community	Strong turnout with support from MMPPA, transport to hospitals, and parking, were of primary concern
04/04/24	Wem drop-in	Rural community	Busy, established contact with multiple people who have gone on to be key focus group attendees
05/08/24	Shrewsbury Age UK drop-in	Elderly population	Poor turnout but attended by JHOSC observer
08/08/24	Ludlow outdoor market drop-in	Rural community	Heavy rain severely impacted turnout, consider alternative locations for future engagement sessions in Ludlow, passed out 25 leaflets
06/09/24	Oswestry Market drop-in	Oswestry residents	Recruited Hearing Dogs for Deaf People representative for BSL Focus Group
07/09/24	Whitchurch drop-in	Rural community	Local councillor very pleased with attendance, some visitors following press coverage.
28/09/24	Shrewsbury Pride drop-in	LGBTQ+ community	Numerous conversations and 10 new community sign-ups
11/10/24	Much Wenlock Corn Exchange drop-in	Rural community	Low footfall but spoke to local councillor and signed up focus group member
09/12/24	Welshpool Livestock Market drop-in	Farming and rural communities	Very busy, spoke to 50 including Senedd member Russell George
02/05/25	Church Stretton Co-op drop-in	Rural community	Steady traffic, people grateful for information but very non-controversial
12/05/25	Ironbridge Co-op drop-in	Rural community	Steady traffic but low interest, avoid convenience stores in future
21/05/25	Edstaston Village Hall drop-in	Rural community	Very low turnout but spoke to four local councillors who were grateful for the visit
16/06/25	Welshpool Market drop-in	Rural community	Good footfall, local nurses in training attended specifically as they wished to live and work in the area when qualified

Date	Event	Target	Outcome
06/07/25	Ellesmere Regatta drop-in	Rural community	Made connections with Ellesmere and Oswestry Borderlands Rotaries
24/07/25	Brookside community centre drop-in	Deprived community	Event suggested and attended by Healthwatch T&W, spoke to a number of young families and some very interested children who completed colours/names survey
03/10/25	Lydham Friday market drop-in	Rural communities	Very rural attendance including from Powys, high level of interest, also stopped in Bishop's Castle library and agreed to host drop-in on a community day
09/10/25	The Wakes, Oakengates drop-in	Elderly community	Hosted concurrently with a senior social session, numerous conversations with elderly. Attended by Healthwatch T&W.
14/10/25	Newtown Health & Wellbeing Day (hosted by MMPPA)	Rural communities	Steady footfall, interest in programme and a great deal of hope that North Powys Wellbeing Programme would be successful and complement SaTH, links built with PTHB engagement team and agreement to periodically jointly host future drop-ins

Some of our amazing fundraisers



Get Involved

Would you like to make a donation or know more about fundraising? We would love to hear from you.

You can make a donation here:
<https://www.sath.nhs.uk/about-us/charity/make-a-donation/>

Contact the Team

 sath.charity@nhs.net

 01743 492256

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Registered Charity No: 11078833



**Fundraise and
Get Involved**
with Shrewsbury and
Telford Hospital Charity

We are the official charity of the Shrewsbury and Telford Hospital. By supporting us, your donations are helping to improve the health, comfort and hospital experience of people every day.

Your support really does make a difference, and we are very grateful.

Our children's ward and assessment unit had over 10,000 admissions last year

Our clinical teams will carry out over 20,000 chemotherapy treatments, 19,000 radiotherapy treatments, and 2,000 cancer operations every year

We care for almost 900 critically ill patients each year in our Critical Care departments

Last year your help allowed us to support **over £300,000** in projects across our hospitals

How you can make a difference

In 2025/2026 your support has helped fund

Childrens Play Area and Sensory Room

We are fundraising to create a children's outdoor play area and sensory room. These spaces will give children a chance to step away from the clinical environment and simply be children - enjoying fresh air, play and moments of joy. With your support, we can help make hospital stays a little brighter for children and their families.

Critical Care and Oncology Garden

For our Critical Care and Oncology departments we want to create an outdoor garden. This will offer a soothing environment for patients and their families, where they can relax and connect with nature. We are working with Shrewsbury Severn Rotary to develop the Garden. It will be on the 3rd floor of the new building at the Royal Shrewsbury Hospital.

Turn over to find out how you can Get Involved...



We purchased an additional scope for the surgical robot used in Theatres



We purchased a special xray window for more reliable breast biopsy samples to be taken



Working as a Group - update Public Assurance Forum April 2026

Why change? Shared priorities

Two Trusts together – bigger voice and more opportunities

- Deliver more care and resources in the community, supported by two thriving acute hospitals – aligns to 10 Year Plan and Medium-Term planning framework
- Neighbourhood Health Implementation Programme and Hospitals Transformation Programme
- Increased focus on prevention and tackling inequalities through neighbourhood working (sickness to prevention)
- Enabling closer collaboration with our partners
- Developing workforce – right staff, right skills, right places, right times
- Collective focus on analogue to digital agenda - opportunities for integration to streamline patient pathways
- Modern clinical models/ ways of working – right tools and environment
- Supporting the health and wellbeing of staff
- Building an inclusive workforce – everyone has a voice and is valued





Patient Experience

Care closer to home/
at home (UEC/
Elective/ Diagnostics)

Neighbourhood health



Quality of Care

Smoother more
efficient pathways and
improved access/
waiting times

Use of digital systems
and technology



Our People

Sharing knowledge and
expertise from both
Trusts and optimising
collective skills

Improved offer for
education, training and
careers



Our Resources

Joint planning, joint
approach to investments
and aligned strategies

Optimum use of estates
(e.g. neighbourhood
health centres)

Group Case for Change – benefit themes

Board of Directors



Andrew Morgan
 Group Chair



Jo Williams
 Group Chief Executive



Tina Long
 Non-Executive
 Director



Harmesh Darbhanga
 Non-Executive
 Director



Cathy Purt
 Non-Executive
 Director



Jill Barker
 Non-Executive
 Director



Vacancy
 Non-Executive
 Director



Prof Trevor Purt
 Non-Executive
 Director



Teresa Boughey
 Non-Executive
 Director



Rajinder Dhaliwal
 Non-Executive
 Director



Rosi Edwards
 Non-Executive
 Director



Richard Miner
 Non-Executive
 Director



Sarah Dunnett
 Non-Executive
 Director



Wendy Nicholson MBE
 Non-Executive
 Director



Simon Crowther
 Non-Executive
 Director (Associate)



Jon Sargeant
 Non-Executive
 Director (Associate)



Prof Heidi Fuller
 Non-Executive
 Director (Associate)



Dr John Jones
 Group Chief
 Medical Officer



Paula Gardner
 Group Chief
 Nursing Officer
 (Interim)



Ned Hobbs
 Group Chief
 Operating Officer
 and Deputy Chief
 Executive (SaTH)



Nigel Lee*
 Group Chief
 Strategy and
 Integration
 Officer



Rhia Boyode*
 Group Chief
 People Officer



Adam Winstanley
 Acting Chief Finance
 Officer (SaTH)



Sarah Lloyd
 Acting Chief
 Finance Officer
 and Deputy Chief
 Executive
 (ShropCom)



Anna Milanec*
 Group Chief
 Governance
 Officer



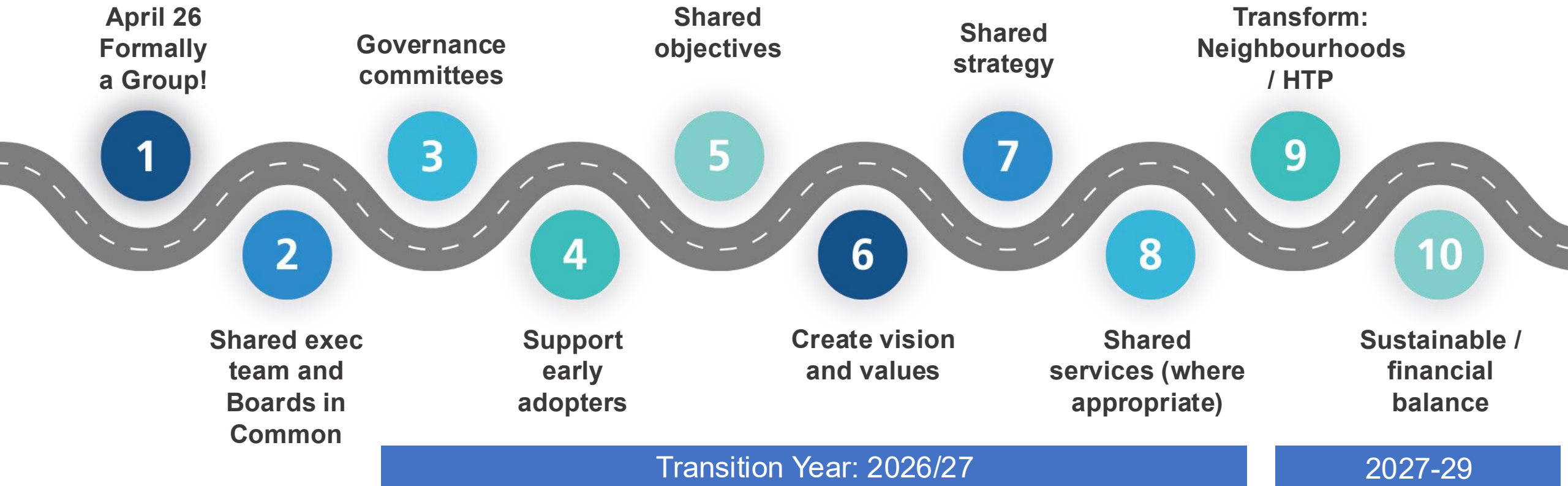
Matthew Neal*
 Group Chief
 Estates, Facilities
 and Capital Officer



Jenny Fullard-Slawson*
 Group Chief
 Communications
 Officer

Tracey Cotterill*
 Group Chief
 Recovery and
 Transformation
 Officer
 (until July 2026)

Developing our Group



Moving to Excellence

Our Group will mean we can deliver better care for patients and a better experience for staff through joint working.

Building on the strong foundations that already exist

We are making good progress on our improvement journey.

We are aiming higher than good – we want to be excellent.

Our areas of transformation:



Our draft strategic priorities – transition year



Making things better not just different

Benefits so far...

- Collaborative approach to waiting times – both Trusts eradicated 52 week waits
- Increasing access to clinical advice and support
- Increasing resilience in smaller teams
- Improving collaboration within UEC – maximising use of Virtual Ward/Integrated Front Door Team/ Care Transfer Hub
- Supporting conversations with services that are early adopters for collaboration
- Digital – accelerating projects of shared records/telephony services
- Maximising use of estates – shared estates team/specialist expertise

Medium term plans

From transaction to transformation

Transformation is essential to becoming excellent and financially sustainable | Continued focus on efficiency, productivity, quality and value – not just cost reduction

Care closer to home

Deliver more care in communities over the next three years, aligned to the 10-year plan | Investment in community services/hospitals | Preparation for Hospitals Transformation Programme

Operational and digital transformation

UEC phase two of improvements, including enhanced community urgent care | Continue to reduce waiting times for elective/cancer care | Digital as an enabler of both clinical and operational transformation – we want to go further than catching up!

Group transition in a complex context

Deliver our Group ambitions in our transition year | Support early adopter teams to improve resilience, increase efficiency and deliver the shift towards digital/community care | Delivery of 26/27 agreed plan across the Group

Quality, people and culture

Ongoing work with families and patients – building relationships | Drive quality improvement to sustain change and build pride | Support workforce and enable people to thrive through focus on compassionate culture

Partnership

Continue to work with partners to accelerate the ambitions of the 10 Year Plan

Future: neighbourhood working

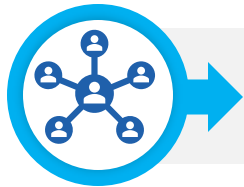
- Neighbourhoods at the core of our approach
- Our business: understanding local relationships and networks
- Incredible colleagues – creative, caring and determined
- Using modelling and data; frailty and cardiovascular risk management are primary cohorts for transformation
- Committed to investing in neighbourhoods: workforce, estates, digital
- Engaging with colleagues to design a more modern NHS
- A new era as part of Group:
 - Using scale of Group – to accelerate community care
 - Giving greater voice to community care
 - Realising shift of investment/workforce (left shift)
 - Leading the way in digital – more modern tools



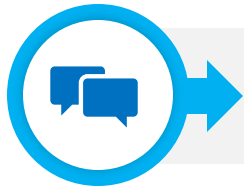
Mobilising for next phase



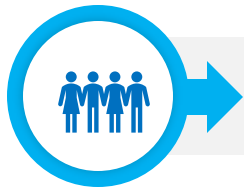
Clinical locality managers – account management



Investing in neighbourhood hubs – working with partners



Growing single point of access



Reforming workforce: teams at scale, co-location



Maximising estates



Digital shared records, remote connectivity



Neighbourhoods
Together

Future opportunities to get involved



Developing website



Developing Group Strategy



Values and Vision



Service redesign/ improvements

Public Assurance Forum: 27 April 2026

Agenda item	2026/23		
Report Title	Community Engagement Strategy and Volunteer Strategy 2026-2030		
Executive Lead	Julia Clarke, Director of Public Participation		
Report Author	Julia Clarke, Director of Public Participation		
Strategic Alignment			
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	Our patients and community	√	BAF9
Effective	Our people		
Caring	Our service delivery		Trust Risk Register id:
Responsive	Our governance		
Well Led	Our partners		
Consultation Communication	Public Assurance Forum April/September 2025 and January 2026. Volunteer and Community Focus Groups Dec 2025 and Jan 2026, Volunteer, Community members and staff surveys - Sept 2025 and January 2026		
Executive Summary			
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. The Shrewsbury and Telford Hospital NHS Trust recently published its five year Strategy for SaTH Charity Charity – SaTH</p> <p>This paper presents the draft Volunteer and Community Engagement Strategies (2026-2030) for final review before submission to the Public Assurance Forum in April 2026 and Public Trust Board in May 2026. Once approved these will be available separately and also combined with SaTH Charity as a single Public Participation Strategy 2026-2030. We are also working with the Patient Reader Group to provide accessible printed versions</p>		
Recommendations PAF:	<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</p> <p>APPROVE Community Engagement and Volunteer Strategy</p>		
Appendices:	Appendix 1: Community Engagement Strategy and Volunteer Strategy 2026-2030		

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
- 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 and further focus group 22/1/26
- Draft Strategy issued to Public Assurance Forum, SaTH Managers, colleagues at ICB and Shropshire Community Trust and 5000 community members through newsletter 11/2/26 for feedback by 11/3/25 – all comments included in draft strategy

2.1.1 The feedback from the public surveys and focus groups focused on five themes

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
- Draft Strategy issued to Public Assurance Forum, SaTH Managers, colleagues at ICB and Shropshire Community Trust and 230 volunteers 11/2/26 for feedback by 12/3/26 – all comments included in draft strategy

2.2.1 The feedback from our volunteers (58 responses) focuses on five themes

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

2.3 Both Strategies were presented to the Senior Leadership Committee in March 2026

3.0 Next steps

3.1 May 2026 Public Trust Board for approval

3.2 Work with SaTH Patient Reader Group to provide accessible printed copies

4. Recommendations

The Public Assurance Forum is asked to:

NOTE the engagement to date in relation to engagement on the Community Engagement and Volunteer Strategy

APPROVE Community Engagement and Volunteer Strategy

Julia Clarke

Director of Public Participation

March 2026



DRAFT

2026-2030

SHREWSBURY AND TELFORD HOSPITAL COMMUNITY ENGAGEMENT STRATEGY

WELCOME TO THE COMMUNITY ENGAGEMENT STRATEGY 2026 - 2030

by Jo Williams, Group Chief Executive and
Andrew Morgan, Group Chair in Common



At The Shrewsbury and Telford Hospital NHS Trust, we believe that kindness and community involvement can make a real difference and transform lives. We have listened carefully to our patients, local communities, staff, and partners, and your feedback has helped shape our plans for the future.

This Community Engagement Strategy sets out our goals for the next five years. Together with our Volunteer Strategy and the Shrewsbury and Telford Hospital Charity Strategy, it will guide how we strengthen Public Participation across the Trust. Through #GetInvolved, we will offer a wide range of opportunities for people to take part, with a particular focus on supporting seldom-heard groups who may face barriers to accessing healthcare. This work will help reduce health inequalities and support our clinical teams to work closely with local communities when shaping future services.

As a hospital Trust working closely with Shropshire Community Health Trust through our newly formed Group Model, and with our partners at NHS Shropshire, Telford & Wrekin, we believe this Strategy supports the major changes happening across the

NHS, including those set out in the NHS 10 Year Plan. We will work with all our partners to put this Strategy into practice as we redesign our services and how we work. Our aim is to improve the health and wellbeing of people across Shropshire, Telford & Wrekin and mid-Wales. This includes delivering the Hospitals Transformation Programme, which will bring significant improvements to how local health services are provided for the future.

We know we cannot achieve this alone. Patients, carers and our local communities must remain at the centre of everything we do. We now have more than 5,000 community members and 400 organisational members, and we will continue to build on this as we work towards becoming a Foundation Trust.

As you read this Strategy, we invite you to #GetInvolved and help us shape a healthier future for everyone in the communities we serve across Shrewsbury, Telford & Wrekin and Mid-Wales.

WHERE WE ARE NOW

Community Engagement Today

More than
5000
Community Members



**Reducing
Health
Inequalities**



Regular
About Health
events



More than
470
Networked
Organisations



ATTEND
100s of
community
events/meetings

ORGANISE
dozens of
community
events/meetings

Regular
Hospital Update
events



STRATEGY ON A PAGE



OUR VISION

To support the provision of excellent care for the communities we serve

OUR ENGAGEMENT VALUES

Partnering - Working effectively together with communities, colleagues, the local health & care system and other stakeholders



Ambitious - Engaging with our communities to deliver significant benefits to our patients and their families to have a positive input into the services we deliver

Caring - Showing compassion, inclusion and respect for our communities to enable their voices to be heard within our organisation

Trusted - Creating safe environments for our communities that enable them to receive and share information

STRATEGIC OBJECTIVE 1

MORE JOINED-UP WORKING

Work together with system partners, Voluntary, Community and Social Enterprise (VCSE) and other stakeholders to identify the synergies in organisational priorities to streamline engagement and maximise capacity

STRATEGIC OBJECTIVE 2

FOCUS ON PREVENTION NOT TREATMENT

Work to support the reduction of health inequalities across the communities we serve. There are complex reasons why people and services don't always match up and understanding this and what people want can help reduce this gap

STRATEGIC OBJECTIVE 3

SUPPORTING SERVICE TRANSFORMATION

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

STRATEGIC OBJECTIVE 4

COMMUNICATION AND FEEDBACK

Increase opportunities to provide feedback to our communities on the difference their involvement has made, to establish relationships based on trust and transparency and to empower local communities and build a culture of involvement

STRATEGIC OBJECTIVE 5

FOUNDATION TRUST

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

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



WHAT WE WILL DO	ENABLERS	OUTCOMES	TIMESCALE
1. 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	Work with system colleagues to understand key programme priorities each year to ensure shared messages	Published schedule of targeted engagement for year ahead	2026-2030
2. Develop all opportunities for joint working with Shropshire Community Trust as part of the Group Model from April 2026.	Share work programmes and areas of joint interest with Engagement leads to avoid duplication and maximise resources	Jointly developed published programme of engagement	2026-2030
3. Work collaboratively with partners and support the Neighbourhoods and PLACE developments to share learning, good practice and impact	Use the health and wellbeing strategy that the Health and Wellbeing Board (HWBB) for Shropshire and Telford & Wrekin have developed to inform our annual workplan based on what matters most to local people	Develop mechanism to receive feedback from Shropshire Integrated Place Based Partnership (SHIPP) and Telford and Wrekin Integrated Place Partnerships (TWIPP) on engagement activity	2026-2030

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



WHAT WE WILL DO

ENABLERS

OUTCOMES

TIMESCALE

1. Utilise the Core20plus 5 Health Inequalities model (a national approach to reduce health inequalities in 5 clinical areas for the most deprived 20% of our population). This model is used 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

Work with system partner colleagues to understand the range of support services available in the community and how to access them and obtain resources to share with relevant communities/individuals, focussing particularly on communities experiencing health inequalities

Published schedule of targeted engagement for year ahead in clinical areas such as cancer, diabetes, respiratory and cardiovascular as well as underlying conditions such as dementia and obesity

2027/8

2. Focus on reducing local health inequalities using data available through public health to drive engagement activities and proactively reach out to people who are often under-represented in our work. Meet with people where they live and go to their forums so we can focus on achieving maximum effectiveness

Work to publish annual workplan and shared with partners

Jointly developed published programme of engagement for groups more likely to experience health inequalities

2027/8

3. 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

Share work programmes and areas of joint interest with system Engagement leads to avoid duplication and maximise resources

Jointly developed published programme of engagement to seldom heard groups

2028/9

OBJECTIVE 3
SUPPORTING SERVICE TRANSFORMATION
 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



WHAT WE WILL DO

ENABLERS

OUTCOMES

TIMESCALE

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

Continue to work closely with the HTP team and report to the HTP Programme Board

Public involvement in all areas and stages of the Programme

2026-28

2. Establish links with SaTH Service Improvement team and System Transformational teams to understand service changes/developments that are being planned and make sure engagement becomes part of the process for all service change programmes so early involvement of patients, carers and the public can take place and we can share messages and feedback with our communities

Develop involvement mechanism with Leads across the system to share/involve engagement team early in any proposed changes or developments

Greater structured involvement of the public/patient voice in service changes

2026/7

3. Help staff develop the skills and confidence to engage patients and the public. Provide training and tools to help more teams learn how to plan and deliver meaningful involvement activities and to ensure informed and high-quality engagement is undertaken

Attend Divisional Boards to provide update and make sure staff know where to find the engagement team, support and practical resources

Toolkits and training videos available on intranet and bespoke training sessions

2026-30

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



WHAT WE WILL DO

1. Make sure our communities receive the right information, at the right time in a format that is accessible and inclusive and avoids NHS jargon
2. Share and measure the impact of involvement – show people how their input has made a difference and measure progress. Produce short summary reports following any engagement activities in a format that is easy to read and shared with the groups and also available more widely to share the learning and impact of our engagement. Be honest about what can't be changed and celebrate what we have done well together.
3. Share and measure the impact of involvement – show people how their input has made a difference and measure progress. Produce short summary reports following any engagement activities in a format that is easy to read and shared with the groups and also available more widely to share the learning and impact of our engagement. Be honest about what can't be changed and celebrate what we have done well together.

ENABLERS

Work with patient reader panels and using AI

Measure and share engagement impact through easy-read reports that honestly show what changed, explain constraints, and celebrate collective achievements

Measure and share engagement impact through easy-read reports that honestly show what changed, explain constraints, and celebrate collective achievements

OUTCOMES

Timely, jargon-free information in different formats everyone can access and understand

Deliver timely, jargon-free information in different formats everyone can access and understand

Support aims of NHS Plan and supporting patients to move towards digital healthcare

TIMESCALE

2026/7

2027/8

2026/7

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



WHAT WE WILL DO

ENABLERS

OUTCOMES

TIMESCALE

1. Increase Community members – In 2025 SaTH has 5300 community members and over 400 organisations but will need to review geographic spread, numbers etc when FT guidance issued. Community members are members of the public who have signed up to learn about their local hospitals, share their views on hospital services, and receive a monthly newsletter on ways to get involved.

Work closely with SaTH Foundation Trust Programme Board when established

Timely, jargon-free information in different formats everyone can access and understand

2026-30

2. Review function and membership of Public Assurance Forum – set up Forum with representative organisations and, as far as is practicable, similar constitution to a Council of Governors, co-chaired by a Non Executive Director and public member.

Review membership when guidance issued about FT membership /governors. Work closely with SaTH Director of Governance and FT Programme Board when established

Deliver timely, jargon-free information in different formats everyone can access and understand

2026/7

3. 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) to help us listen to and learn from what our communities are saying about our services. We will be open to community feedback and honest about what we can do to make our services better.

Partner with community/voluntary organisations to actively listen to feedback and respond honestly about how we'll improve services

Support aims of Fit for the Future: NHS 10 Year Health Plan published in July 2025 and supporting patients to move towards digital healthcare

2026-30

COMMUNITY ENGAGEMENT ROADMAP

2026/7

Continue to deliver the programme of engagement supporting the Hospital Transformation Programme; Make sure our communities receive the right information, at the right time; Maximising digital opportunities for involvement and health; Review function and membership of Public Assurance Forum

2027/8

Utilise the Core20plus 5 Health Inequalities model to drive engagement activities; Focus on reducing local health inequalities; Establish links with SaTH Service Improvement team and System Transformational teams; Share and measure the impact of involvement

2028/30

Develop an annual programme of visits to seldom heard groups

2026

2027

2028

2029

2030

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2026-2030

Develop a system-wide approach to key health priorities; Develop all opportunities for joint working with Shropshire Community Trust; Work collaboratively with partners and support the Neighbourhoods and PLACE developments; Help staff develop the skills and confidence to engage patients and the public; Increase Community members; Continue to work with and develop our relationships with organisations that help and care for people in their Community



GOVERNANCE AND REPORTING

WE WILL:

- Report quarterly to the Public Assurance Forum with community and voluntary public members who review processes, decision making and wider work at The Shrewsbury and Telford Hospital NHS Trust. It is an advisory group who ensure that decisions about services and the delivery of care are developed in partnership with our local communities. The joint Chairs are a Non-executive Director and lay member and all papers are published on our website.
- Six-monthly reports to SaTH Senior Leadership Committee and Public Trust Board
- Contribute to the Trust Annual Report and Quality Accounts

Director of Public Participation

Head of Public Participation

Community Engagement Manager

Community Engagement Facilitator(s)





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DRAFT

2026-2030

SHREWSBURY AND TELFORD HOSPITAL VOLUNTEER STRATEGY

WELCOME TO THE VOLUNTEER STRATEGY 2026 - 2030

by Jo Williams, Group Chief Executive and
Andrew Morgan, Group Chair in Common



This strategy supports the important work of our volunteers who help in our local hospitals. We are very grateful for our amazing volunteers.

They make a real difference in so many ways, including:

- Improving patient experience
- Supporting staff wellbeing
- Gaining new skills, confidence and experience themselves

Our 200+ volunteers are an important part of the Shrewsbury and Telford Hospital NHS Trust family. Volunteers work in many different roles, but they all share the same goal – bringing comfort, kindness and reassurance to patients and their families. Volunteers also help shape hospital services by sharing their own experiences and listening to patients and what they would like to see.

The NHS 10 Year Plan highlights the importance of volunteering across the whole of the NHS. We will continue working with national organisations such as Helpforce to make

volunteering even more beneficial for our volunteers, patients and our workforce. We want to offer opportunities for people of all ages and backgrounds to gain skills and experience in healthcare, which may lead to jobs or further education. In April 2026, we will be part of a Group with Shropshire Community Trust. This creates new opportunities for closer working and better support for patients across Shropshire, Telford & Wrekin and Mid-Wales.

This Volunteer Strategy, along with our Charity and Community Engagement Strategies, sets the future direction for Public Participation at Shrewsbury and Telford Hospital NHS Trust. Through #GetInvolved, we will continue to offer many different ways for individuals and communities to take part.

Finally, we would like to thank all our volunteers for their time, dedication and care. We are truly grateful and look forward to building an even stronger and more rewarding volunteering programme for everyone involved

WHERE WE ARE NOW



26,637 hours
of volunteer
in 2025



National
Volunteering
Partnerships eg
Helpforce, Duke
of Edinburgh
Scheme

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220 Volunteers



57 volunteer
roles available



STRATEGY ON A PAGE



OUR VISION

To provide excellent support for our volunteers and patients, along with offering opportunities to our communities.

OUR VOLUNTEER VALUES

Partnering - Working effectively with our volunteers, our communities, patients, families, staff and other stakeholders



Ambitious - Supporting our volunteers to deliver significant benefits to our patients, their families and friends which will have a positive impact the services we deliver

Caring - Showing compassion, encouragement, respect and empathy to our volunteers and caring about the difference we make for our communities

Trusted - Being open, transparent and reliable, continuously learning, doing our best to consistently deliver excellent care for our volunteers and local communities

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STRATEGIC OBJECTIVE 1

ENHANCE RECRUITMENT OFFER

Offer a thriving and inclusive volunteer programme providing meaningful and rewarding opportunities for volunteers and an individualised and supportive experience which align with patient and clinical priorities

STRATEGIC OBJECTIVE 2

IMPROVE OUR VOLUNTEER EXPERIENCE

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

STRATEGIC OBJECTIVE 3

MORE TWO-WAY COMMUNICATION AND FEEDBACK

Feedback is a gift! Provide more opportunities for our volunteers to share their ideas and feedback to them on outcomes

STRATEGIC OBJECTIVE 4

BUILD TRANSFORMATIONAL VOLUNTEERING PARTNERSHIPS

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

STRATEGIC OBJECTIVE 5

USE INFORMATION SYSTEMS TO MEASURE PERFORMANCE AND ENSURE INCLUSIVITY

Expand our volunteer management systems to manage and share our data to better capture the impact of volunteering in order to increase the recognition of its value and visibility

**OBJECTIVE 1
ENHANCE
RECRUITMENT
OFFER**

Offer a thriving and inclusive volunteer programme providing meaningful and rewarding opportunities for volunteers and an individualised and supportive experience which align with patient and clinical priorities



WHAT WE WILL DO	ENABLERS	OUTCOMES	TIMESCALE
1. 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	Review all current roles to ensure all roles are still relevant and effective, especially those roles with higher turnover rates and produce video clips showing the range of different roles for volunteers to view before interview	5% increase in annual hours delivered by volunteers through higher role satisfaction	2026-2030
2. 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.	Review all current roles to ensure all roles are still relevant and effective, especially those roles with higher turnover rates and produce video clips showing the range of different roles for volunteers to view before interview	5% Reduction in number of volunteers who leave within first six months	2026/7
3. 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	Offer the current Volunteer to Career (VtC) programme to all new volunteers interested in the NHS. Develop a formal programme as an ‘Accredited Provider’ for the full range of Duke of Edinburgh Awards	Double number of cohorts per year and increase number of VtC volunteers going onward with health-related careers/studies	2026/7

OBJECTIVE 2

IMPROVE OUR VOLUNTEER EXPERIENCE

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

WHAT WE WILL DO

ENABLERS

OUTCOMES

TIMESCALE

1. 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

Develop the identity/brand with volunteers and staff and develop a clear celebration plan for Volunteering Week

Deliver a programme of recognition and celebration

2027/8

2. Implement a series of Volunteer group wellbeing sessions with the Trust Staff Support service. Sessions to focus on resilience, relaxations, mindfulness etc. Provide clear and readily available information on who to contact in difficult situation

Agree annual programme with SaTH staff support service and advertise to volunteers

Maintaining high volunteer satisfaction levels in annual survey

2026/7

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

Discuss accreditation/recognition model with Executive Nurse

Understanding of role of volunteers by local teams and better integration into area for volunteers

2027/8

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

Develop short annual staff survey for local volunteer managers to complement annual Volunteer survey and to identify any new volunteering opportunities that may be available

To address any mismatch between volunteer experience and manager's perceptions

2028/9



OBJECTIVE 3
MORE TWO-WAY COMMUNICATION AND FEEDBACK
 Feedback is a gift! Provide more opportunities for our volunteers to share their ideas and feedback to them on outcomes



WHAT WE WILL DO	ENABLERS	OUTCOMES	TIMESCALE
1. 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	Arrange hybrid (Teams and face to face) meetings and vary times to make widely available	Open discussion on possible future developments and opportunities for volunteers to engage as Trust-wide team	2027/8
2. Enhance current monthly communication to volunteers – include feedback received and action taken and latest data on key performance measures in newsletters	Review content with volunteers	More tailored and meaningful communication	2026/7
3. Introduce quarterly focus groups for volunteers on different relevant topics eg HTP, Group Model etc	Agree annual programme with volunteers and options to change in light of local developments	Opportunities for volunteers to engage as Trust-wide team	2027/8

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OBJECTIVE 4
BUILD 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



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WHAT WE WILL DO	ENABLERS	OUTCOMES	TIMESCALE
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.	Continue to work closely and provide volunteer stories for national campaigns and to deliver established roles in most efficient way e.g. Volunteer to Career, Volunteer Discharge Driver scheme, Outpatient appointment "reminder" calls, and to continue to provide media interviews for national publicity launches	Maximum visibility for SaTH Volunteering offer and opportunities	2026-2030
2. 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.	Create links with Volunteer Leads at Shropshire Community Trust to maximise resources for the benefit of our patients	More joined up volunteer offer for patients and both organisations	2027/8
3. Work with new recognised partners to enhance volunteering offer eg Duke of Edinburgh scheme	Develop links at regional and national level	Volunteering offer extended to include accredited schemes	2026/2030

OBJECTIVE 5

USE INFORMATION SYSTEMS TO MEASURE PERFORMANCE AND ENSURE INCLUSIVITY

Expand our volunteer management systems to manage and share our data to better capture the impact of volunteering in order to increase the recognition of its value and visibility

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, Occupational Health checks, references, shadow shifts); leavers within six weeks, demographics to ensure representative of our communities

ENABLERS

Clear performance targets and ensure regular measurement and reporting, including National Workforce Data Collection

OUTCOMES

Accessible and meaningful data on performance

TIMESCALE

2028/9

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

Work with volunteers to ensure success stories are captured in different media forms eg "a day in the life of"

More meaningful information for prospective volunteers

2028/9



VOLUNTEER ROADMAP



2026-2030

Review current roles and develop new ones; strengthen links with national organisations eg Helpforce and Duke of Edinburgh scheme

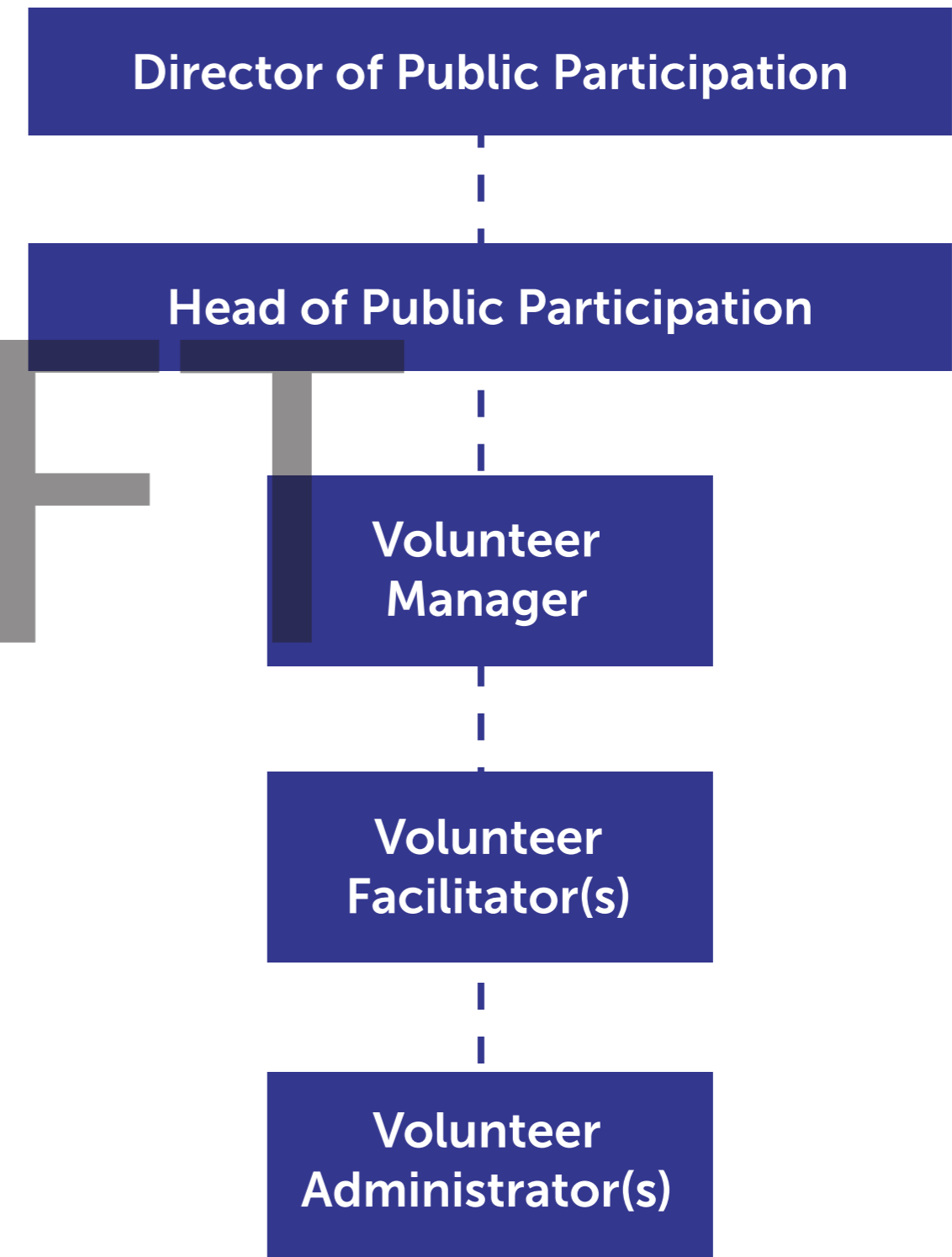
2028-30

Introduce annual survey for local team leaders; develop and share clear performance measures with volunteers; create a meaningful videos with volunteers of different roles

GOVERNANCE AND REPORTING

WE WILL:

- Report quarterly to the Public Assurance Forum with community and voluntary public members who review processes, decision making and wider work at The Shrewsbury and Telford Hospital NHS Trust. It is an advisory group who ensure that decisions about services and the delivery of care are developed in partnership with our local communities. The joint Chairs are a Non-executive Director and lay member and all papers are published on our website.
- Six-monthly reports to SaTH Senior Leadership Committee and Public Trust Board
- Contribute to the Trust Annual Report and Quality Accounts
- Provide our Volunteer statistics to the NHS Data Collection framework on the number of volunteers, hours provided and demographic information
- Ensure that feedback from our annual Volunteer survey is included in our future plans
- Capture and act upon any feedback from the formal Volunteer Group meetings





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Public Assurance Forum: 28 April 2026

Agenda item	2026/24		
Report Title	Quarter 3&4 Public Participation Report		
Executive Lead	Julia Clarke, Director of Public Participation		
Report Author	Julia Clarke, Director of Public Participation		
CQC Domain:	Link to Strategic Goal:	Link to BAF / risk:	
Safe	Our patients and community	√	BAF9
Effective	Our people		
Caring	Our service delivery		Trust Risk Register id:
Responsive	Our governance		
Well Led	Our partners	√	
Consultation Communication			
Executive summary:	<p>The Shrewsbury and Telford Hospital NHS Trust is committed to ensuring that the patient-public voice is at the centre of shaping our health services, both now and in the future. At the heart of our organisation and its future success are our patients, carers and local communities.</p> <p>The Public Participation Department consists of three small teams supporting Volunteering, Shrewsbury and Telford Hospital Charity and Community Engagement which focuses on reaching out to seldom heard communities and leading engagement around the Hospitals Transformation Programme.</p> <p>We look to engage and involve our local communities with their local hospitals and under the banner of #GetInvolved, https://www.sath.nhs.uk/about-us/get-involved/get-involved-public-participation/ we aim to provide a range of opportunities for our communities to be involved with us. We reach out to engage with the public and the emphasis is on everything we do directly linking to our local communities and that we are responsive to their needs across Shropshire, Telford & Wrekin and Mid-Wales.</p>		
Recommendations for PAF:	<p>The Public Assurance Forum is asked to: NOTE the current activity from October 2025 – March 2026 across the Public Participation Team and TAKE ASSURANCE from this work that our statutory duties are being met as well as CQC Well-led requirements</p>		
Appendices:	<p>Appendix 1: 6 month Public Participation Trust Board Report Appendix 2: Plans on a Page for Volunteers, SaTH Charity and Community Engagement</p>		

1.0 Public Participation Team

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

- Volunteering
- Shrewsbury and Telford Hospital Charity (this is a separate legal entity to the Hospital Trust)
- Community Engagement including the Hospitals Transformation Programme (HTP)

Under the banner of Get Involved – Make a Difference <https://www.sath.nhs.uk/about-us/get-involved/get-involved-public-participation/> there are lots of different ways to Get Involved and we've listened to feedback from our communities and made it easier to do. We reach out to engage with the public and the emphasis is on everything we do directly linking to our local communities. We have also undertaken extensive engagement with staff, public and volunteers to develop our Community Engagement and Volunteer 5-year Strategies to support the Shrewsbury and Telford Hospital Charity 5year Strategy approved last year. These will all be combined into one overarching Public Participation 5year Strategy.

The teams are relatively small, currently none are fully staffed but when they are there are 3.8wte in Volunteers, 1.8wte in Charity plus 1 Apprentice and 2.6wte in Community Engagement.

The attached presentation shows some of the highlights over the past six months and Appendix 2 shows performance against the objectives set for each service for 2025/6

2.0 Volunteers

- 2.1 Current Position - We currently have 214 volunteers, who have given over 12,000 hours of volunteer time over the past 6 months. We have over 30 different role descriptions across all areas on the Trust including non-clinical support roles. There was a pause in volunteer recruitment due to a delay in recruitment but we have now recommenced recruitment since March 2026 as we have new members of staff in place and on average we are taking 3.2 weeks to carry out the relevant recruitment checks and training for new volunteers. A meeting is planned in May to discuss opportunities for closer working with colleagues from Shropshire Community Trust.
- 2.2 Volunteer Welfare - As part of our engagement on the Volunteer Strategy we have introduced a number of welfare steps including wellbeing sessions with the staff psychological service for support and resilience, welcome walks where we visit volunteers new in their role, monthly coffee and chat sessions on each site and a six-monthly cake and update evening session led by Julia Clarke, Director of Public Participation. We have also introduced Wellbeing Calls to volunteers to offer support and check if there are any issues we can help with.
- 2.3 National Partners - We have become an Approved Activity Provider for volunteering for the Duke of Edinburgh's Award and have been invited to a Garden Party at Buckingham Palace to celebrate the success of the young people completing their Awards. We have a number of young people who have begun their volunteering with this as part of the scheme.
- 2.4 We are also supporting young people through our Volunteer to Career Scheme (open to all age groups) and were proud to be showcased by Helpforce, a national Volunteer

Partner when they were awarded the “Staffing Solution of the Year” Award by the Health Service Journal in March. Helpforce also invited Julia Clarke and Hannah Morris to the House of Commons to celebrate the launch of their Report “Reimagining Healthcare Volunteering”, where our Volunteer Driver scheme was featured as an example of best practice. This scheme has gone from strength to strength and was recently featured across a range of BBC media channels, including BBC Midlands today. 90.5% of patients were collected within 30 minutes of the requesting being made and the service has been extended to support maternity and renal patients recently and we are also in discussion with DAART and Ophthalmology. Our data also shows that 44.8% of patients who utilised our transport volunteer service were in the 1st and 2nd quintiles for deprivation.

3.0 Shrewsbury and Telford Hospital Charity

- 3.1 Current position - The Charity has over 60 Trust Funds which means patients can donate to clinical areas close to their hearts. Income for the 5 months from October 2025 to February 2026 was £223,801 compared to £210,604 in the same period last year (please note that March 2026 figures are not yet available). Expenditure for the same period was £196,574 compared to £188,854 in 2024/5.
- A new expenditure request process was approved by the Charitable Funds Committee which has streamlined the process. All requests over £15,000 are approved by the Charitable Funds Committee and then the clinical area is invited back to update on the benefits for patients and staff. The feedback on the new process has been universally positive
- 3.2 For 2025/6 SaTH Charity had 1152 supporters
Donors (1488) - Provide financial support to the charity – this could be through a one-off donation, or multiple donations. 269 of these donors have donated more than once.
Fundraisers (140) – Organised events, and other initiatives, such as a sponsorship for a marathon, to raise money and donations. 38 of these fundraisers have organised events more than once.
- 3.3 Supporting our patients – there are some examples in the report of equipment provided by generous donations, including a breast x-ray specimen window in theatre to improve and speed up diagnosis times. Also the purchase of two pupilometers for both Critical Care Units to obtain more accurate measurement results. Also featured is the much-loved Santa by Christmas Helicopter event organised by RAF Shawbury to bring joy and excitement to children and adults alike!
- 3.4 Celebrating our Fundraisers – the Charity has done a lot in recent years to raise its visibility both internally and externally and there is certainly much greater awareness, but there is still much to do. There are some examples of the range of support we get in the report – from Integrated Health Partners (our HTP construction partner), to a musical volunteer who organised a marvellous evening with Jackfield Brass Band in November, who both raised funds for the HTP children’s garden and sensory room, through to customers of the Red Lion, Caresws who came up with a range of weird and wonderful events to rais funds for the HTP Critical Care and Oncology Garden to young Henrietta who’s raised over £2000 for families on the neonatal unit with her squat challenge.
- 3.5 Supporting our staff - there is only one trust fund that is entirely for staff – the Small Things Big Difference Fund which is funded by our staff lottery. We now have 1350 staff

signed up to the Lottery – half the income is given back in prizes each month and half goes into the Small Things Big Difference Fund where any member of staff can apply for items to benefit their department. This is often quite small things that wouldn't be funded from NHS budgets such as microwaves for staff rooms, or benches to sit outside when the weather permits. But the impact on staff morale is truly astonishing and has encouraged such a massive sign-up in the few years that it has been running. We have been approached by a number of Trusts who have unsuccessfully tried to launch lotteries and have also provided a poster for the NHS Charities Together Conference in May

- 3.6 Also supporting our staff was a successful bid for £48,965 to NHS Charities Together for a Staff Menopause Service, led by consultant specialist Dr Jo Ritchie to support our staff experiencing this. The first clinic was held in October and will run for a year and it is hoped that the evidence from the scheme will secure funding from the NHS to continue it. It has been agreed that from 1 April 2026 the scheme will also be open to women from Shropshire Community Trust.
- 3.7 Working in Partnership – There are a number of significant local Charities that SaTH Charity works very closely and positively with, these include Friends of SaTH, Lingen Davies Cancer Support and local Rotary Clubs. We are working with Shrewsbury Severn Rotary to design and provide the Critical Care and Oncology garden on the third floor of the new build at RSH. Lingen Davies launched their £5m PRH Cancer Centre appeal last year that we are supporting and they work alongside us in the Transforming PRH Hub. And we are in discussion with the Friends of SaTH around the development of a county-wide Respiratory Centre at PRH.

4.0 Community Engagement including HTP

4.1 Current position - The Care Quality Commission (CQC) now requires providers to demonstrate proactive, continuous engagement that drives improvement, moving beyond reactive feedback. Under their 2023–2026 strategy, this involves gathering, analysing, and acting on feedback from people using services—particularly those with protected characteristics—to shape care, culture, and service improvements. These requirements are embedded into the new regulatory framework's "**Quality Statements**," moving away from the old KLOE system to a more ongoing assessment of how providers listen to and empower their users

Key Requirements:

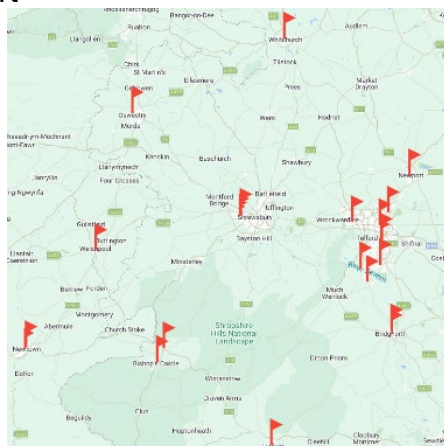
- **Proactive & Inclusive Engagement:** Actively involving people who use services, their families, and staff in decision-making and service design, not just asking for feedback after an event.
- **Addressing Inequalities:** Focusing engagement efforts on reaching people experiencing health inequalities and those with protected characteristics to ensure their voices influence care.
- **Culture of Listening:** Gathering and demonstrating how feedback has directly shaped improvements in service quality.
- **Robust Feedback Loops:** Creating safe, accessible, and trusted methods for sharing experiences, which are then used to update care practices.
- **Community Links:** Building strong relationships with local communities and stakeholders beyond mandatory requirements.

NHS Trusts have a legal duty to engage with the public, at SaTH we take these requirements very seriously. In the overview of the SaTH Care Quality Commission Inspection Report published in May 2024, the CQC found "*People who use services, the public and staff were highly engaged and involved to support high-quality sustainable services*"

- 4.2 Community links: Our community members (5359) and organisations (474) continue to increase (Slide 11 details) and they have access to a wide range of ways to find out more about the Trust and to get involved. One of our most popular hospital events is the series of About Health broadcasts. These are one hour long on a specific subject and are delivered by a Trust specialist in that area with an opportunity to ask questions. In the last 6 months there have been 6 events covering a range of areas including Menopause, Diabetes, Living with Cancer, Cardiovascular disease, Patient Portal and HTP. The recordings are all published on our website [About Health Recordings – SaTH](#)
- 4.3 Seldom heard communities and health inequalities (Core 20Plus 5) Our engagement team has focused their engagement this year on four core areas – Dementia, Diabetes, Respiratory and Cardiovascular, which align well to the national priority cohorts of patients as part of the National Neighbourhood Health programme. They have focused working with other agencies such as Local Authorities in order to maximise reach and impact and there are plans to discuss closer working with colleagues from Shropshire Community Trust, especially around neighbourhood care and local transformation plans.
- 4.4 Hospital Transformation Programme - The Public Participation Department has been leading the work to engage with our local communities around the Hospitals Transformation Programme (HTP). This has included talking to thousands of hospital visitors to the PRH site in our Transforming PRH hub to provide information on plans for future developments on both sites.

The team has also organised a number of events including two of our regular quarterly public focus groups as well as focus groups for patients with specific conditions or specific areas. The focus groups have significantly and proactively contributed to the design of the services and ensured feedback has been used in planning and design. In December we held a focus group with staff and patients from critical care and oncology on the design of the garden with Shrewsbury Severn Rotary after a visit to the balcony area in the new build. All focus groups have an extensive Q&A section to gain the views and comments from attendees. All presentations are published on our website along with the Q&As and action logs (after they've been reviewed by the attendees) to ensure full transparency. For more information please see our website: [HTP Focus Groups - SaTH](#)

- 4.5 We have also attended 26 events across the county and mid-Wales. The map below shows the spread of the face to face meetings and details of all locations/meetings we attended are in the report



- 4.6 We have been planning our engagement with our local communities for the next 6 months including the following focus groups:
- W&C HTP Play garden focus group -April 2026
 - Critical Care and Oncology Garden focus group -April 2026
 - HTP Public Focus group -2 June 2026
 - HTP Furniture focus group – Summer 2026
 - Visit to sample rooms – Summer
- 4.7 Public Assurance Forum. Engagement activity and HTP engagement is reported to the quarterly Public Assurance Forum which is co-chaired by a SaTH NED (Professor Trevor Purt) and a public member from Montgomery Health Forum (Cllr Joy Jones) and has a wide range of community, voluntary and statutory sector organisations as members, who have the opportunity to discuss issues directly with our Divisional teams, who also attend. The HTP paper includes a section on fundraising and seldom heard groups. The papers are published on our website for full transparency [Public Assurance Forum – SaTH](#) and key items from the meetings in November 2025 and January 2026 are included in the report.

5.0 Looking Forward

- The Public Assurance Forum to meet quarterly and review its constitution when Foundation Trust guidance issued
- Continue to support staff with any future service changes engagement
- Support the HTP Engagement programme, including the quarterly focus group for the public and patients.
- Maximise opportunities for joint engagement working with Shropshire Community Trust with focus on neighbourhood care
- Continue to support staff wellbeing through Charity Small Things Big Difference Fund
- Support fundraising for the Hospitals Transformation Programme
- Continue to grow and support our volunteers and the opportunities we provide to them
- Develop Volunteer schemes to address hospital priorities eg Discharge Response Volunteer, Neighbourhood Care (outlined in 10 year NHS Plan) and work closely with Shropshire Community Trust to maximise effectiveness

6. Recommendations

The Public Assurance Forum is asked to:

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

Julia Clarke Director of Public Participation
April 2026



Public Participation Report (October 2025 - March 2026)

Julia Clarke – Director of Public Participation
Shrewsbury and Telford Hospital NHS Trust

VOLUNTEERS

VOLUNTEERS

Current position

- We currently have **214** active volunteers at the Trust, who over the past 6 months have contributed over 12,000 volunteering hours
- **Volunteer Team** – During the past 6 months there have been changes within the volunteer team. We have a new Volunteer Service Manager (Eve Simmonds-Jones) and a Volunteer Facilitator (Nicci Smith).
- We are also currently recruiting for a Band 5 to fill a vacant position.
- **Volunteer Coffee and Catch Up – Evening Sessions.** The first evening sessions have been held at RSH and PRH and the feedback from volunteers were that these are useful to hold every six months (in addition to the monthly coffee and chat sessions)
- **Our processing time for new volunteers is, on average, 3.2 weeks** which includes all recruitment checks (references, DBS, Occupational Health clearance) and mandatory training.
- Five year Volunteer Strategy 2026-2030 finalised after extensive consultation with public, staff and volunteers

Oct 25 – Mar 26

214

Total Active Volunteers

12,170

Total Hours

VOLUNTEERS

Duke of Edinburgh's Award

SaTH successfully applied to the Duke of Edinburgh's Award scheme to become an Approved Activity Provider for volunteering. This will support more young people access volunteering opportunities at SaTH as part of their award.

Eve Simmonds-Jones, Volunteer Services Manager, and Nicci Smith, Volunteer Facilitator, were invited to attend an Approved Activity Provider (AAP) Event for the Duke of Edinburgh at the HSBC Building in Birmingham on the 3rd February. As the only AAP from the NHS in attendance, it was a great opportunity to share the opportunities we offer young people and we already have some young volunteers join us as part of this scheme.



Volunteer Driver and RSH Buggy Service

Volunteer Driver Service Update

250+

Journeys per month

18

Operational volunteer
drivers in March

7

New volunteer
drivers in progress

Our Volunteer Driver Service has continued to build and increase the number of patients they help and support. We have received enquiries from the Ophthalmology department along with DAART to see how we might be able to assist their patients and clinics. Drivers also offer a delivery service for medications, equipment and discharge letters to allow them to get home quicker and also provides a “settling in” service to check patients have drinks, electricity and heating with a working phone before leaving them. Conversations are planned with Shropshire Community Trust and our non-emergency patient transport provider to look at extending this service and we are aiming to achieve 300 journeys per month

RSH Patient Transport Buggy Service

We have now trained **8** volunteers to drive our Patient Transport Buggy at the Royal Shrewsbury Hospital, with **3** new volunteers currently in progress enabling us to run a full driver rota getting patients to outpatient clinics from the Treatment Centre entrance.



VOLUNTEER DRIVERS

Our Volunteer Driver Service was featured throughout the day on Tuesday 24th March across the full range of BBC Media Channels; television, radio and online article, with televised reports on the breakfast, evening and late edition of Midlands Today.

The report focused on a renal patient, Jane Lewis, who is a regular patient for our volunteer drivers, and the story focused on the huge difference our volunteer drivers make in providing a safe and comfortable transport option with a 98% record of taking patients within 30 minutes.

In addition, Helpforce highlighted key areas of the 6-month pilot report to emphasise the impact to our patients and services, and to encourage other NHS Trusts to implement the service.



VOLUNTEERS

Helpforce partnership

Our Volunteer to Career programme was featured by Helpforce who won the Health Service Journal (HSJ) Award for 'Staffing Solution of the Year' in March 2026. Julia Clarke, Director of Public Participation, was in attendance as SaTH was showcased from one of the 70-plus partners involved in Volunteer to Career, nationally:

“We are absolutely delighted to see Helpforce recognised at the HSJ Partnership Awards. With their support, our volunteering service has focused on strengthening our workforce, supporting our staff, improving patient experience and opening doors for people from all backgrounds to join the NHS.”

Julia and Hannah Morris, Head of Public Participation, were also invited to attend a reception in the House of Commons on 5th February 2026 where Helpforce brought together distinguished speakers and guests to explore how the healthcare and VCSE

sectors, as well as policymakers and funders, can play their full role in transforming the impact of volunteers.

Helpforce also launched and presented their landmark report, 'Reimagining Healthcare Volunteering' which prominently featured the volunteering services we currently offer, along with referencing the impact and success of our Volunteer Driver Service.

We are discussing piloting neighbourhood volunteering schemes with Helpforce in line with the 10Year NHS Plan



VOLUNTEERS

Volunteer welfare

Our first Volunteer Wellbeing Session took place on Tuesday 27th January, led by Catherine O'Callaghan from SaTH's Psychological Services Department. The session was very well received, and further sessions have been set up throughout the year with a mix of themed Wellbeing Sessions to focus on skills our volunteers can develop and use in both their volunteering and everyday life, along with structured Care Space Sessions where they can share experiences and learn from each other with the support and guidance of the Psychological Services Team

The Volunteer Team have also started making regular visits to our volunteers on shift, including volunteers Daisy and Nicky who greet our patients and visitors at the Ward Block Entrance at RSH, and Susan who welcomes our patients and visitors at the Women and Children's Atrium at PRH.

These visits, along with our Wellbeing Calls have been really well received by our volunteers and they allow us to check-in with volunteers and staff teams to offer support, reassurance and an opportunity to identify and potential issues so that they can be addressed quickly.



SHREWSBURY AND TELFORD HOSPITAL CHARITY

SATH CHARITY

- Income for the 6 months September 2025 – February 2026 was £223,801 compared to £210,604 in the same period last year.
- Expenditure for the same period was £196,574 compared to £188,854 in 2024/25.
- During October 2025 – March 2026 SaTH Charity had:
 - **891** monetary donation entries registered on the charity database.
 - **4** donations were legacies and **18** donations were ‘In Memory’ donations from funeral services.
- SaTH Charity 5 Year Strategy document is now live for staff and the public to view: [SaTH Charity Strategy 2025 - 2030 by The Shrewsbury and Telford Hospital NHS Trust – Issuu](#)
- Nicola Brockley is the Charity’s Fundraising Manager supported by Emily Hughes the Fundraising Apprentice



SaTH CHARITY Supporters

Donors

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

Fundraisers

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

Donors	
Number of Donations	Total
1	1219
2 to 4	258
5 and above	11

Fundraisers	
Number of Fundraising Pages	Total
1	102
2 and above	38

SATH CHARITY

Supporting our patients (1)

Xray Specimen Window £15,000

There are two theatres at the Royal Shrewsbury Hospital, both capable of stereotactic guided breast biopsies. However, only one room could x-ray the specimen. Being able to x-ray the specimen is very important as it is a visual aid to show the correct area has been sampled. A second x-ray window was requested to increase capacity, improve the patient journey and reduce the number of insufficient biopsies requested and speed up time to diagnosis

Pupilometers for Critical Care- £7,000

Thanks to generous donations, Shrewsbury and Telford Hospital Charity have been able to purchase two pupilometers one for each Critical Care Unit at Royal Shrewsbury Hospital and Princess Royal Hospital, each costing £3,500.

The pupilometers helps assess patients by accurately measuring pupil size and reaction. This is especially useful when reactions are slow or hard to see, providing a more accurate result – making it a valuable tool for Critical Care.



SATH CHARITY

Supporting our patients (2)

RAF Shawbury Fly Santa to the Hospital

Santa swapped his sleigh for a RAF Shawbury helicopter when he flew in to visit the Children's Ward at the Princess Royal Hospital in Telford just before Christmas. Excited patients and staff greeted the Juno helicopter as it touched down with its special visitor aboard.

Christmas can be a really challenging time for patients, especially for children and their families whilst receiving treatment in hospital during the festive period, so Shrewsbury and Telford Hospital Charity and RAF Shawbury helped Santa deliver gifts to patients on the Children's Ward and also visited parents on the Neonatal Unit.



SATH CHARITY

Supporting our staff – Small Things Big Difference Fund

- Over **1350** members of staff are now playing the staff lottery. Half the income is paid out in prizes each month and the remaining income goes into the Small Things Big Difference Fund for staff requests.
- Between Oct-March there were **179** requests for support from SaTH Charity, **71** of which were for the Small Things/Big Difference Fund totalling £14,489 and included outdoor benches for staff breaks, coffee machines and microwaves for staff rooms

Impact Statement

“Sometimes it really is the small things that make a big difference. The Elective Hub at PRH team shared feedback about their working environment including something very simple: having a toaster and a microwave that actually worked. We contacted the SaTH “Small Things Make a Big Difference” Fund and applied on the team’s behalf and the items were approved.

“This is a great example of how speaking up and sharing feedback leads to positive change, and how listening to our teams really does matter. It also highlights the incredible role SaTH Charities play in supporting our staff and helping to make day-to-day working life that little bit better. Thank you to the team for being open and engaged, and to SaTH Charities for your continued support.”



SATH CHARITY

Celebrating our fundraisers (1)

Integrated Health Partners (IHP)

We are incredibly grateful to companies Integrated Health Partners (IHP), Dalkia, JCS, Longworth and O&B who joined together to raise an amazing £14,000 for Children's Services at SaTH. The different companies worked together as a team to raise a monumental amount for our newly launched campaign to raise money to build a sensory room and Sky Garden for the new children's ward, as part of our Hospitals Transformation Programme

Charity Concert- Jackfield Brass Band

A magical evening of music was held in November with the Jackfield Brass Band and Haberdasher's Abraham Darby Jazz Band to raise funds for the Women & Children HTP appeal, which has now raised over £20,000 for the development of a Children's play garden and a sensory room in the new building at RSH, with Group CEO Jo Williams picking up the baton to lead the band for one of the tunes!



SATH CHARITY

Celebrating our fundraisers (2)

Red Lion Caersws

Customers at The Red Lion, Caersws have raised an incredible £7,125 in support of the Shrewsbury and Telford Hospital Charity. The money will go towards the HTP Critical Care and Oncology Garden – a new outdoor space for patients and their families.

The fundraising total was achieved through a series of fun and creative community activities, including food stalls, “money in a jar,” “spud in a bucket,” freshly prepared baps, and other lively events hosted at the pub. The generosity and enthusiasm of customers and supporters turned small change and community spirit into a significant donation for local hospital services.



Henrietta's Squat Challenge £2,235

Superstar Henrietta raised 1490% more than her goal of £150 for her squat challenge. The challenge start on 20th February and ended 20th March where she did her final 100 squats in her school, joined by some of her friends. Henrietta's story has captured the attention of lots of enthusiastic supporters, and even BBC Radio Shropshire; she was invited onto the show to talk about her challenge and the positive impact she wants to make to the patients staying on the Neonatal Unit.



SATH CHARITY

Working in partnership with NHS Charities Together

Staff Menopause service

In August we were notified that our bid of £48,965 to NHS Charities Together to fund a staff menopause service had been successful.

The clinic is a self-referral system with various stages of the support provided starting with access to recordings on general menopause information to provide awareness and understanding, followed by a Group Consultation / 1:1 s led by SaTH's Consultant Specialist, Dr Jo Ritchie.

The first clinic took place on 17 October and since that time dozens of SaTH staff have self-referred. In March it was agreed that the service could be extended to staff at Shropshire Community Trust from 1 April 2026



Impact Statement:

"I found the session very informative and felt very comfortable discussing my own symptoms and found it reassuring listening to others who suffered with the same or similar symptoms - I have recommended the session to a colleague."

"I think the session was great we were given a lot of information, and we were able to share our experiences in a safe environment"

Shrewsbury Severn Rotary Critical Care and Oncology Garden

- A focus group was held with Shrewsbury Severn Rotary club in December, 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 - Cancer Centre PRH

- Lingen Davies launched their appeal for the £5million Sunflower Appeal, that will develop a 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.

Respiratory Centre PRH

Clinical space in Princess Royal Hospital 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:

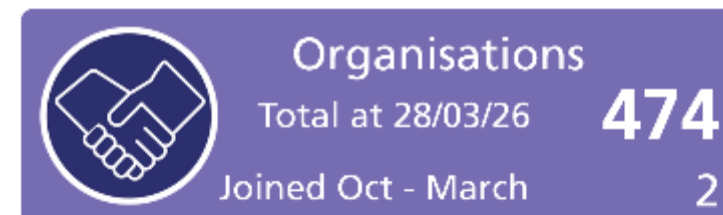
- Consolidate our respiratory specialists in one centre that will **serve our entire region**
- Provide **faster diagnostics and treatment** for respiratory conditions
- **Utilise existing, high-quality clinical space** in the current PRH W&C centre, which will be available once clinical moves have taken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

COMMUNITY ENGAGEMENT

COMMUNITY ENGAGEMENT

- The Community Engagement team (Kate Ballinger and Aaron Hyslop) arrange a series of community events where the public across Shropshire, Telford & Wrekin and Powys are invited to join us virtually to find out more about their hospitals, which includes:
 - **Monthly newsletter update** – An email update to our 5000+ members and 400+ organisations
 - **Monthly Hospital Update (previously Community Cascade)** – this is a public session delivered once a month by the Director of Public Participation and focuses on current hospital news, public participation update and provides a Q&A opportunity. The presentations are available on our website
 - **About Health Events**– There is an ongoing series of one hour Teams health events delivered by health professionals for staff and the public on topics including the menopause, HTP, chaplaincy and other requested topics. The sessions are recorded and available on the website, with an opportunity for Q&As.
- The Hospitals Transformation Programme remains the main theme of feedback received by the Community Engagement team and we continue to work closely with HTP colleagues to support ongoing engagement.
- Five year Community Engagement Strategy 2026-2030 finalised after extensive consultation with public, staff and partners

Community Engagement Team Statistics



COMMUNITY ENGAGEMENT Hospital events

We hold monthly **Hospital Update** sessions on the last Wednesday of each month (apart from December!) Attendance at these events is generally around 20 members of the public. They are one hour long delivered by the Director of Public Participation and there is an opportunity to ask questions. They cover hospital news and the latest on how to get involved with SaTH. The presentation is shared on the #GetInvolved page of our website after the event.

Our regular **About Health** events, which are 60-minute sessions looking at particular topics of interest, delivered by clinicians/service leads with an opportunity to ask questions. These are recorded and the videos shared online after the event.

In Q3&4 we have covered:

- Hospitals Transformation Programme (x2)
- Menopause – Dr Jo Ritchie
- Patient Portal – Digital team
- Diabetes Footcare: Your questions answered – Nicky Beard, Podiatry Lead
- Cardiovascular disease and prevention – Dr Jayan Makesh
- Health & Wellbeing for People living with Cancer – multi-disciplinary team





Community Engagement

Dementia | Diabetes | Respiratory | Cardiovascular

All priority areas benefit from sharing these 4 key messages and we are visiting community groups where evidence shows an increased risk of these conditions, and sharing information/signposting to local services:

- ✓ Drink (alcohol) in moderation
- ✓ Eat a balanced diet
- ✓ Exercise more
- ✓ Don't Smoke

We are working closely with partners to maximise effectiveness and will be having discussions around closer working relationships with Shropshire Community Trust colleagues, which is one of our strategic objectives.

Dementia

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

Diabetes

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

Respiratory

We are working with system partners to focus on outreach being taken to community settings for vulnerable groups (addiction, autism, gypsy/traveller communities)

Cardiovascular

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



COMMUNITY ENGAGEMENT

Seldom Heard communities (Core 20Plus5)

Between October 2025 and April 2026, the Engagement Team delivered a programme of community, public and stakeholder engagement across Shropshire, Telford & Wrekin and Powys, combining face-to-face outreach with online engagement. Where possible, our team works collaboratively with multi-agency partners to increase trust and reach.

Alongside the key messages outlined on the previous slide, conversations focus on Hospitals Transformation Programme (HTP) updates, listening to community concerns, and building relationships with seldom-heard groups including:

- Inclusion Health Groups, including Gypsy, Roma and Traveller communities
- People with sensory impairments, including Deaf, Deafblind, Hard of Hearing and visually impaired people
- People living with dementia and their carers
- Rural and agricultural communities, including farming populations
- People experiencing digital exclusion or with limited access to online services
- People with long-term health conditions, including diabetes, cardiovascular disease, cancer and sight loss
- Older people, including those experiencing social isolation or frailty
- Unpaid carers, including carers of people with long-term conditions or dementia
- Armed Forces community, including veterans and their families
- STW Cancer Champions network

COMMUNITY ENGAGEMENT



You may remember the Patient Transport Desk as you entered Princess Royal Hospital...



This became the new Transforming Princess Royal Hospital Hub, pictured here at its launch
The hub gives us a space to talk with people who are using our services



Members of the Public Participation team (*Community Engagement, Volunteer and Charity teams*) are available in the hub Monday – Friday between 09:00 and 16:30

Since opening, we have engaged with thousands of people, more than 60% of whom were patients of the Trust.

COMMUNITY ENGAGEMENT

Hospitals Transformation Programme (HTP)

The Public Participation Team has been supporting HTP to engage with our local communities around the Hospitals Transformation Programme since 2023. The team organises a number of events including:

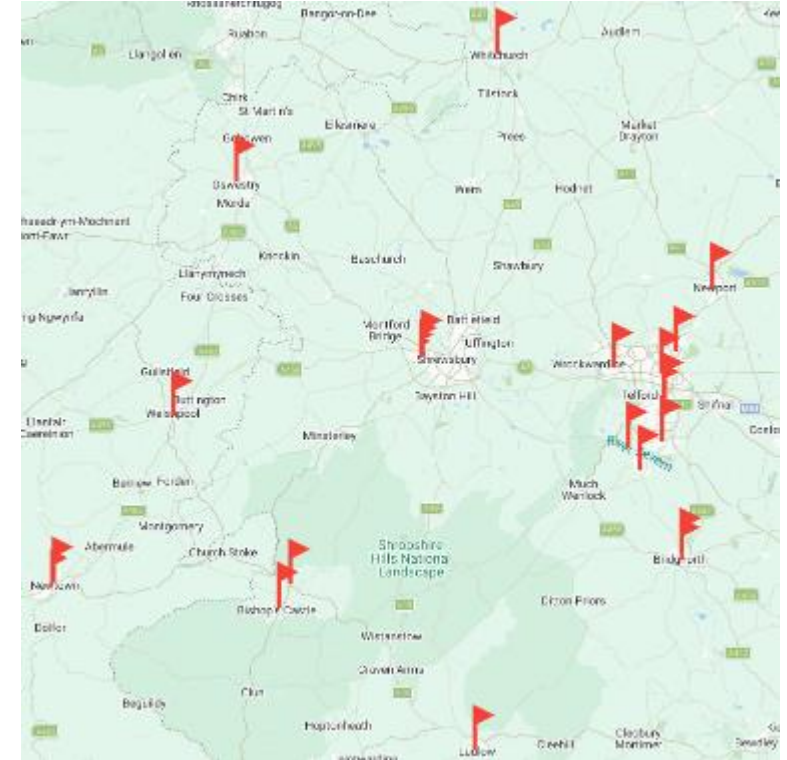
- **Quarterly focus groups** aligned to our clinical workstreams. We hold the focus groups every three months, and members can either attend in person or via MS Teams. Focus groups were held in early December 2025 and March 2026. The next focus group is 2 June 2026
- We have also held a series of specialised focus groups based upon the feedback we received from our quarterly focus group members and local communities. In December 2025 we held a HTP focus group for the Critical Care and Oncology Garden to draw up designs, with a further meeting planned in the Spring. There is also a Focus Group being planned for seating options.
- **Presentations, Q&As and action logs** from our focus groups are published in the public domain and can be found here with the Q&As from the focus groups : [HTP Focus Groups – SaTH](#)
- There is also a regular newsletter issued [Hospitals Transformation Programme - Information Leaflet - 2026 by The Shrewsbury and Telford Hospital NHS Trust - Issuu](#)
- **Quarterly *About Health HTP* events** have been delivered using MS Teams in October and January and the next About Health event is on the evening of **Tuesday 28 April 2026 at 6.30pm**. All About Health events are recorded and available on the website



COMMUNITY ENGAGEMENT Hospitals Transformation Programme (HTP)

- 01/10/25 – Bridgnorth Befriending Group, presentation
- 02/10/25 – Telford Visually Impaired Group, presentation
- 03/10/25 – Lydham Friday Market, drop-in
- 09/10/25 – The Wakes, Oakengates, drop-in
- 13/10/25 – Leadership Conference, presentation
- 14/10/25 – Newtown Health & Wellbeing day, drop-in
- 23/10/25 – RSH Neighbours, drop-in
- 23/10/25 – Rotary Club of Ironbridge, presentation
- 04/11/25 – Telford COG, Strengthening Community and Voluntary Organisations, drop-in
- 02/12/25 – HTP Quarterly Focus Group
- 05/12/25 – HTP Critical Care & Oncology Terrace Focus Group

- 08/01/26 – Wellington Live Well Hub, drop-in
- 13/01/26 – Newport Library, drop-in
- 23/01/26 – Whitchurch Library, drop-in
- 27/01/26 – RSH Neighbours, drop-in
- 28/01/26 – Oswestry Library, drop-in
- 02/02/26 – Bridgnorth Library, drop-in
- 06/02/26 – Broseley Library, drop-in
- 11/02/26 – Ludlow Library, drop-in
- 26/02/26 – Friends of SaTH Executive Committee, presentation
- 24/02/26 – Newtown Library, drop-in
- 05/03/26 – HTP Quarterly Focus Group
- 06/03/26 – Donnington Community Hub, drop-in
- 12/03/26 – Madeley Library, drop-in
- 20/03/26 – Bishops Castle Library, drop-in
- 23/03/26 – Welshpool Library, drop-in



COMMUNITY ENGAGEMENT

Implementing Feedback from our communities

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

Some examples of the feedback and changes from our focus groups are below and the full list of all actions taken can be found on our website

- Redesigned main entrance into the hospital – now with separate entrances for ED/UTC and main hospital
- Distinct, yellow toilet doors in the new building to aid patients or visitors with dementia or visual impairment
- Second bereavement suite added to W&C floors and one flexible room for use when required – this includes soundproofing of these rooms
- Providing a sensory room within W&C accommodation for children with learning disabilities and their families
- Dementia friendly clocks and signage within rooms and wards
- Two en-suite mental health rooms now incorporated within the Emergency Department
- Communal social space created for women to meet and chat when staying on the Maternity Unit (some for many weeks)
- Involvement (over 1600 responses) in naming convention and colour palette and clear colour differentiation between floors, walls and doors for those living with dementia and with additional visual needs

COMMUNITY ENGAGEMENT

Public Assurance Forum 3 November 2025



Shropshire, Telford and Wrekin
Community and Hospitals
NHS Group

- The Public Assurance Forum (PAF) was established in 2021 to bring a public and community perspective to processes, decision making and wider engagement work at The Shrewsbury and Telford Hospital NHS Trust. The Forum provides constructive challenge and scrutiny of decisions from a patient and public perspective. They also share information back into their own organisations. PAF has a wide range of community and statutory sector organisations as members as well as representation from SaTH's Divisional Leadership Team.
- All papers are available on the Trust website [Public Assurance Forum – SaTH](#)
- The standing items include
 - updates from public members
 - updates from SaTH Divisions,
 - HTP report and review of draft presentation for next public About Health event,
 - HTP Engagement report (including fundraising).
 - Strategy and Partnerships report
 - Public Participation action plan report

Some of the other items discussed included:

- Park and ride scheme – Head of Facilities
- Modular wards – Chief Operating Officer
- Volunteer Driver Scheme – Volunteer Manager
- Patient Engagement Portal – Business Change Manager - Digital
- Review of draft Public Participation Public Board 6-monthly report before presentation to Board of Directors



COMMUNITY ENGAGEMENT

Public Assurance Forum 19 January 2026

- The standing items include:
 - Updates from public members
 - Updates from SaTH Divisions,
 - HTP report and review of draft presentation for next public About Health event,
 - HTP Engagement report (including fundraising).
 - Strategy and Partnerships report
 - Public Participation action plan report
- All papers are available on the Trust website [Public Assurance Forum – SaTH](#)
- In addition, some of the other items discussed included:
 - SaTH Medium Term Plan – Divisional Director of Operations
 - Group name and next steps – Chief Communications Officer
 - Community Engagement Strategy – Director of Public Participation
 - Helpforce Discharge Driver Report – Head of Public Participation

COMMUNITY ENGAGEMENT

Additional Engagement Routes

Event & Date	Subject
Hospitals Update meeting	Monthly Trust News Update including update on HTP
Monthly newsletter email update - sent to our 4900+ community members	Update from Public Participation team including HTP update and details on how to get involved
Quarterly Public Assurance Forum (next one November 2025) with representatives from organisations across health & social care in Shropshire, Telford & Wrekin & Mid-Wales	Presentation from HTP team with Q&As
SaTH website and intranet	Webpages which support public engagement and Latest HTP meetings/feedback Public Participation – SaTH
Quarterly About Health online updates (next one July 2022)	One hour MS Teams online presentation for public from HTP team with Q&As



LOOKING FORWARD

PUBLIC PARTICIPATION

Forward Look

- The Public Assurance Forum to meet quarterly and review its constitution when Foundation Trust guidance issued
- Continue to support staff with any future service changes engagement
- Support the HTP Engagement programme, including the quarterly focus group for the public and patients.
- Maximise opportunities for joint working with Shropshire Community Trust
- Continue to support staff wellbeing through Charity Small Things Big Difference Fund
- Support fundraising for the Hospitals Transformation Programme
- Continue to grow and support our volunteers and the opportunities we provide to them
- Develop Volunteer schemes to address hospital priorities, NHS Plan and work closely with Shropshire Community Trust to maximise effectiveness



Areas of Focus

- Dementia
- Diabetes
- Respiratory
- Cardiovascular

Methods of Engagement

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

SaTH Community Engagement Action Plan 2025/2026



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



Strategic Aims

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

- 1. INCLUSION:** To increase the number and diversity of people involved with SaTH, ensuring that they are provided with meaningful and timely involvement opportunities
- 2. RESPONSIVE:** Build greater public confidence, trust and understanding by listening and being responsive to our local communities
- 3 DECISION-MAKING:** To introduce a public and community perspective to decision making and wider work at SaTH, including, recruitment, strategic planning, training and service development and delivery
- 4 GET INVOLVED:** Ensure our communities feel better informed and able to Get Involved if they choose too. Develop a range of involvement opportunities that are rewarding, meaningful and enable individuals from a diverse range of backgrounds to get involved.
- 5 COMMUNICATION:** SaTH will communicate with our communities directly to ensure they are kept informed and update about what is going on at the hospitals (making use of digital communications)
- 6 OUR STAFF:** Enabled our staff to have the skills and confidence to engage with our communities

Desired Outcomes

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

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

Q1		Q2		Q3		Q4		General Notes						
April—May—June 2025		Jul-Aug-Sep-2025		Oct—Nov—Dec-2025		Jan—Feb—March-2026		Outcomes—Q2						
1. Recruit to Engagement vacancies	2. Work with SaTH Health Inequalities group to identify key audiences for thematic engagement.	3. Create a diary of engagement events/invites and share internally to enable collaborative engagement	4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	5. Deliver About Health events	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Review social media outcomes and develop standard protocols for ongoing use.	3. Visit 2 priority community groups	4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	5. Deliver About Health events	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. The team has successfully recruited to one of the vacant posts. The 0,6wte vacancy will be advertised in April 2026
2. Work with SaTH Health Inequalities group to identify key audiences for thematic engagement.	3. Create a diary of engagement events/invites and share internally to enable collaborative engagement	4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	5. Deliver About Health events	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.	3. Progress Public Participation Strategy engagement.	4. Visit 2 priority community groups	5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	6. Deliver About Health events	7. Provide support for Hospitals Transformation Programme	8. Work with divisions to ensure they meet their Section 242 duties.	2. ShropComm attended focus group and updated on Neighbourhood plans.
3. Create a diary of engagement events/invites and share internally to enable collaborative engagement	4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	5. Deliver About Health events	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.	3. Progress Public Participation Strategy engagement.	4. Visit 2 priority community groups	5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	6. Deliver About Health events	7. Provide support for Hospitals Transformation Programme	8. Work with divisions to ensure they meet their Section 242 duties.	3. Surveys and focus groups carried out for Community Engagement and Volunteering strategies.	
4. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	5. Deliver About Health events	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.	3. Progress Public Participation Strategy engagement.	4. Visit 2 priority community groups	5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	6. Deliver About Health events	7. Provide support for Hospitals Transformation Programme	8. Work with divisions to ensure they meet their Section 242 duties.	9. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)	4. Ongoing programme of visits, and prioritised attendance at Community Connectors meetings across Shropshire/Telford & Wrekin to share information	
5. Deliver About Health events	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.	3. Progress Public Participation Strategy engagement.	4. Visit 2 priority community groups	5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	6. Deliver About Health events	7. Provide support for Hospitals Transformation Programme	8. Work with divisions to ensure they meet their Section 242 duties.	9. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)	5. Deliver 3 About Health events: Health & Wellbeing for People living with Cancer, HTP, Cardiovascular disease prevention		
6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.	3. Progress Public Participation Strategy engagement.	4. Visit 2 priority community groups	5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	6. Deliver About Health events	7. Provide support for Hospitals Transformation Programme	8. Work with divisions to ensure they meet their Section 242 duties.	9. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)	6. Provide support for Hospitals Transformation Programme	7. Work with divisions to ensure they meet their Section 242 duties.	6. Continued support for Hospitals Transformation Programme through focus groups and presentations	
7. Work with divisions to ensure they meet their Section 242 duties.	1. Recruit to Engagement vacancies	2. Carry out mid-point review of collaborative engagement and revisit plans for Q3 & Q4.	3. Progress Public Participation Strategy engagement.	4. Visit 2 priority community groups	5. Attend community events and meetings to engage local population and share messaging for key priorities/promote involvement opportunities	6. Deliver About Health events	7. Provide support for Hospitals Transformation Programme	8. Work with divisions to ensure they meet their Section 242 duties.	9. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)	7. Work with divisions to ensure they meet their Section 242 duties.	8. Work with divisions to ensure they meet their Section 242 duties.	9. Explore alternatives to CLEAR email platform—(greater functionality/lower cost)	7. Supported Pre-Op move to Sentinel Park with focus group	



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 develop with actions and activity targets and reports monitored through CFC to identify any variance and take action
8. SATH Charity team capacity & succession planning	2	3	6	Annual review to CFC of team function and comparison with NHS CT data. Secure fixed term funding for Charity Comms and engagement post.

Q1 April – May – June	Q2 July – August – Sep	Q3 Oct – Nov – Dec	Q4 Jan – Feb – March	General Notes Progress against Q4
<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 	<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 and summer promotion of Small Things Fund • Submit draft copy of the Annual Report for review by Auditors. • Deliver SaTH Charity Thank You Campaign on NHS Birthday • Develop the relationship with our fundraisers to include: regular development of positive news and engagement and Quarterly Supporters newsletter 	<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 	<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 	<ul style="list-style-type: none"> • HTP Appeal plans are ongoing. We are working closely with the Rotary Team who are fundraising for the Critical Care and Oncology Garden. The designs for this have been received and costs should be available soon. Focus groups are planned for the Children's Services Garden and fundraising is ongoing. Friends of SaTH intend to launch their campaign for the Respiratory Centre in 2026-2027 • A request for divisional plans for 2026/2027 has been circulated by the Chief Operating Officer . These are due to be brought to the CFC meeting 6th May.2026. Meetings have taken place with Divisional leads in Medicine, W&C, Pathology, oncology and CriticalCare to discuss stewardship and fundraising in relationship to HTP • The quarterly Charity newsletter has been paused due to staff capacity. However social media has been utilised to engage with our audience and the Facebook page (where the majority of our engagement comes from) has grown almost 50% since September 2025 (719 followers to 1050 follows). Regular charity information has also been shared with over 5000 members n the monthly #GetInvolved Newsletter

SaTH Volunteer Development & Action Plan

April 2025 to March 2026

V1 17/03/2025



Stakeholder Groups

A. Volunteers

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

B. Staff

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

C. Public

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

D. Schools, Organisations and Local Business.

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

E. Other Volunteer Organisations.

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

Programme

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

Strategic Aims

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

Desired Outcomes

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

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

Q1	Q2	Q3	Q4	General Notes
April – May – June	July – August – Sep	Oct – Nov – Dec	Jan – Feb – March	Progress against Q4
<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 Review current approach to Youth Programme Organise monthly coffee and cake catch up with volunteers Active database and volunteer role review 	<ul style="list-style-type: none"> A Survey for the five year strategy was sent and received a good response which informed new initiatives—for example, Wellbeing Calls and Sessions. The Wroxeter Hotel has been booked and Invitations sent to Volunteers and Executives. Certificates and badges are in process along with a presentation for Julia Clarke. We have had a thorough review and audit of Better Impact data and functions, along with how we record volunteer information to ensure accuracy and efficiency. We held an online meeting in January to share the findings of our volunteer driver service and gain feedback, along with evening Coffee and Catch up sessions planned to gather more general feedback from volunteers. Cohort 6 of VtC is underway, with Cohort 7 planned for later in the year. DofE is ongoing Monthly Coffee and Catch ups are now being held each month and a survey has been sent to all volunteers to gather feedback about how they would like these to look going forward. Young Volunteers to be recruited through targeted schemes eg Duke of Edinburgh Award We have reviewed all Volunteers roles with 18 roles prioritised and the remaining roles to be assessed once priority role rota are

Public Assurance Forum meetings 2026

Monday 6th July 13.00-16.00

Monday 12th October 13.00-16.00