

AGENDA

Public Assurance Forum

Date: Monday 9th October 2023

Time: 2pm-5pm

Location: Microsoft Teams

OPENING MATTERS AND PROCEDURAL ITEMS

Item No.	Agenda Item	Paper No / Verbal	Lead	Required Action	Time
2023/41	Welcome and apologies	Verbal	Co-Chairs	For noting	14:00
2023/42	Minutes of previous meeting	Paper 1	Co-Chairs	For noting	14:05
2023/43	Matters Arising/Actions	Paper 2	Co-Chairs	For approval	14:10
2023/44	Update on HTP: <ul style="list-style-type: none"> • HTP Programme Board Engagement Report • 1:50 Clinical Design Meetings 	Presentation To Follow Verbal	HTP team Hannah Morris PAF members	For approval For discussion For noting	14:15
2023/45	Partner's updates	Paper 3	Forum Members	For approval	15:00
2023/46	SaTH Improvement Hub and Public Involvement update	Presentation	James Owen	For approval	15:15
2023/47	SATH Strategy & Partnership update	Paper 4	Director of Strategy & Partnership	To discuss	15:30
2023/48	Update on Service Developments: <ul style="list-style-type: none"> • Renal Dialysis • Fetal Medicine 	Presentation	Hannah Morris	To discuss	15:45

2023/49	Supplementary Information Pack i. SaTH Divisional updates on key issues. ii. Public Participation Plan: 2023/24 Action Plan Update iii. Draft Public Participation Quarterly Board Report	Papers 5-7	Divisions Hannah Morris	For information – to address any comments /queries	15:55
2023/50	Any Other Business	Verbal	Chair		16:00
2023/51	Dates for the Forum for 2024 and close of meeting	Paper 8	Chair	To note	16:05

Public Assurance Forum

Held on Monday 3rd July 2023
14:00 – 17:00hrs via MS Teams

MINUTES

Present:

David Brown	Non-Executive Director SATH (Chair)
Julia Clarke	Director of Public Participation SATH (Deputy)
Hannah Morris	Head of Public Participation SATH
Adam Ellis-Morgan	Lead for Estates for the Hospitals Transformation Programme
Andrew Evans	Centre Manager- Surgery (Breast, Vascular, Gastro, Urology, Colorectal, Upper GI, Endoscopy)
Annemarie Lawrence	Director of Midwifery
Aaron Hyslop	Public Participation Facilitator
Dianne Lloyd	Acting Deputy Divisional Director of Operations – Clinical Support Services
Emily Hinkinson	Centre Manager MSK
Graham Shepherd	Shropshire Patient Group Representative
Heather Osborne	Chief Executive, Age UK Shropshire Telford & Wrekin
Helen Williams	Lead Superintendent Radiographer
Jane Randall-Smith	Llais Representative
Jennifer Fullard	Chief Communications Officer
Cllr Joy Jones	Llais Wales (Cymru), County Councillor of Newtown East Ward
Laura Graham	Divisional Director of Operations
Liz Florendine	Communication & Involvement Officer at Healthwatch Shropshire
Lynn Pickavance	Telford Patients First Group
Mary Aubrey	Programme Director Getting to Good / NHS Improvement
Matthew Neal	Director of Transformation
Matt Mellors	Head of PMO
Nigel Lee	Interim Director of Strategy and Partnerships
Rachel Webster	Lead Nurse Hospitals Transformation Programme
Ruth Smith	Head of Patient Experience
Tom Jones	Hospitals Transformation Programme Implementation Lead

In attendance:

Rachel Fitzhenry	Senior Administrator (Minute taker)
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Item No.	Agenda Item
2023/26	Welcome and Introduction
	<p>David Brown opened the meeting by welcoming the group to the MS Team meeting.</p> <p>David Brown welcomed Cllr Joy Jones as the new Co-Chair of the Public Assurance Forum.</p>
2023/27	Minutes of previous meeting (3rd April 2023)
	The Minutes of the previous meeting on 3 rd April 2023 were approved as an accurate reading.
2023/28	Matters Arising/Actions
	Separate sheet attached.
2023/29	Review of Terms of Reference
	<p>Forum members were asked to approve the Terms of Reference as there had been suggestions / feedback that the membership could be more diverse, and it was noted to be too SaTH heavy.</p> <p>David Brown queried if there had been involvement from Telford & Wrekin Healthwatch, now called ECS who are running the contract. ACTION: Hannah Morris to chase up engagement.</p> <p>Ruth Smith informed the Forum of a structural change within corporate nursing, It will possibly be a deputy chief nurse that would attend going forward.</p> <p>Jane Randall-Smith informed the Forum she is the representative for Llais, formally known as Community Health Council.</p> <p>The Forum members approved the Terms of Reference.</p>
2023/30	Update on HTP
	<p>Matthew Neal, Rachel Webster and Tom Jones presented the update on the Hospital Transformation Programme and updated the group on key areas included within the slides:</p> <p><u>Where are we in the process</u></p> <ul style="list-style-type: none"> • We've worked with our lead clinicians to add further detail into the clinical model to start to design the "flow" of clinical services (how our clinical teams will work and connect to each other). • On track to submit the Outline Business Case during Summer 2023. • Preparations underway to be ready for the implementation phase. • Your feedback is continuing to inform the development of our plans. This involvement will continue and over the next few weeks, months, and years there will be many opportunities for people to help us influence the physical environments and people's experience of our services. <p>One hospital, two sites:</p> <p><u>Telford – Specialising in Planned Care</u> Planned surgery: Procedures, Day Care Surgery, Non-complex Inpatient Surgery. A&E Local Model Inpatient Medical Care General Surgery</p>

Urology
Orthopaedics
Gynaecology
Weight Loss Surgery
Breast Surgery
Rehabilitation

Shrewsbury – Specialising in Emergency Care

Emergency Department
Critical Care Unit
Consultant -Led Maternity Care
Childrens Inpatient Services
Emergency Surgery
Complex Planned and Childrens Surgery
Emergency Medicine including Cardiology, Stroke, Respiratory and Acute Medicine
Childrens Assessment Unit
Consultant Neonatal Services
Radiotherapy and Patient Cancer Care
Head and Neck Inpatient Services

Both sites will provide

24-Hour Urgent Care Centres
Diagnostics
Outpatient Adult
Outpatient Children
Midwife-Led Maternity Services
Frail and Elderly Care Services
Diagnostic Endoscopy
Day Case Chemotherapy

Dedicated planned care hub – aligned with HTP

Work is progressing on our £24million Planned Care Hub at PRH with the first beds expected to open to patients in autumn 2023. This purpose-built facility will consist of four theatres and a dedicated recovery area for elective care.

The hub will enable us to deliver day case operations all year round which means that - Our patients will face fewer delays for treatment, improving outcomes.

- We are not likely to postpone procedures due to winter and bed pressures.

The hub is a key part of our long-term plans to deliver improvements in care for the population and create two thriving hospitals. We expect the first beds to open in the Autumn and it is expected to be fully complete in early 2024.

Work is also progressing on the multi-million-pound transformation of the main entrance at PRH which is expected to be completed later this year.

Listening to local communities

- We are working with Shropshire Council to seek planning permission for the building works at RSH.
- There will be a range of ways to view our plans, to ask questions of our programme team and give feedback.
- This engagement activity is part of the planning process.
- We are committed to working with our architects and suppliers to ensure we are: Considerate constructors.
- Acting sustainably.

We want to involve you, our staff and patients, and be a good neighbour and involve our local communities:

- Additional focus group –3rd August.
- An online planning website (available from 19 July).
- Planning events:
 - 19 July, 4pm to 7pm at Shropshire Conference and Education Centre.
 - 22 July, 10am to 2pm at Shropshire Conference and Education Centre
 - 24 July, 3pm to 7pm at Gains Park Hall
- Online webinar –1 August at 6pm
- About Health event –25 July
- EQHIAAs focus group – August
- We can also attend community meetings to provide updates upon request.

For more information visit: www.rshplanningapplication.co.uk

How can we inform and engage local people:

Next stages for involvement

- Entering the next phase where we can meaningfully involve our focus groups and communities in designing a positive experience for patients.
- We will want to involve them in the evolving design including (but not exclusively) with.
 - Accessibility and sensory needs
 - Wayfinding/ signage
 - Look and feel of environment (as long as within clinical IPC guidelines)
 - Public spaces
 - Transport and parking
 - Public Artwork
- This will continue over the coming years as more detail becomes available.

Get involved

Keep looking at our website for more information:

www.sath.nhs.uk/about-us/hospitals-transformation-programme/

For more information on what's happening at our hospitals and how to get involved (including registering for our focus groups), please email: sath.engagement@nhs.net

David Brown questioned the enabling works that will be going ahead and what it involves. Matthew Neal informed the Forum, enabling would mean helping with the logistics of the site due to Shrewsbury being a constrained site. There will be internal works done within our emergency department in order to free up the site for the new build element to go ahead, so there will be no impact on services. We are also working very closely with our technical team to plan some internal works in preparation for the big build so there are no logistical issues with the contractors coming onto site. It will all need to be planned very carefully.

Graham Shepherd asked, at what stage of the approval can the current buildings start being altered to suit when the build eventually starts. Is it not dangerous to start doing that in the next few months when it could be another 9 months before the approval is granted to build it. Matthew Neal reassured the Forum, all the works that are being proposed are works that are discreet and can be isolated and left in perpetuity, it would be works that would be carried out anyway, as it is all planned

	<p>and can be accommodated within our current building stock. It is hoped that we could start preparatory work within the next 2/3 months' time and that formal planning approval will be given by the end of February.</p> <p>Nigel Lee informed the Forum there is still a great opportunity to get expert patient and community involvement in this programme.</p> <p>Matthew Neal and Adam Ellis-Morgan left the meeting.</p>
2023/31	SaTH Transformation Team update
	<p>Matt Mellors and Mary Aubrey presented the update on our Getting to Good Programme and updated the group on key areas included within the slides:</p> <p>Transformation of Care “Getting to Good”</p> <p><u>Our Improvement Journey</u></p> <ul style="list-style-type: none"> • Our trust wide quality improvement programme which aims to help us achieve our overarching vision to provide excellent care for the communities we serve. • This improvement will be recognised with a CQC rating of “good”. • We are currently in Phase 2 of G2G with move to Phase 3 planned for this year. <p><u>Delivering Change</u></p> <p>An Operational Delivery Group (ODG) is in place to accelerate and support the delivery of improvements in Phase 2 of ‘Getting to Good’.</p> <p>The Group is made up of Senior Responsible Officers (SROs): - a NHSE support team and Improvement Director, Service Improvement Team, Programme Management Office, Informatics and Communications.</p> <p>Within each of the eight programmes there is an executive lead responsible for delivery; correction areas; delivery milestones; metrics and a target. The Group meets weekly for the SRO to deliver updates, evidence, and information about progress.</p> <p>ODG is the assurance group prior to the SATH Oversight and Assurance Group offering support and healthy challenge to senior responsible officers, identifying strengths within projects and are as for improvement.</p> <p><u>Progress Summary (By programme)</u></p> <p>Two programmes are progressing well and are reporting all projects as being on track this period and rated Green:</p> <ul style="list-style-type: none"> • Maternity Transformation • Corporate Governance <p>Six programmes are experiencing slippage in delivery of milestones and are rated Amber:</p> <ul style="list-style-type: none"> • Quality and Safety • Digital • Elective Recovery • Workforce Transformation • Finance Resources • Urgent Care Improvement <p><u>Progress Summary (By individual project)</u></p>

In this period, both Medical Staffing and Levelling Up Clinical Standards projects are now off track and rated Red alongside Theatres and Outpatients:

- Theatre Productivity
- Levelling Up Clinical Standards
- Outpatient Transformation
- Medical Staffing

A further eight projects have slippage in delivery of milestones and are rated amber:

- Diagnostics Recovery
- Performance Business Intelligence
- Learning from Deaths
- Equality, Diversity and Inclusion
- Quality and Regulatory Compliance
- Delivery of the Quality Strategy
- Recruitment and Retention
- Digital Infrastructure

The remaining projects are all on track and are rated Green or delivered and are rated Blue:

- Risk Management
- Communications & Engagement
- Cancer Performance
- Maternity Transformation
- Quality Governance
- Critical Care Improvements
- Expansion of Medical Examiners Office
- Fundamentals in Care
- UEC Improvements
- Emergency Care Transformation
- Culture & Behaviours
- Future Workforce Design
- Leadership Development

Reported progress - Theatre productivity.

Project remains off track due to inability to increase available theatre capacity. Following review of current milestones, recommendations were made to include late starts, early finishes, cancellation reasons, turnaround time and planned utilisation versus actual.

Actions undertaken included

- Implementation of a new list planning meeting with Booking and Scheduling.
- Further improvements to reporting and review of automation of reports.
- Continued dialogue with NHSE Theatre lead.
- Bluespier Pre-operative assessment demonstration.

Key update

- Access to day case beds improved.
- Focus remains on list and bed planning in advance of To Come In.
- Fortnightly Theatre Improvement Task and Finish Group will continue to meet.

Reported progress – Diagnostics recovery, March performance

- Imaging at 78%, MRI at 91%, CT at 90%
- Ultrasound increased to 66%
- Echo increased to 85%
- Overall Endoscopy performance at 33% (Feb)
- Non-Obstetric Ultrasound Waiting List Initiatives helped increase performance by 22%
- 12-month extension of current CT and MRI scanners
- Additional CT for 5 months and MRI for 12 months
- Community Diagnostic Centre opens Sept 2023

Reported progress – Emergency Care Transformation Programme

The Emergency Care Transformation Programme aims to improve clinical quality across the Emergency Departments, culture and communication, governance, and pathways.

The programme has a delivery plan consisting of 134 actions.

The delivery and embedding of each of the actions is scrutinised at a monthly assurance committee which includes Healthwatch, the Ambulance Service, the ICS and public representation.

The delivery to date includes work to the initial assessment process, improved security for reception staff and a more consistent communication in respect to serious incidents.

Patient and Public Involvement

- Communications –Initial focus on educating our staff on what Getting to Good was and the progress being made. Next step is to have more external focus and public involvement.
- Maternity Transformation –Maternity Voices Partnership and service user experience feedback gathered.
- Emergency Care Transformation –PaCE panel member representation on Emergency Care Transformation Assurance Committee (ECTAC) and service user experience feedback.
- PaCE panel members meeting to increase understanding of the programme and answer specific queries.

David Brown questioned theatre productivity and how it has been a concern for quite some time, especially regards staffing. It was question whether the improvement at 85% by April next year, including the four new theatres being in use or not. Matt Mellors agreed that this is including the four new theatres. Nigel Lee advised the creation of dedicated and ring-fenced theatre space, was always expected to be positive as far as staff were concerned. To support patients and the use of the day surgery units is really important, creating this additional capacity means that theatre staff are able to do theatre work. Mary Aubrey informed the Forum that every single one of the 8 programmes they all link to improving the patient experience and delivering better patient outcomes.

Mary Aubrey and Matt Mellors left the meeting.

2023/32

SaTH Strategy & Partnership update

Nigel Lee gave a brief update on the SaTH Strategy & Partnership with key actions and activities:

Integrated Care System (ICS)

The ICS Clinical Strategy 2023-2025, led by the ICB Chief Medical Officer, is set within the context of the wider Integrated Care Strategy (published in early 2023).

The clinical strategy focusses on six clinical pathways:

- Urgency and Emergency Care; Cancer; Cardiac; Diabetes; MSK; Mental Health

In addition to these six priorities, maternity and neonatal were recognised as established programmes of work that will continue, with further phases of clinical improvement programmes focussing on Respiratory (Asthma), Urology and Gynaecology (pathways, capacity, and demand).

Joint Forward Plan (JFP)

As part of the Integrated Care Board's (ICB) statutory responsibilities, the ICB and their partner Trusts/Providers have a duty to produce a Joint Forward Plan (JFP). The JFP describes how services are provided to meet our populations physical and mental health needs over the next 5 years aligned to the ICS four core purposes. The main principles of the plan are to ensure that it is:

- Aligned with the wider system partnerships ambitions.
- Supporting and building on existing local strategies and plans.
- Delivery focussed.

A draft JFP has been approved via the ICS (end of March 23) and submitted to NHSE. Whilst feedback on the draft document was positive all partners will continue to work collaboratively to produce the final version of the JFP by end of June 2023. The ICS Big conversations have been held in the past few weeks, and further stakeholder events including hard to reach service users/carers have taken place.

Shropshire Wrekin and Telford Health and Wellbeing Board (HWBB)

Health and Wellbeing Boards are a statutory forum where political, clinical, professional and community leaders from across the care and health system come together to improve the health and wellbeing of their local population and reduce health inequalities. A summary of this month's topics included:

- Implementation of healthy lives trauma approach to care.
- A review of dentistry and access to services.
- The early intervention/prevention scheme in Oswestry was spotlighted as good practice.
- Healthwatch report in regard to calling for an ambulance.
- Better Care Fund utilisation and follow up meetings to review and ensure alignment to the JFP particularly in areas such as prevention, inequalities, admission avoidance and delayed discharges.
- All age carer strategy.
- Joint Service Needs Assessment in relation to Drug and Alcohol
- Armed Forces.

Shropshire, Telford and Wrekin Integrated Place Partnership Boards (SHIP/TWIPP)

	<p>For both Shropshire, Telford and Wrekin Integrated Pace boards the main focus has been on the development of the JFP and public engagement (health and wellbeing conversation). However, some areas to note include:</p> <ul style="list-style-type: none"> • TWIPP/SHIPP are currently agreeing the strategic plan deliverables and alignment to the above. <p>Telford & Wrekin Council and partners have underlined their commitment to prevent and tackle all forms of domestic abuse with the launch of a new strategy. The Domestic Abuse Strategy 2023-25</p> <p>Nigel Lee informed the Forum about five national objectives that NHS England has set for NHS organisations to look at for health inequalities. One of those is about mitigating the digital inclusion challenges that we've got in certain areas. We are trying to give the vast majority of the population options for example 'patient initiated follow up', it's not always appropriate to simply bring patients back. Patients themselves can provide the trigger if they feel they need.</p> <p>The other is using apps for a lot of different areas, using virtual clinics and therefore doing stuff over the telephone or a Zoom / Teams is all very well if people have access to good digital connectivity and have a smartphone. Both the trust and also the system outpatient transformation is to make sure that we're aware there are still people who prefer a letter or a face-to-face appointment.</p>
2023/33	Update on Service Developments:
	<p>Julia Clarke gave a brief update on Service Developments:</p> <p><u>Renal Analysis</u></p> <p>The Renal Unit on the 1st and 2nd floor of Hollinswood House is nearing completion, scheduled for October 2023.</p> <ul style="list-style-type: none"> • Ventilation & Steelwork has now been completed. • Ceilings, doorframes and floor finishes now underway. • CCTV and Alarm systems now being installed. • I.T. Hub and patient check in works have commenced. • External slabbing and access works are now underway.
2023/34	RSH Gamma Camera
	<p>Helen Williams presented the RSH Gamma Camera slides and updated the group on key areas included within the slides:</p> <p><u>Nuclear Medicine</u></p> <ul style="list-style-type: none"> • Nuclear Medicine involves a highly sensitive imaging technique, which is used to look at cell function rather than structure alone. • This process can detect disease progression much earlier than other modalities. • As part of the process, radiation is injected into the patient, which results in hotspot areas on the image. • Nuclear Medicine imaging is mainly used by Oncology and Trauma and Orthopaedic services. <p><u>Current Position</u></p> <ul style="list-style-type: none"> • SaTH have two 20-year-old cameras, one at each site (RSH and PRH). • The manufacture has issued us with an end-of-life notification. • SaTH Nuclear Medicine service covers all of STW ICS, and also some referrals for Welsh patients.

	<ul style="list-style-type: none"> • The current service is supported by Radiopharmacy which is located at RSH. • This is a heavily legislated service, due to the unsealed radioactive sources. • We currently run a limited service at PRH due to the location. This primarily supports the paediatric service. <p><u>Proposal</u></p> <ul style="list-style-type: none"> • Upgrade the scanner at RSH. • Upgrade the estate to house the scanner. • Keep the scanner at PRH running to support the Paediatric service only (current practice). • Ensure all developments meet new legislative requirements. <p>Lynne Pickavance queried the date on when will the Gamma camera replacement be from and where is the funding for this coming from. Helen Williams informed the Forum that it will hopefully go live around February next year. The cost of the camera is £700,000. Nigel Lee noted, Helen and the team have lodged this as a requirement for some time. It is part of the national annual capital allocation for the organisation, and it has been prioritised as part of our capital replacement programme.</p> <p>Helen Williams left the meeting.</p>
2023/35	Partners updates
	<p>i) Healthwatch Shropshire</p> <p>Liz Florendine gave a brief update on Healthwatch Shropshire:</p> <p><u>Diabetes</u> Diabetes survey has been publicised across the county. We want to hear from people with diabetes or those who have been identified as being at risk of developing diabetes (pre-diabetic) about their experiences of diabetic care and support. We will then share the responses with the NHS and Public Health to help inform the transformation program and ensure the patient voice is at the centre of development. Diabetes care and support - share your experiences Healthwatch Shropshire</p> <p><u>Complaints Survey</u> Complaints survey closed end of May. 78 usable responses were received, and the report is being written. We hope to publish this in July.</p> <p><u>Market Halls</u> We visited 5 markets across Shropshire and spoke to over 100 people about their experiences, asking specifically if they had concerns about any particular services. It was a good opportunity to get some detailed, in-depth feedback. The report has been published and is available on our website. Shropshire Markets - What are you concerned about? Healthwatch Shropshire</p> <p><u>'Because we all care' – GP referrals</u> The report has been published and NHS Shropshire, Telford & Wrekin have assured us that 'a range of actions will be developed with the new recovery plan to address the issues raised.' Because we all care – GP referrals Healthwatch Shropshire</p> <p><u>Your Care Your Way-Meeting Communication Needs</u></p>

	<p>We heard from a range of people with communication needs, their families and carers, receiving suggestions to improve communication and the way.</p> <p>ii) Shropshire Patient Group representative</p> <p>Graham Shepherd gave a brief update on Shropshire Patient Group (SPG):</p> <p>SPG now has representatives on the Planned & Unplanned, Clinical Support Services and Women's & Childrens HTP Focus groups. We also have a volunteer for the Transport Group when it is formed. They are enthusiastic to contribute to the HTP group moving forward.</p> <p>Heather Osborne noted to the Forum how fabulous it is to see something actually happening in relation to the Hospitals Transformation Programme. It's really important to share that with people, we have actually got things to show people and I think that's hugely positive.</p> <p>iii) Llais representative</p> <p>Jane Randal-Smith gave a brief update on Shropshire Patient Group:</p> <p>Llais is a new organisation (taken over from the Community Health Council - CHC) and although it's been in the planning for some time operationally, it's been very challenging for it to get up and running. There is an All-Wales survey collecting feedback on health and social care services at the moment, but nothing specific for Powys. The big change is that Llais will now have responsibility for social care and as well as NHS services. It will be a totally different way of working. The Community Health Council was volunteer led, Llais is not volunteer led. It's been lead centrally and it's one organisation for the whole of Wales with local offices. There are two in Powys, it's going to be a very different organisation. It is really just developing at the moment, but as soon as we've got some official literature, it will be sent across.</p>
2023/36	SaTH Divisional updates on key issues:
	<p>The divisions gave a brief update on their key issues:</p> <p>i) Women & Children's</p> <p>Carol McInnes gave the key updates from the Division:</p> <p><u>Gynaecology</u></p> <ul style="list-style-type: none"> • We continue to receive a high number of referrals for gynaecology outpatient appointments. Work is being undertaken with ICS colleagues and primary care to review referral pathways in an effort to address the increase in activity we have seen. • Performance against the national cancer standard has dropped, with patients waiting longer to be seen and treated than planned for. Work is underway to improve this pathway. • The Trust Fertility Service has been inspected by the regulatory body for fertility services, formal feedback is awaited. <p><u>Paediatrics</u></p> <ul style="list-style-type: none"> • A transformation plan has been established to oversee improvements to our paediatric services. The plan will be overseen by the Trust Medical Director and report through to the Quality and Safety Committee.

Neonates

- New staffing guidance has been published for neonatal units. A gap analysis has been undertaken against this guidance and a business case to address the gaps identified has been produced. This is in the process of working through system planning processes.

Maternity

- Delivery against the Ockenden action plan is ahead of plan.
- International recruitment for midwifery staff is underway, this will help add some resilience to our workforce plan and will also help us to create a more representative and diverse workforce.
- A piece of work has been launched focusing on ensuring our maternity service delivers the best outcomes for BAME members of our local communities.

Update on any current or future service developments or changes:

- Planning for 2023/24 is underway based on national priorities for all services.
- Work continues with a project group to look at the hysteroscopy pathway with a focus on patient experience incorporating pain management.

How is the Division going to involve patients/public in the next quarter:

Continued partnership and engagement work alongside our MVP colleagues for our maternity and neonatal services. Areas of focus include:

- Continued development of the competency framework for midwives – MVP supporting with this by focusing upon community engagement to capture service user experience, to produce video case studies for the training package.
- Community – peri-natal mental health provision, receiving a number of DNA's – the MVP are helping with marketing the service, supporting referral process (clarify the service provision for our women).
- Continued implementation of the '15 steps' programme for maternity across our service areas.
- MVP support to anaesthetics team regarding the process and information for C-Sections continues.
- Social media led project – patient admission information continues (top tips)
- Support for pelvic health project continued with MVP/ volunteers – referral form has gone live, feedback to be sought.

Gynaecology

- PACE group in place – looking to increase the participation numbers and increasing diverse representation via primary care (communication and bookings first priority, will seek engagement hysteroscopy pathway work).

Action update from previous meeting:

- MVP volunteers have re-reviewed the birth preference card and provided feedback – a revised version has now been produced and is in place.
- MVP presentation for preceptee midwives delivered as part of their induction programme.
- A volunteer has provided support with induction of labour video's, this is now live.
- MVP link for EPAS – feedback was received regarding the clinical appearance of the unit, murals were purchased following feedback, these have now been fitted.

- MVP volunteers have supported with antenatal education information by reviewing content on pilot information prior to 'go live'.
- Preceptorship midwifery briefing has been filmed by MVP.

ii) Medicine & Emergency

Laura Graham gave the key updates from the Division:

Demand on our Emergency Departments remains high with added pressures as a result of the recent and upcoming junior doctor strikes.

As shared last month the Division has rolled out a ward process improvement programme across all medical wards. This is focused on bringing our discharges forward to earlier in the day and in doing so improving patient experience. We have seen tangible benefits through a reduction in time patients are spending as an inpatient in our hospitals and patients being discharged earlier in the day. We will continue to build on this progress over the coming months.

The Division embarked on a three-year improvement programme, focusing on our Emergency Departments, last October. Led by our clinical teams this programme is improving the care and experience of our patients accessing our Emergency Departments. This month we welcomed PACE panel member Dawn to our assurance meeting that oversees the delivery of this programme, ensuring positive change is embedded. Her insights, questioning and challenge were hugely valuable, and we look forward to her continuing input throughout the journey of this programme.

Update on any current or future service developments or changes:

Work continues to prepare for the relocation of the PRH renal dialysis unit to Hollinswood House in the autumn. Patients/public will continue to be involved in this project, as well as our Divisional PACE panel. It is hoped that we may be able to hold an open day to allow patients to visit the Unit before the official opening – this is subject to us being able to satisfy health and safety requirements.

David Brown notified the Forum he went into the discharge lounge at PRH last week and mentioned how everything seemed to be working really well.

iii) Clinical Support Services

Dianne Lloyd gave the key updates from the Division:

Workforce

Significant work on our recruitment and retention plans continues across the Division including international recruitment, apprenticeships, "golden tickets" for final year students, recruitment events and introducing new roles and ways of working such as Pharmacy Technicians and Reporting Radiographers.

We have been successful in recruiting into some notably hard to fill vacancies such as radiographers, sonographers and physiotherapists and we will have stable staffing positions in these areas from July / August when our newly qualified band 5's will join our teams.

However, we continue to have less success in the nationally recognised shortage professions of Pharmacists, Speech & Language Therapists and Occupational Therapists and we continue with every effort possible to fill these vacancies.

An integrated Shropshire, Telford & Wrekin workforce plan to counterbalance the movement of Pharmacists into the Primary Care Networks has been approved by the Integrated Care Board and will hopefully result in joint appointments and rotational posts.

Service performance against notable standards

Current Diagnostic Management Standard 1 (DM01) performance (May 2023):

The DM01 standard requires that only 1% of patients should wait over 6 weeks for a diagnostic test. Our imaging performance is on an overall improvement trend:

- MRI - 90%
- CT - 98%
- Non-obstetric Ultrasound - 66%

We are making steady progress in reducing our backlogs created during the pandemic through a wide variety of ways including the use of mobile CT and MRI scanners, waiting list initiatives, insourcing, and outsourcing to create additional capacity for reporting, new ways of working such as Reporting Radiographers, home reporting equipment and improved staffing levels.

Therefore, our CT and MRI outpatient recovery trajectories show both services will recover the DM01 standard of 99% by July 2023.

Non-obstetric Ultrasound DM01 recovery is expected by January 2024.

Regionally, all Trusts are reporting issues with recovering the DM01 standard for non-obstetric ultrasound and none are achieving this yet.

Breast Screening

- Recovery of breast screening round-length (defined as the time between the previous screening test and being offered another examination should not be longer than 3 years) and time to results (target of 2 weeks) is now consistently at pre-pandemic levels: both at 98.8% in May (target 95%). The Team have won the SaTH Improvement Award 2023 for reducing the backlog of over 17,000 patients, demonstrating a high degree of public engagement and involvement with colleagues.
- The Department of Health and Social Care has awarded SaTH £384,000 to purchase a mobile breast screening unit and screening equipment which will replace the oldest mobile unit (12 years old) over the summer months.
- "NetCall" text reminders for appointments – implementation is on-going with our IT Department's support and will happen in approx. 6-8 weeks. Once embedded for Breast Screening appointments this will roll out to support other outpatient appointments across the Division e.g. radiology and therapies and in this way we hope to reduce "DNA" rates (patients who do not attend and do not tell us in advance).

Therapy outpatient waiting lists are still to recover to pre-pandemic levels although progress is gradually being made:

The total number of urgent patients waiting beyond the standard of up to 2 weeks at the end of May has now reduced to 61 patients.

The total number of routine patients waiting beyond the standard of up to 6 weeks has significantly decreased from nearly 2,000 to 179 patients.

Blood transfusion

Over recent months we have been reporting that the NHS Blood Transfusion Service had issued an alert for stock levels of red blood cells and platelets, however with effect from the 1st June 2023 this alert has been removed.

**Update on any current or future service developments or changes:
Patient engagement and involvement**

The Clinical Support Services Division has established a Patient Experience Group reporting to the Patient and Carer Engagement Panel (PACE) chaired by the Acting Deputy Divisional Director with membership from across all 4 Centres and a growing number of patient engagement representatives including our Lead Chaplain for the Trust. We are keen to have at least 1 patient engagement representative working alongside each of our Centres – Radiology, Pathology, Pharmacy and Therapies and our recruitment campaign continues.

The early work of this new group has been to develop a patient and carer involvement and engagement strategy and action plan specifically for our areas. From our strategy the first 2 actions we are working on are:

- Restoring patient feedback to at least pre-pandemic levels for example out-patient questionnaires, talking to our patients to gain feedback and starting to run focus groups again.
- Carrying out assessments of our environments visited by our patients e.g. reception areas and treatment spaces. We are using a simple tool called “The First 15 Steps” designed by the mother of a young child who needed to use many hospital services during her early years, and the mother said she knew within the first 15 steps whether the care that would be provided to her child would be safe and caring. We are setting up small groups including our patient engagement representatives to go and visit each other’s departments to carry out these assessments and make recommendations.

We are also involving our patient engagement representatives in some of our service changes and improvements such as:

New Community Diagnostics Centre (CDC) in Telford

This project is to develop a Community Diagnostic Centre at Hollinswood House in Telford. It forms part of a national programme of work to increase access to diagnostic tests in the community.

The CDC will have a CT and MRI scanner and a Phlebotomy service for 250-300 patients / day and the ability to carry out certain types of blood tests (Monday to Friday).

The expected operational date for the CDC is from mid-autumn this year as a huge amount of building work has to happen first to convert Hollinswood House into a healthcare facility and we are continuing to recruit to the additional staff needed. Good progress is being made with both.

Once the building has been handed over and is safe to visit, we are going to take a group of patient representatives around the building to advise us on the environment and the patient’s journey.

New Therapy Service for Neonates

We have been successful in a bid for Ockenden funding to introduce Dietitians, Occupational Therapists, Physiotherapists and Speech & Language Therapists into the Neonatal Unit at PRH and recruitment is currently underway. They will provide a critical role in supporting the developmental stages of these very premature babies. Our new Neonatal Clinical Lead Occupational Therapist and Dietitian have just started, and they are working on integrating with their new multi-disciplinary colleagues and developing an understanding of the unit, its processes and practices and areas for development. We are planning to use feedback from families to inform how we develop this new service.

Musculo-skeletal (MSK) Transformation Programme

This programme involves the 3 local NHS Trusts (SaTH, RJAH and SCHT) in developing an integrated pathway from GP referral to surgery if required, including post-operative care.

The first phase started in February to introduce a single Referral Centre and triage process leading to conservative management mainly via Physiotherapy and Occupational Therapy with patients able to attend any of the 3 Trusts and for the first time since the pandemic our waiting times have reduced to under the target of 4 weeks.

The programme is led centrally by the Integrated Care System (ICS) who have an engagement strategy encompassing staff and patients.

The Macmillan Integrated Therapy Service: now has a series of “tiles” within the SaTH Cancer App. This is an exciting opportunity to develop and provide information for those living with cancer, as part of the personalised care agenda. Specific information has already been added for Dietetics and Speech & Language Therapy, with Occupational Therapy and Physiotherapy following a similar format, including videos to help with managing side effects of treatment, and links to Macmillan / signposting to a range of organisations and services across health and social care. This project is a great example of partnership working with the Trust’s Macmillan Cancer Information Centres and as we develop the tools, we will be working with patient representatives within Cancer Services in order to get their views on how to navigate around the “tiles” from a patient’s perspective.

Replacement Nuclear Medicine* Gamma camera at RSH: funding has been approved for a replacement camera at RSH and the necessary building work will start in August 2023 with completion estimated in February 2024. We will be involving our patient engagement representative to make sure the new facility is patient friendly.

Note: The gamma camera at PRH which is used only for children, will continue to operate as normal whilst the Women’s & Children’s department remains at PRH.

**Nuclear medicine uses very small amounts of radioactive material (radioisotopes) inside the body to see how organs or tissues are functioning in order to make a diagnosis or to target and destroy diseased or damaged tissues in order to treat certain conditions including cancer. It uses about the same amount of radiation as a normal x-ray. The gamma camera is used to produce images of the radioisotopes.*

Our new Discharge Medicines Service (DMS): has been set up to provide an important link between hospital and community Pharmacists to support the safe management of medicines after discharge, avoid over-prescribing and avoid re-admissions due to any complications with medicines after discharge. The new team presented a poster about the service at the National Clinical Pharmacy Congress in May 2023 with a lot of positive feedback and other organisations have been in touch to discuss their work. We will be gathering patient feedback about the new service to inform its further development.

Just one example of the great comments we receive about our services, this time involving a patient with a learning disability who was frightened to have a blood sample taken:

Our Phlebotomy Service received a compliment from the Community Learning Disability Nurse who emailed “*Can I just say a big thank you for successful bloods for this chap today, as I understand it he was “putty in the nurses’ hands”. The support staff have said that the way they were with him put him at ease and he was really compliant. Obtaining bloods for our client group is often tricky and this*

has taken 5 months to achieve. It is a great example of joint working and reasonable adjustments to ensure such a successful outcome for him.

Jane Randal-Smith thanked the team for such a comprehensive report and asked about the therapy outpatient waiting list and how it has been a tremendous achievement and questioned what had been done to reduce it from 2000 to 179. Dianne Lloyd added that it is just due to the hard work of the staff that helped get to where the service level is now.

Heather Osbourne congratulated the team on such a fantastic report and asked, in regard to breast screening services longer term, is there a plan to have breastfeeding services in the actual building rather than in a portacabin on the car park. Is that part of the longer-term plan? Dianne Lloyd informed the Forum breast screening would always need to be supported by the mobile units that go around the county, but certainly it is the plan to have a better on-site facility as well.

iv) Surgery, Anaesthetics & Cancer

Andrew Evans gave the key updates from the Division:

Division fully supporting and engaged with the CareFlow system.

ENT/Max Fax/Ophthalmology

- Additional funding from Cancer Alliance to support Max Fax Cancer patients.
- Paediatric Ophthalmology wait time reduced to less than 6 weeks.
- Electronic triage for Otology patients 1st April.

Theatres

- Social media campaign and open day at PRH to recruit theatre staff was a success.
- Elective Hub work streams continue.
- Bespoke leadership and coaching training now being undertaken within the PRH Theatre department (developed by own team).

Sterile Services Department

- New washers and autoclaves have been installed.

Patient Access

- The team have now validated circa 12,000 patients via Netcall in line with NHSE directive to validate all patients who have waited over 12 weeks for an OP appointment 8,000 responses were received via Netcall and the remainder contacted were contacted via telephone – this is an ongoing process.

MSK

- Proposal to redesign Tier 1 and Tier 2 rotas has been put forward to executive team/ICB. This will see a significant uplift in the number of doctors on each site.

Update on any current or future service developments or changes:

HTP planning and engagement with the public continues across the Division.

ENT/Max Fax/Ophthalmology

- Introduction of aqueous shunts or Glaucoma drainage services pending approval by commissioners

- New 2WW proforma for Head and Neck approved via ICB/ICS implemented as of 1st January.
- Business Case in progress for 6th Max Fax Cancer Consultant
- Appointment of 9th ENT fixed term contract consultant – start date August 2023

Theatres

- Robotic surgery to commenced in May at RSH Theatres

Radiotherapy

- waiting area – feedback from patients regarding the waiting area and improvements to the environment which could be undertaken to make it a better patient experience.

MSK

- Trauma Working Group formalised to implement the move of trauma to RSH in line with GIRFT recommendations and HTP.
- Ongoing mutual aid discussions with ROH to support hip replacement surgery.

How is the Division going to involve patients/public in the next quarter:

- New patient representatives have joined the Patient and Carers Experience group and will attend monthly meetings. Observe and act sessions will be arranged with the Elective Surgery Hub, T&O wards, fracture clinics and plaster rooms.

Nigel Lee commented on the introduction of the robotic surgery. There has been a massive amount of work done by the teams. Introducing this technology has been a significant investment and a lot of work. We're doing a huge amount of work with our colleagues at Stoke. Urology demand and urology cancer is unfortunately growing significantly, and the workforce is also really under pressure. There are significant gaps nationally on the urology workforce. From a SaTH perspective, it was vital that we looked at all different ways to both support the training of new doctors and clinical nurse specialists and also a key part of our talented people and work as a network, and the robot was their vehicle to do that. I just didn't want to underestimate the work that Andrew and colleagues have done on the introduction of the robot. It's still very early days, but it's a really important vehicle for the outcomes of our patients as well as the sustainability of service.

v) Patient Experience

Ruth Smith gave the key updates from the Division:

The Chapels within the Trust have registered as Safe Places, providing a safe space for anyone who may feel vulnerable, frightened, or in need of support. Members of the Chaplaincy Team have joined Speciality Patient Experience Groups, providing additional insight and support to the work streams.

Patient representatives working with the Trust were invited to attend an Improvement conference, providing oversight of work undertaken across a range of wards and departments to support improvement. Patient partner attendance at the event was welcomed, providing a valuable insight into discussions.

A range of activities were supported during Experience of Care Week examples of these are:

- Patient feedback was shared with a wide range of Wards and Departments.
- PAT dogs visited patients across the Trust, engaging patients and carers.
- The Trust supported NHS England in delivering two online workshops sharing work undertaken within Chaplaincy and Reconditioning.
- Two patient representatives helped mark the week through sharing reflections on their experiences of working with the Trust to support patient experience improvement work.
- Wards and Departments were recognised for their achievements in gathering and receiving positive feedback. Certificates were awarded under a range of categories.
- The Co-Chair patient representative of the Patient and Carer Experience (PaCE) Panel attended an NHS England conference in London. This provided an opportunity to learn and share best practice initiatives with NHS Trusts across England.

The Quality Team have been working with the clinical teams to raise awareness on reconditioning and the benefits associated with maintaining movement and activity when in hospital. A range of ways to keep active have been introduced across the Trust, recent examples include Easter and Coronation activities, with a visit from Mr Motivator to help raise awareness amongst patients. Patient feedback has been positive, and the Trust was recently recognised for the work undertaken as being in the top three Trusts nationally for their achievements, and first place regionally.

David Brown congratulated Ruth Smith on the good work done with the chaplaincy team. Has there been any thought about getting them some more space as they don't have much room? Ruth Smith agreed they are restricted on space, and everything is being done to highlight that and to escalate it across the governance and information structures within the organisation.

2023/37

Communications Strategy

Claire Dunn presented the update on the Communications Strategy and updated the group on key areas included within the slides:

Building a Communications Strategy

- Communications affects everyone—we all have a role.
- The Trust has an ambitious long-term strategy for transformation and improvement –good communications are essential in the delivery of our priorities.
- The Communications Strategy is part of a suite of strategies that aligns with the Trust's overall Strategy. It will:
 - Provide a long-term strategic direction for Communications (five years).
 - Act as a key enabler to delivering the Trust's overall aims and priorities.
 - Support our:
 - Service users
 - Carers and families
 - Seldom heard groups
 - Colleagues
 - Partners

Our approach:

Summer 2023 –listening phase

	<ul style="list-style-type: none"> • Reviewing existing intelligence –complaints, patient feedback surveys, engagement feedback. • Seeking the views from existing groups: PAF and PACE panels, our staff networks/unions. • Survey to capture general experiences of corporate communications. • Roadshows in the canteens at PRH and RSH to listen to staff and service users. • Dedicated focus groups on specific issues (as needed), for example intranet, website. <p><u>Autumn 2023 –approval and implementation phase</u></p> <ul style="list-style-type: none"> • Sign off by the Trust for the Communications Strategy. • Targeted discussions to build action plan and key milestones. • Implementing an action plan for year one and a forward plan for key priorities. • Agreeing measures to evaluate progress. <p><u>Seeking to understand</u></p> <ul style="list-style-type: none"> • What is currently working well? • What could be improved? • What matters most to people (priorities)? • What channels are most effective/could be improved? • What channels should we invest in for the future? • How accessible are our communications? • How can we best use technology? • How can we ensure our communications are person-centred and compassionate? <p>ACTION: Julia Clarke to circulate slides to the Forum for representatives to take questions back to their groups. Teams to email Claire Dunn with views and comments on how this should progress in a way that is more meaningful.</p>
2023/38	Supplementary Information Pack
	<ul style="list-style-type: none"> i. Public Participation Plan: 2023/24 Action Plan update For information only ii. Draft Public Participation Quarterly Board For information only
2023/39	Any Other Business
	<p>ACTION: David Brown and Cllr Joy Jones to look at condensing the next PAF Agenda to minimise length of meeting, as it was noted the meeting is possibly too long with a lot of information to take in.</p>
2023/40	Dates for the Forum for 2023/2024
	<p style="text-align: center;">Monday 9th October 2023 at 2.00-5.00pm</p> <p style="text-align: center;">Monday 15th January 2024 at 1.00-4.00pm</p> <p style="text-align: center;">Monday 15th April at 1.00-4.00pm</p> <p style="text-align: center;">Monday 15th July at 1.00-4.00pm</p>

	Monday 14th October at 1.00-4.00pm
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PUBLIC ASSURANCE FORUM ACTION LOG

Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
3rd July 2023						
2023/29	03/07/2023	David Brown queried if there had been involvement from Telford & Wrekin Healthwatch, now called ECS who are running the contract. Hannah Morris to chase up engagement.	Julia Clarke	09/10/2023	David Bell to represent. Rachel F to update ToR membership	COMPLETED - recommend to close
2023/37	03/07/2023	Julia Clarke to circulate slides to the Forum for representatives to take questions back to their groups. Teams to email Claire Dunne with views and comments on how this should progress in a way that is more meaningful.	Forum	09/10/2023	Email issued with slides 31/08/2023	COMPLETED - recommend to close
2023/39	03/07/2023	David Brown and Cllr Joy Jones to look at condensing the next PAF Agenda to minimise length of meeting, as it was noted the meeting is possibly too long with a lot of information to take in.	David Brown / Cllr Joy Jones	09/10/2023	Divisional updates now in information pack to condense discus	COMPLETED - recommend to close
CLOSED ACTIONS						
Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
3rd April 2023						
2023/15	03/04/2023	Julia Clarke / Rachel Fitzhenry to update and circulate Terms of Reference to Forum Members for virtual comment and bring back to the July meeting for final sign off.	Julia/Rachel		Recommend to close	CLOSED
2023/17	03/04/2023	Graham Shepherd requested details of when the HTP Radio interviews will be broadcast. As people who ring in and ask questions are not actively involved.	Jennifer Fullard			CLOSED
2023/18	03/04/2023	Julia Clarke and Jennifer Fullard to discuss contacting the Shropshire Star to cover the mobile breast screening success story.	Julia/Jennifer		Recommend to close	CLOSED

2023/19	03/04/2023	Julia Clarke asked Rachel Cox to send the link on the Complaints Survey to Hannah Morris/Kate Ballinger who would be happy to share in the Public Participation monthly update to 3500 community members to be included in the section, 'Partners News and Updates'.	Rachel Cox/Kate			CLOSED
2023/20	03/04/2023	Kate Ballinger to put Annmarie Lawrence in touch with new connections who are less often included within the communities in Telford & Wrekin who are representative of bigger communities of the county to bring women into the hospital to have a look at refurbishing the parent's rooms and to talk about their religious needs.	Kate		Specific T&F group in progress to look at inclusion of BME communities, also includes Hannah Morris, Kim Williams, Helena Hermelin, and Ashia Miah. Recommend to close	CLOSED
2023/21	03/04/2023	Kate Ballinger to discuss with James Owen a menu or a form to specify the people who are doing the service improvement or any other particular service.	Kate		James Owen invited back to October PAF to update on progress. Recommend to close	CLOSED
24th January 2022						
2022/06	24/01/2022	Forum members were asked to ask the above questions to their members and feedback to Shirley-Ann and confirmed that the Stakeholder Group will help inform what is important to the patients.	Members	17/02/2022	Strategy now finalised and presented to Board	CLOSED
		It was agreed that the Strategy needed to clearly articulate how the Trust is working with external organisations in order to demonstrate an open and transparent approach in involving patients in the scrutiny of services. Shirley-Ann to arrange further discussion with Lynn Cawley.	Shirley-Ann/Lynn Cawley	28/02/2022	Strategy now finalised and presented to Board	CLOSED
9th January 2023						
2023/09	09/01/2023	Julia Clarke to email David Brown with any key issues that will need raising at the next Trust Board.	Julia Clarke	31/01/2023	Email sent	CLOSED
9th January 2023						
2023/01	09/01/2023	Nominations for co-Chair to be sent to Julia Clarke from public members.	Members	03/04/2023		CLOSED
2023/06	09/01/2023	Julia Clarke to discuss public involvement with Rhia Boyode.	Julia Clarke	03/04/2023	James Owen will attend the meetings.	CLOSED
2023/07	09/01/2023	Julia Clarke asked Sally Hodson to ask Lisa Challinor to focus on updating on sections 2 & 3 (involvement and engagement) at the next meeting.	Lisa Challinor	03/04/2023		CLOSED
2023/07	09/01/2023	Julia Clarke asked Kate Ballinger to send the revised Public Participation website links out to the Public Assurance Forum members for comments before launch.	Kate Ballinger	10/02/2023		IN PROGRESS
2023/16	03/04/2023	David Brown to contact Cllr Joy Jones to discuss taking forward the role of Co-Chair.	David Brown			CLOSED

Public Assurance Forum – 9 October 2023

Agenda item	2023/44			
Report	Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 2 2023/24			
Executive Lead	Julia Clarke, Director of Public Participation			
Report Author	Hannah Morris, Head of Public Participation			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	
	Our people		Effective	
	Our service delivery		Caring	
	Our partners		Responsive	
	Our governance		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF 9	
	For decision / approval	√	Link to risk register:	
	For review / discussion			
	For noting			
	For information	√		
	For consent			
Presented to:				
Dependent upon (if applicable):	- N/A			
Executive summary:	<p>This paper gives an update on the community engagement activities of the Public Participation Team in relation to the Hospitals Transformation Programme over the past quarter. 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.</p> <p>This paper outlines the engagement activities we have undertaken over the past month, any feedback and actions we have taken, as well as a forward plan for Oct-Dec 2023.</p>			
Appendices	<p>Appendix 1: MEC & SAC Focus Group Q&A and Action Log Appendix 2: W&C Focus Group Q&A and Action Log Appendix 3: Forward schedule of events</p>			

1.0 HTP Community Engagement Report (Quarter 2)

Plans to transform our hospital services in Shropshire, Telford & Wrekin and mid-Wales are now well underway. As part of our statutory duties (under Section 242 of the Health and Social Care Act) and our ongoing commitment to engage and involve our local communities and patients, we have developed a range of regular events to support public engagement with the Hospitals Transformation Programme. This report has been prepared to inform the Public Assurance Forum of the engagement activity in the Quarter 2 2023/24.

2.0 Engagement Approach and engagement activities for Quarter 2 2023/24.

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

- Public Focus Groups
- About Health Events
- Public Assurance Forum (PAF)
- Attending external meetings and events
- Community Cascade
- Community and Organisational Membership
- Involvement in 1:50 design meetings

Table 1 of the paper outlines community engagement activities which took place in Quarter 2 2023/24 in relation to the Hospitals Transformation Programme. External community events attended by SaTH in relation to HTP are also highlighted in the table.

3.0 Summary of feedback received from the Public

A summary of feedback received from the public and the actions relating to this is highlighted below:

You Said	We Did
<p>Communication:</p> <ul style="list-style-type: none">• Ensuring information is given to the public in an accessible and timely way.• Ensuring we have posters and information leaflets to distribute to the public, to keep people up to date on the programme.• Ensuring that public information on HTP is accessible.	<ul style="list-style-type: none">• HTP leaflet for the public is being reviewed.• Communications to develop flyers that simply update on latest developments for both sites and distribution and public events• Communications Team to update and improve website covering HTP
<ul style="list-style-type: none">• Ensuring that the public are being involved in a meaningful way and before decisions have been made – request for public representation on the HTP sub-committee's	<ul style="list-style-type: none">• Programme Board reviewed the suggestion of public membership on HTP sub-committees. We now have PAF members on the clinical 1:50 design groups

<ul style="list-style-type: none"> To ensure that the HTP Programme Board are aware of the comments and suggestions made by the focus group and to provide relevant feedback. 	<ul style="list-style-type: none"> An engagement report from the Public Participation Team to be submitted to the Programme Board and the Public Assurance Forum
<ul style="list-style-type: none"> For families and carers to be involved with the development of HTP, specifically around the care of children and young people with Learning Difficulties 	<ul style="list-style-type: none"> A focus group on Learning Disabilities and Autism has been organised for the 14th November 2023
<ul style="list-style-type: none"> For consideration to be given to the Travel and Transport issues that some individuals in our community may have, particularly relating to public transport and longer travel times/distance 	<ul style="list-style-type: none"> A Travel and Transport Focus group was held on 28th September – this focused on RSH. Another focus group is being organised which will look at the issues related to PRH in November
<ul style="list-style-type: none"> To ensure that the designs of the new build are dementia friendly 	<ul style="list-style-type: none"> Gareth Banks (Lead Architect) to review the design guidelines for Dementia patients.

4.0 Forward Look

A forward plan of current known engagement activity relating to the Hospitals Transformation Programme with HTP team attendance as well as Public Participation team for August and September is outlined below. There are many other events that the Public Participation team are attending alone (see Appendix 3)

Date	Event	Required attendees
4 th October	Shared Lives Carers (Telford)	HTP Team, Public Participation Team
4 th October	Volunteer Focus Group – HTP update	Public Participation Team
9 th October	Public Assurance Forum	HTP Team, Public Participation Team
11 th October	Oswestry Town Council	HTP Team, Public Participation Team
13 th October	Llais Scene Setting	Public Participation Team
127 th October	Ercall Magna Council Meeting (Waters Upton Councillors also invited)	HTP Team, Public Participation Team
2 November	Young People’s Academy (HTP slot)	HTP Team, Public Participation Team
7 th November	About Health Event - HTP	HTP Team, Public Participation Team
14 th November	Learning Disability and Autism HTP Focus Group	HTP Team, Public Participation Team

16 th November	MNVP focus group session for W&C's	HTP Team, Public Participation Team
23 November	People's Academy	HTP Team, Public Participation Team
5 th December	MEC & SAC focus group	HTP Team, Public Participation Team
7 th December	W&C's Focus Group	HTP Team, Public Participation Team
TBC (November)	Travel and Transport Focus Group	HTP Team, Public Participation Team

6.0 Risks and actions

Risk	Action	Timescales
1. Fail to engage our communities around the Hospitals Transformation Programme, resulting in lack of confidence within our communities	An on going calendar of events to support public engagement in the HTP. Regular report to the HTP programme Board relating to engagement activity and any feedback and actions needing to be taken for	On going
2. Fail to deliver statutory duties (s242) to engage with the public	Continue to support our HTP team to ensure they meet their Statutory Duties.	Ongoing
3. Staff not having the skills or confidence to engage with our communities	The Public Participation Team are providing support to the HTP team to engage and involve our local communities and their representatives within the Programme.	Ongoing

7. Recommendations

The meeting is asked to:

NOTE the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 2023/24 including:

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

Julia Clarke
Director of Public Participation

October 2024

Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 2 2023/24

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) 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 HTP Programme Board of the engagement activity in the previous quarter (July-September 2023).

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 inform the Outline Business Case
- 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.

2. Engagement Approach

Since January 2023, SaTH 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 and are aligned to the clinical workstreams within the HTP programme:
 - Medicine, emergency, surgery, anaesthetics, and cancer focus group
 - Clinical Support Services
 - Women's and Children's
 - Bespoke focus groups on specific issues e.g RSH planning application, Travel and Transport
- **About Health Events** – Held via MS Teams live these are quarterly events which are accessible to members of the public and staff.
- **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.
- **Attending community meetings** – Through our links with community organisations we offer to attend their meetings to provide an update on the HTP. This includes 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 leaflet and feedback card are being developed by the communications teams.
- **Community and organisational membership** – SaTH has over 4100 community members and 360 organisational members, who 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
- **Community Cascade** – Community Cascade is held twice monthly and provides an update to our local communities on news at SaTH (including a regular update on HTP)

- **1:50 Clinical Design Groups** – PAF and PACE public representatives have been allocated to each of the Clinical design 1:50 meetings with the Clinical teams and architects and are being inducted as the workstreams conclude the clinical elements. To date there is representation on the ED and the acute medicine groups.

3. Engagement Activity in Quarter 2 2023/24

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

Date	Event	Attendees	Outcome
1 st July	Bishop's Castle Carnival	Members of the public	Interest in HTP, with local Women's Institute asking for HTP to present to their members
3 rd July	Public Assurance Forum - Update from the HTP team	Membership to PAF is by invitation and we have a wide range of community and statutory sector organisations equivalent to Council of Governors	Positive Feedback received – presentation published on website and minutes will be published once approved: Public Assurance Forum - SaTH
4 th July	Hadley Parish Council Meeting	Parish council & local residents	Full council and around 2 dozen public. Some councillors v challenging – party political lines. Public more receptive, Will send presentation and details of focus groups.
12 th & 13 th July	Community Cascade - HTP was discussed and the PRH surgical hub.	Members of the public, registering via Eventbrite	Several questions were forwarded to the HTP team following the event and published on the website
14 th July	Local businesses Procurement event	Local businesses	Made contact with representative of Chamber of Commerce, potential for HTP information distribution to members.
21 st July	Community Members email update #GetInvolved Update on the RSH Planning application and information on the public events	Sent to over 3700 members and 360 organisations	Additional sign-ups for some published events
Tuesday 25 th July (Via MS Teams Live)	About Health HTP Event Used MS teams live with the Q&A chat function. This was successful in providing a more interactive About Health event.	Members of the public, registering via Eventbrite 20 members of the public attended	Recording of event with Q&As published on website: Hospitals Transformation Programme 'About Health' Events - SaTH Some Parish Councillors attended and will be reaching out for SaTH to attend meetings

3 rd August	HTP RSH Planning Focus Group (via MS Teams)	Members of the public registering to attend the focus groups via the Public Participation team 25 people in attendance	
9 th & 10 th August	Community Cascade - HTP was discussed, specifically relating the RSH planning application	Members of the public, registering via Eventbrite	Presentation well received by the public
15 th August	Shropshire Patient Group	Members of the Shropshire Patient Group	8 GP practice members attended. Discussed public involvement in the 1:50 clinical design meetings
6 th September	Shropshire County Council	County Councillors	18 Councillors in attendance. Questions about Maternity access – dignity of mothers
7 th & 14 th September	1) Women's and Children's Focus Group and 2) MEC & SAC Focus Group - Update from the HTP team relating to the clinical workstreams. Session delivered by the Architects. These focus groups were delivered as a hybrid meeting	Members of the public registering to attend the focus groups via the Public Participation team	- For Q&A and action logs please see Appendix 1 & 2 and for previous meetings please see the link below: Hospitals Transformation Programme Focus Groups - SaTH
14 th September	Executive Liberal Democrats Shrewsbury and Atcham	Executive meetings of Liberal Democrats in Shrewsbury and Atcham	Positive meeting and confirmed support for HTP
13 th & 14 th September	Community Cascade with an update on HTP	Members of the public, registering via Eventbrite	Presentation well received by the public
20 th September	Healthwatch Shropshire	Members of Healthwatch Shropshire Board	Presentation well received.
22 nd September	People's Academy	Members of the Public	13 members of the public attended at PRH and received an update on HTP – presentation well received.
28 th September	Travel and Transport Focus group	Members of the public	28 attendees. Positive meeting. Focused on RSH. Agreed to hold PRH group. Agreed to develop two action plans – one in relation to HTP and another wider action plan which will be led by Estates

4. SUMMARY OF FEEDBACK RECEIVED AND ACTIONS TO DATE

You Said	We Did
<p>Communication:</p> <ul style="list-style-type: none"> Ensuring information is given to the public in an accessible and timely way. Ensuring we have posters and information leaflets to distribute to the public, to keep people up to date on the programme. Ensuring that public information on HTP is accessible. 	<ul style="list-style-type: none"> HTP leaflet for the public is being reviewed. Communications to develop flyers that simply update on latest developments for both sites and distribution and public events Communications Team to update and improve website covering HTP
<ul style="list-style-type: none"> Ensuring that the public are being involved in a meaningful way and before decisions have been made – request for public representation on the HTP sub-committee's 	<ul style="list-style-type: none"> Programme Board reviewed the suggestion of public membership on HTP sub-committees. We now have PAF members on the clinical 1:50 design groups
<ul style="list-style-type: none"> To ensure that the HTP Programme Board are aware of the comments and suggestions made by the focus group and to provide relevant feedback. 	<ul style="list-style-type: none"> An engagement report from the Public Participation Team to be submitted to the Programme Board and the Public Assurance Forum
<ul style="list-style-type: none"> For families and carers to be involved with the development of HTP, specifically around the care of children and young people with Learning Difficulties 	<ul style="list-style-type: none"> A focus group on Learning Disabilities and Autism has been organised for the 14th November 2023
<ul style="list-style-type: none"> For consideration to be given to the Travel and Transport issues that some individuals in our community may have, particularly relating to public transport and longer travel times/distance 	<ul style="list-style-type: none"> A Travel and Transport Focus group was held on 28th September – this focused on RSH. Another focus group is being organised which will look at the issues related to PRH in November
<ul style="list-style-type: none"> To ensure that the designs of the new build are dementia friendly 	<ul style="list-style-type: none"> Gareth Banks (Lead Architect) to review the design guidelines for Dementia patients.

5. FORWARD LOOK

A forward look of current engagement Activity in Quarter 3 (October- December 2023) relating to the Hospitals Transformation Programme with HTP team involvement as well as Public Participation Team for August and September is outlined below in **Table 3**. A full list of all known activity including events attended only by Public Participation team is in Appendix 1

Date	Event	Required attendees
4 th October	Shared Lives Carers (Telford)	HTP Team, Public Participation Team
4 th October	Volunteer Focus Group – HTP update	Public Participation Team
9 th October	Public Assurance Forum	HTP Team, Public Participation Team
11 th October	Oswestry Town Council	HTP Team, Public Participation Team
13 th October	Llais Scene Setting	Public Participation Team
127 th October	Ercall Magna Council Meeting (Waters Upton Councillors also invited)	HTP Team, Public Participation Team
2 November	Young People’s Academy (HTP slot)	HTP Team, Public Participation Team
7 th November	About Health Event - HTP	HTP Team, Public Participation Team
14 th November	Learning Disability and Autism HTP Focus Group	HTP Team, Public Participation Team
16 th November	MNVP focus group session for W&C’s	HTP Team, Public Participation Team
23 November	People’s Academy	HTP Team, Public Participation Team
5 th December	MEC & SAC focus group	HTP Team, Public Participation Team
7 th December	W&C’s Focus Group	HTP Team, Public Participation Team
TBC (November)	Travel and Transport Focus Group	HTP Team, Public Participation Team

Recommendations

The Public Assurance Forum is asked to note:

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

Appendix 1

SAC & MEC Focus Group

**Held on Thursday 7th September 2023
13:30 – 15:30hrs via MS Teams**

QUESTIONS/ANSWERS

	<p style="text-align: center;"><u>Surgery, Anaesthetics & Cancer and Medicine & Emergency Care</u></p> <p>SATH members of staff responding to public questions</p> <p>Julia Clarke – (JC) Director of Public Participation Hannah Morris – (HM) Head of Public Participation Matthew Neal – (MN) Director of HTP Ed Rysdale – (ER) Emergency Medicine Consultant and Clinical Lead for HTP Rachel Webster - (RW) HTP Nursing, Midwifery and AHP Lead Gareth Banks - (GB) Lead Architect David Sandbach - (DS) Joint Health Overview & Scrutiny Committee (Observer)</p>
PART 1	<p><u>Q&A's FOLLOWING PRESENTATION</u></p> <p>Q: <i>What will the facilities for children with autism be like in the new building? Whilst at PRH there was nowhere quiet to wait whilst my child was getting agitated. There was a shortage of trolleys and reclining chairs for patients waiting for beds. Will all this be accommodated in the new department?</i></p> <p>A: (GB) – Space has been allocated for waiting areas and as part of the design and development, initial ideas have been input on how this might work. The conversation today is about how we develop this. This is something that we will definitely be looking at developing as part of the process going forward.</p> <p>Q: <i>Will there be space for wheelchairs and accessible turning circles and changing space facilities?</i></p> <p>A: (GB) – Spaces have been designed to accommodate better movement down corridors, so wheelchairs will have plenty of space to be moved around. There is also space which has been identified for storing the wheelchairs and there will also be electrical charging spaces for electrical wheelchairs. In terms of physical</p>

disability, we need to accommodate neurodiverse needs. There will be a new Changing Places facility in the new entrance at RSH.

A: (ER) – There will be a separate children’s waiting area in ED as we don’t want children mixing with adults. This was an issue highlighted by CQC. As part of the ED design there is a children’s crisis room, this will be finalised as part of the 1:50 design meetings, but this will not be discussed today as it’s part of the Women and Children Centres so will be discussed at that Focus Group next week. There will be a new adolescent area on the children’s inpatient floor with several beds for the adolescent children and their specific needs.

A: (JC) – Later this year we are holding a number of specialist focus groups for specific patient groups - including adults and children with learning needs, patients with mental health issues and children and young people. The team will be working very closely with the HTP team to develop this.

Q: Will the ED department increased in size within the proposed new build?

A: (ER) – Yes, ED is an important area to get right. If you make ED too big, it becomes a storing space for patients waiting for an inpatient bed. Our EDs are currently full of medical patients waiting for beds and we end up working out of only 2-3 cubicles. The future is not about a very large ED, it’s about right sizing for ED. So, yes, it is bigger, it has more major cubicles and it has 8 resus spaces as opposed to 4 at the moment, it has a children’s area and two adult mental health rooms, whereas we currently only have one. It’s bigger but not massively as the most important issue is that the patient flow needs to be right.

Q: What’s our approach to accessing the main entrance and how are we going to maintain privacy and dignity?

A: (GB) – Possibly the most stressful part of people’s visit to hospital is actually the first part of going through the main entrance. The first step is to reduce the large front door which sits next to ED. So again, we have separate entrances which means we can separate those patients who are with us for more than 24 hours and those that are with us for less than 24 hours. Patients attending the hospital can still come into the hospital via the treatment centre (which is situated around the back of the hospital) or the inpatient entrance (which is located at the ward block further up the main hospital road) or with the new build through the new main entrance for that part of the hospital. If you are a walk-in patient or visitor, you will come through the same door and then the signage/wayfinding will signpost people to where they need to be. Clinical patients have deliberately been separated from public sharing space. There will be dedicated patient lifts within the central core and there will be dedicated visitor public lifts. So again, we wouldn’t have a situation where somebody in a bed or someone who’s in distress is sharing a lift with a member of the public.

A: (ED) - There will also be a new front door at PRH as well, with a similar idea and a very well sign posted front entrance. This is currently being built to improve the old main entrance. ED at PRH is obviously separate from the main entrance. The same process will happen when you go into the PRH department - you will be met with a triage nurse who will assess you. The PRH unit is going to be a busy unit and it will be an essential part of the redesign work. Things will be moved around to make the Department more efficient, and this will be happening over the next few months. At the RSH site as part of the redesign work there will also be a covered ambulance area, so if it's raining or snowing, patients and staff won't get wet when moving from the ambulance to the ED department as the canopy will protect them from the elements, which we don't have now.

Q: *Will the oncology ward in the new build at RSH cater for day patients e.g., Chemotherapy treatments or will that be in a different part of the hospital?*

A: (ER) - The Lingen Davies Chemotherapy Day Centre is staying where it is currently – this is a relatively new unit which works really well. The oncology inpatient ward will be in the new build at RSH.

Q: *What about security when walking around in the dark late at night, this can be an issue*

A: (GB) - There's improved general safety through adequate lighting etc, but also a clear understanding where some of the safety issues might arise particularly around ED and the ability to still be able to “lockdown” ED if we have to in the light of any particular outside threat. The new build at RSH is compliant with all new legislation which applies around public safety buildings from terrorist attacks for example. As we go through the next few months, we'll be generating a full security strategy to illustrate what's already built into the design as part of that and we are working very closely with the Trust's Security Manager.

Q: *Looking to the future and the technology advances, how is this design able to cope with that and respond to changes?*

A: (GB) – This is an ongoing conversation. One of our construction partners has got great experience with one of the leading examples of digital integration in the NHS at Chase Farm Hospital in Enfield. We are engaging with the Chase Farm team to explore and take advantage of all the opportunities of digital medicine from the outset.

A: (ER) – SATH's digital transformation programme is happening alongside the HTP programme already. Digital Transformation is a separate workstream to HTP and whilst it is being led separately although it does align with the HTP programme.

There will also be digital links between RSH and PRH in terms additional links between two the departments, so there is always support available.

A: (JC) – There has been conversations with the digital team about an About Health event to explain where we are with the digital programme. This will hopefully happen in February 2024 so the public can see how systems will also align with HTP.

Q: *What happens with prisoners that come into the hospital if they are chained and have to have officers with them?*

A: (ER) - They will still come through the ED in the normal way, at present the prison sometimes phone in advance, but not always. Within the HTP design for ED there will be more side rooms available so they would stay in a separate room with their officers. If they're in the waiting room they will also stay with their officers, but it would be a discussion we would have on a case-by-case basis, at the time. It's not an unusual circumstance, it happens fairly regularly with around one prisoner a week.

Q: *Will the digital group consider how to help those people who will not go online?*

A: (JC) - I think that's a wider issue that's being picked up by the ICS. By the time patients attend planned sessions at SaTH they have usually gone through primary care with their GPs. I think there are a number of different schemes in place looking at that and creating spaces in the community where people can access virtual technology.

A: (ER) - The digital programme at SaTH is primarily about electronic patient record and how all our systems integrate. It's less about the public facing issues and more about SaTH operating as a digitally-functioning 21st century hospital. We have digital notes that link into our X-ray systems and into the emergency department waiting screens. So, it's much more focused on internal links and access, rather than external patient facing.

Q: *Will it be easy for people to get hold of something to eat wherever they are and not find that they're too far away if they can't move easily?*

A: (GB) - Yes, in addition to the kind of public catering in the main entrance, all of the accommodation includes kitchens to allow hot meals which is extending through to ED and acute care, and kitchens will have the ability to serve snacks or drinks, etc. There is a conversation next week with the League of Friends to see how they would like to engage when we begin discussions around the retail strategy in the new build – their existing outlets will not be affected.

	<p>It is important that designs and all aspects of the new build are mindful of the need to provide an environment that is not challenging for patients with dementia and there are published guidelines that address this.</p> <p>ACTION: Gareth Banks (Lead Architect) to review the design guidelines for Dementia patients.</p>
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Action Log for MEC & SAC Focus Group

The table below is actions from September's Focus group and any outstanding actions, to view all actions, including those that have been closed please visit our website: [Hospitals Transformation Programme Focus Groups - SaTH](#)

Date of meeting	Action	Lead Officer	Timescale	Comment/feedback	Action
7th September 2023					
07/09/2023	Gareth Banks (Lead Architect) to review the design guidelines for Dementia patients.	Gareth Banks	30/11/2023		IN PROGRESS
6th June 2023					
06/06/2023	Jenny Fullard/ Comms to develop flyers that simply update on latest developments for both sites and distribution and public events	Jenny Fullard	30/11/2023	Jenny Fullard/ Comms to develop flyers that simply update on latest developments for both sites and distribution and public events	IN PROGRESS

Appendix 2

Women & Children Focus Group

Held on Tuesday 14th September 2023
13:30 – 15:30hrs via MS Teams

QUESTIONS/ANSWERS

	<p style="text-align: center;"><u>Women & Children</u></p> <p>SATH members of staff responding to public questions</p> <p>Julia Clarke – (JC) Director of Public Participation Hannah Morris – (HM) Head of Public Participation Matthew Neal – (MN) Director of HTP Ed Rysdale – (ER) Emergency Medicine Consultant and Clinical Lead for HTP Julie Plant – (JP) Divisional Director of Nursing Annemarie Lawrence – (AL) Director of Midwifery Tom Jones – (TJ) HTP Clinical Programme Manager Jenny Bennet – (JB) HTP Project Manager Kate Ballinger – (KB) Community Engagement Facilitator Rachel Webster – (RW) HTP Nursing, Midwifery and AHP Lead Carol McInnes – (CM) Divisional Director of Operations Annmarie Lawrence – (AL) Director of Midwifery Gareth/Vicky/Rob - AHR Architects</p>
PART 1	<p><u>Q&AS FOLLOWING PRESENTATION</u></p> <p>Q: <i>What is the approach to access the new building whilst maintaining privacy and dignity?</i></p> <p>A: (Gareth AHR) -There is still some work to do on this and it will need discussing with our patients and clinicians. The architecture lends itself to having more than one option. There's a side entrance on the ground floor and main entrance with 2 areas to access the first and third floor and also a service lift from ED to the first, second and third floor. There are multiple ways of getting into the building, but more work will be done on this.</p> <p>Q: <i>What is the access to the bereavement suites?</i></p>

A: (Gareth AHR) - Annemarie Lawrence (Director of Midwifery) and the architects have worked closely together to maximise the privacy of the bereavement suite. The bereavement suite is on the periphery of the consultant led unit, it will have its own entrance and it will also be lobbied so there is separate access. We know this is an important issue for families and would like to work with Maternity & Neonatal Voices Partnership (MNVP) to explore this and other issues in the new build.

ACTION: The Trust will link with MNVP to arrange a focus group with service users to gain their feedback.

Q: Will the trust work with service users, especially those who are not well represented currently i.e. People with disabilities, mental health issues and other minority groups with specialised needs?

A: (JC) - We will be having separate groups for carers who are caring for children or adults with special needs, patients with mental health issues and for children and young people because their needs can be very different. All these separate groups will be set up for later in the year or early next year.

There has been some confusion over paediatric day cases. It was always planned that paediatric day cases would be carried out on the same site as the Paediatric inpatient ward (i.e. RSH in the new build) which is where the specialist paediatric clinicians and the paediatric anaesthetists are. So, although all adult day surgery, will be on the PRH site (except complex cases) under HTP, children will continue to receive day case surgery in the paediatric unit and there will be 8 treatment rooms at RSH to do this.

ACTION: Dates to be arranged for specialist focus groups (Carers, Mental Health and Children & Young People). These will be shared with focus group members.

Q: I love the open space and how the layout design looks. But what strikes me at the PRH site at the moment is that everybody says there's no room and there doesn't seem to be any extra room anywhere in the building. When you look at the designs for the new build, the corridors and open spaces look really big. Have we got everything we need in those spaces?

A: (Rob AHR) - We have predefined guidelines that categorise corridor widths, but there are adaptations to ensure that spaces can be included within that area and within those circulations. In the dedicated areas for the communal activity, on the ground floor, we do have a cafe servery area which will be accessible for members of the public. As you move up through the higher floors of the building, we have plans for external terraces which can be accessible for both staff and for patients if they want to get a bit of fresh air. So, staff and visitors won't have to go all the way down to the ground floor to access the landscaped gardens. Additionally,

we have waiting areas within each department. So, they will also act as that communal space for general day-to-day activity. Within the specialist services we have dedicated sitting rooms. So, as we have already mentioned, the bereavement area has its own dedicated sitting room, so that people don't have to socialise in more communal areas if they don't want to, and they can also have their own areas to relax and switch off. The communal cafe area downstairs has an overhang so that you have the opportunity to go out and sit outside in shaded areas as well to sit out in the open air. There will be spaces dotted around on different levels throughout the building to accommodate both staff and patient/visitor needs.

A: (Vicky AHR) - It's very important that every single metre square is used throughout the day, every single day and some of the best hospitals are the ones which are very multipurpose and flexible and allow all the spaces to be used by different people at different times. This aspect has been considered throughout the design and lots of things are standardised to allow different people to use them through different parts of the day. It's also about the best use of some corridors - there are lots of rules about corridor size and the beds passing in corridors, but we have maximised every space to make the best of what is available.

Q: *How many changing place facilities (for adults with special needs) will there be, and will they be on each level?*

A: (JC) - At the moment RSH has no changing rooms, in the new design there will be one at RSH on the ground floor.

Q: *No, there isn't any changing place facilities for adults with special needs at the moment. But such provision is now a legal requirement. Do you really think one changing place facility for adults with special needs is sufficient or acceptable?*

A: (Rob AHR) -The guidance states that one changing place per site is recommended. So, with this inclusion of one, we are meeting the guidelines. On other levels we do have larger bathrooms with the necessary equipment for inpatients. The Changing Places facilities on the ground floor will be accessible to all members of the public.

Q: *What if the hoist breaks down?*

A: (Gareth AHR) - That will be a query for our facilities management team. They will put in place a planned maintenance regime which will endeavour to get to these things as quickly as possible and make sure there's some performance

	<p>measures around that. The kit and equipment will be much better than the experience that visitors have in the existing facility.</p> <p>Q: <i>How private is the triage (in Maternity), as we get a lot of complaints about this?</i></p> <p>A: (TJ) - Plans can be shown at the end of this meeting to review the arrangements. There is a definite improvement, at the front door of the delivery department there are 6 single triage rooms so this will give much greater privacy than is currently available.</p> <p>Q: <i>What does Midwifery-Led Unit (MLU) look like?</i></p> <p>A: (TJ) -There are three delivery rooms, all with pools and on the consultant led unit there are two rooms, both with birthing pools. We will be involving patient reps in terms of the décor of this area.</p> <p>Architects are creating a feedback presentation which will be emailed out.</p>
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Action Log for Women's and Children's Focus Group

The table below is of actions from September's focus group, to view all actions, including those that have been closed please visit our website: [Hospitals Transformation Programme Focus Groups - SaTH](#)

Date of meeting	Action	Lead Officer	Timescale	Comment/feedback	Action
7 th September 2023					
14/09/2023	Dates to be arranged for specialist focus groups (Carers, Mental Health and Children & Young People). These will be shared with focus group members.	Hannah Morris	30/11/2023	A specialist focus group has been organised on Learning Disabilities and Autism for the 14 th November. A children's and young people's focus group is being organised for March 2024	IN PROGRESS
14/09/23	The Trust will link with MNVP to arrange a focus group with service users that they link with to gain their feedback.	Hannah Morris	30/11/2023	Meeting organised for the 16 th November 2023	COMPLETED

Appendix 3

Date	Event	Venue	Time
4 October	Health & Wellbeing Event	Market Drayton Festival Hall	All Day
4 October	Working With the Voluntary and Community Sector and Social Enterprise Sector – the Key to Health and Wellbeing Across STW	Shrewsbury Town Football Club	All Day
4 October	Shared Lives Carers (Telford)	MS Teams	10:00-11:00
4 October	Volunteer Focus Group – HTP update	MS Teams	18:00-19:00
5 October	Welcome Event for Volunteer to Career	Education Centre, PRH	1730-1900
05 October	Photograph with Ian Mair, and family. Ian raised £3000 for the charity- this photograph will accompany an article that has been written.	Stretton House	10:00 -10:30
09 October	World Mental Health Day Tea and Chat	Park Lane Centre, Woodside	10:00 – 12:00
9 October	Public Assurance Forum	MS Teams - live	2.00pm-5.00pm
10 October	BOTS Open Day (stoma support group)	Oswestry	All day
11 October	Community Cascade am slot	MS Teams	11am-12noon
11 October	Community Cascade pm slot	MS Teams	18:30 – 19:30
11 October	Oswestry Town Council Meeting	F2F at Guildhall, Bailey Head, Oswestry, SY11 1PZ	18:00-18:45
13 October	Helpforce Awards	Royal Air Force Club, London	12.00-17.00

13 October	Llais "Scene setting session"	MS Teams	9am
14 October	International Community Buffet	Dawley Town Hall	18:00 – 21:00
17 October	Ercall Magna Council Meeting (Waters Upton councillors also invited)	High Ercall Village Hall	18:30-19:30 TBC
17 October	About Health Event – Menopause Update from Jo Ritchie	MS Teams - live	6.30pm – 7.30pm
26 October	Home Instead Wellbeing Event and networking breakfast	Cosy Hall, Newport	08:45 – 15:00
26 October	VTC Session 1 Career Support	Education Centre PRH	1800
02 November	Young People's Academy	SECC	09.00- 16.30
7 November	Volunteer Recognition Event	Albright Hussey	11.30am – 13.30pm
7 November	About Health Event – HTP Update with HTP team	MS Teams - live	6.30pm – 7.30pm
8 November	Community Cascade am slot	MS Teams	11am-12noon
9 November	Community Cascade pm slot	MS Teams	18.30-19.30
14 November	Learning Disability and Autism HTP Focus Group	MS Teams	18:30-20:30
16 November	MNVP HTP Focus Group	SECC	10.30-12.30
16 November	About Health Event – Pastoral Support from Pat Aldred/Chaplaincy Team	MS Teams - live	6.30pm – 7.30pm
20 November	Safeguarding Event	Details TBC	TBC
23 November	VTC Session 2 Career Support	Education Centre PRH	1800
23 November	People's Academy	SECC	09.00 – 16.30
05 December	About Health Event – Patient Experience from Ruth Smith	MS Teams - live	6.30pm – 7.30pm

5 th December	MEC & SAC focus group	HTP Team, Public Participation Team	10:30-12:30
7 th December	W&C's Focus Group	HTP Team, Public Participation Team	
14 December	VTC Session 3 Career Support	Education Centre PRH	1800
TBC (November)	Travel and Transport Focus Group	HTP Team, Public Participation Team	

Public Assurance Forum	
Member Update	
Name of Organisation: Llais Name of Member: Date: Monday 9 th October 2023 Time: 2pm- 5pm Location: Microsoft Teams	
1.	Key updates from member organisation <p>Llais has been focussing its engagement activities in the Ystradgynlais area of Powys during the month of September.</p> <p>We don't have anything to report which relates to SATH for this meeting.</p>
2.	Any items for discussion at the Public Assurance Forum from member organisation
3.	Action update from previous meeting (if applicable)
Report by:	Andrea Blayney, Deputy Regional Director, Llais
Date	28 September 2023

Public Assurance Forum	
Member Update	
Name of Organisation: Shropshire Patent Group Name of Member: Graham Shepherd Date: Monday 9 th October 2023 Time: 2pm- 5pm Location: Microsoft Teams	
1.	Key updates from member organisation <p>We now have active members on the following Focus Groups.</p> <p>HTP Medicine and Emergency Care, Surgery, Anaesthetics and Cancer, Outpatients, ED 1:50 Clinical Design. Also Travel & Transport. These groups are all in their infancy, therefore there is nothing significant to report at present.</p> <p>We also have a member who is very active in a wide range of Mental issues, particularly Autism.</p> <p>Following on from a recent presentation to SPG by Julia Clarke et al around the HTP, she has been invited to input into the design of the sensory environment, especially, when work starts in this area.</p>
2.	Any items for discussion at the Public Assurance Forum from member organisation <div style="height: 100px;"></div>
3.	Action update from previous meeting (if applicable) <div style="height: 100px;"></div>
Report by:	Graham Shepherd
Date	28/09/23



SaTH

Improvement Hub



SaTH Improvement



Aim:

To empower colleagues at all levels to have the confidence, capability, passion, and knowledge, to test changes and make improvements at SaTH and the communities we serve.

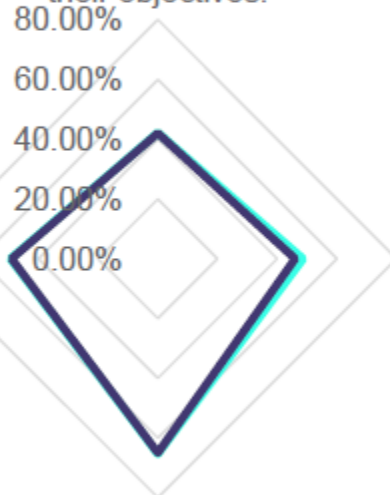
Four Themes:

- Building Capability
- Clinical Patient Flow
- Getting to Good
- Learning from incidents

How do we measure this?

Vision and Values

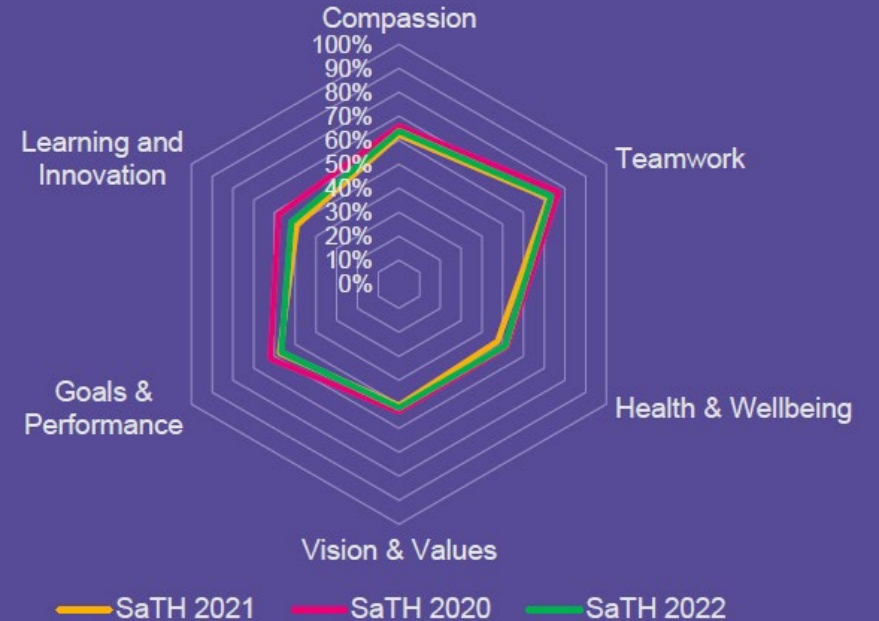
8a Teams within this organisation work well together to achieve their objectives.



21e I feel safe to speak up about anything that concerns me in this organisation.

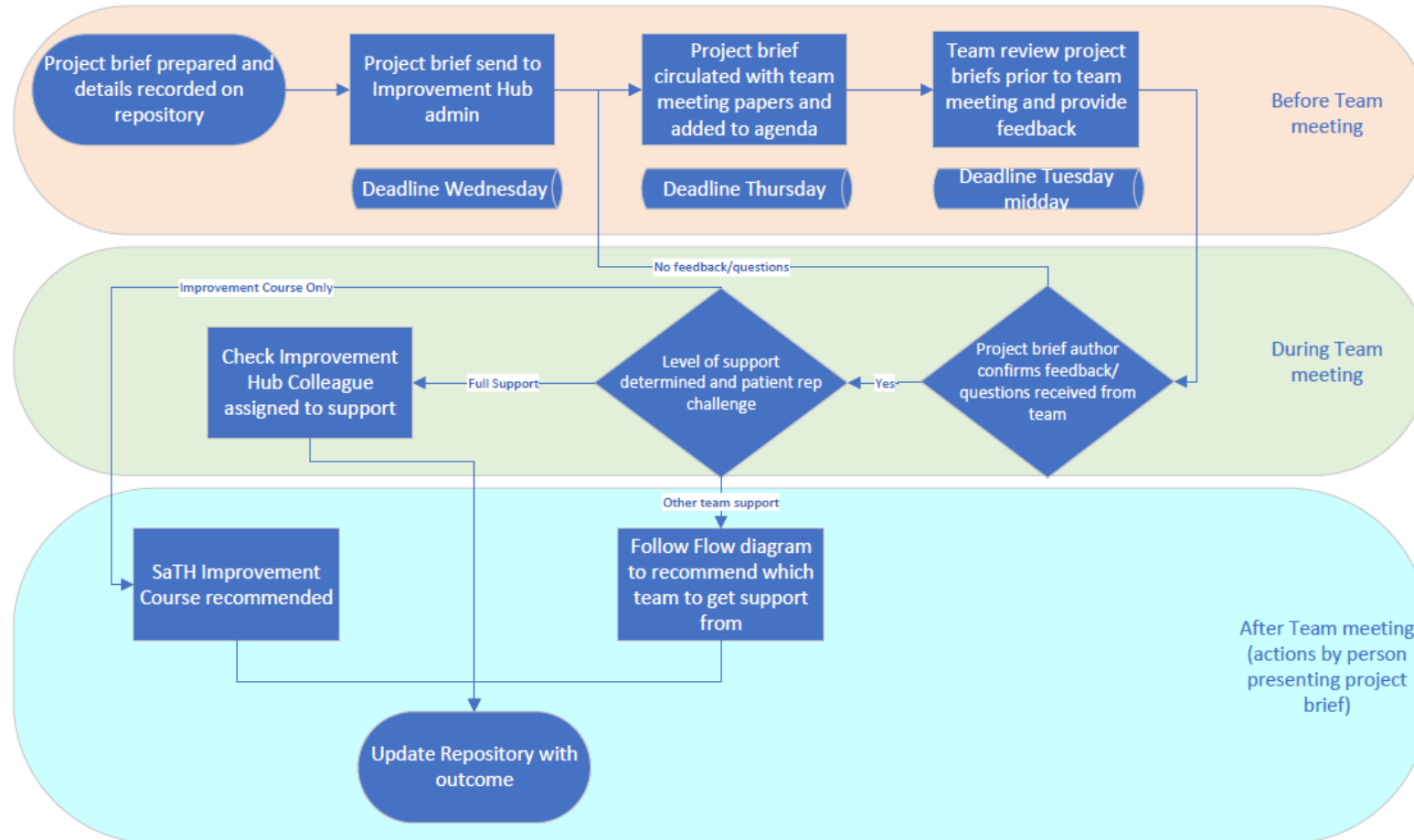
3f I am able to make improvements happen in my area of work.

8b The people I work with are understanding and kind to one another.
SaTH 2022 SaTH 2021



What we do at the moment

Project Brief Review Process July 23



Projects recently involving Public Reps

- Hydration test of change
- Self-Administration of medication

Future projects

- Diabetic Feet Project
- Neonatal Feeding Position

How can we improve?

- Any suggestions on anything we could try to help with public engagement?






SaTH

Improvement Hub

Thank you for your time



Public Assurance Forum Meeting 9 October 2023

Agenda item	2023/47			
Report Title	Strategy and Partnership Update			
Executive Lead	Nigel Lee, Interim Director of Strategy & Partnership			
Report Author	Carla Bickley, Associate Director of Strategy & Partnership			
	Link to strategic goal:		Link to CQC domain:	
	Our patients and community	√	Safe	√
	Our people	√	Effective	√
	Our service delivery	√	Caring	√
	Our governance	√	Responsive	√
	Our partners	√	Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF1, BAF2, BAF3, BAF4, BAF6, BAF7, BAF8, BAF9, BAF10, BAF11, BAF12, BAF13, BAF14, BAF15	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting			
	For information	√		
	For consent			
Presented to:				
Executive summary:	<p>Significant work is in progress both in SATH and across the Integrated Care System on the continued development of the operational and strategic delivery of ICS and Trust priorities and duties.</p> <p>This paper provides a summary of key areas.</p> <p>The Forum is asked to NOTE the report, including the timetable to produce key system strategy and plan documents.</p>			
Appendices	Appendix 1 – Health Inequalities Overview of Objectives			
Executive Lead				

1. Introduction

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

2. Integrated Care System (ICS)

2.1 Joint Forward Plan (JFP)

As part of the Integrated Care Board's (ICB) statutory responsibilities, the ICB and their partner Trusts/Providers have a duty to produce a JFP. The JFP describes how services are provided to meet our populations physical and mental health needs over the next 5 years aligned to the ICS four core purposes. The main principles of the plan are to ensure that it is:

- Aligned with the wider system partnerships ambitions
- Supporting and building on existing local strategies and plans
- Delivery focussed

The JFP was presented at the ICB public board at end of June 23 and is now published on the ICS website. Importantly, the top 3 objectives focus on population health and addressing inequalities, alongside 2 major programmes – Hospital Transformation Programme and the Local Care Transformation Programme.

2.2 Health Inequalities

The NHS Long Term Plan places preventing ill-health and reducing health inequalities at the heart of the NHS.

The NHS Prevention Programme commits to supporting people to keep healthier, for longer. This includes helping people make healthier lifestyle choices and treating avoidable illness early on.

Tackling health inequalities is a core priority for the NHS, as people from deprived backgrounds are more likely to develop long-term health conditions, suffer poor health and experience reduced life expectancy.

The National Healthcare Inequalities Improvement Programme (HiQiP) asks systems to focus on five priority areas:

1. Restoring NHS services inclusively
2. Mitigating against digital exclusion
3. Ensuring datasets are complete and timely
4. Accelerating preventative programmes (including the initiatives outlined in the NHS Prevention Programme, Core20PLUS 5 Key Clinical Areas for Adults and Core20PLUS 5 Key Clinical Areas for Children & Young People.
5. Strengthening leadership and accountability.

The Core20PLUS5 National approach to reducing health inequalities in Adults and Young People are detailed below:

Core20PLUS5: A National Approach to Reducing Healthcare Inequalities

CORE20

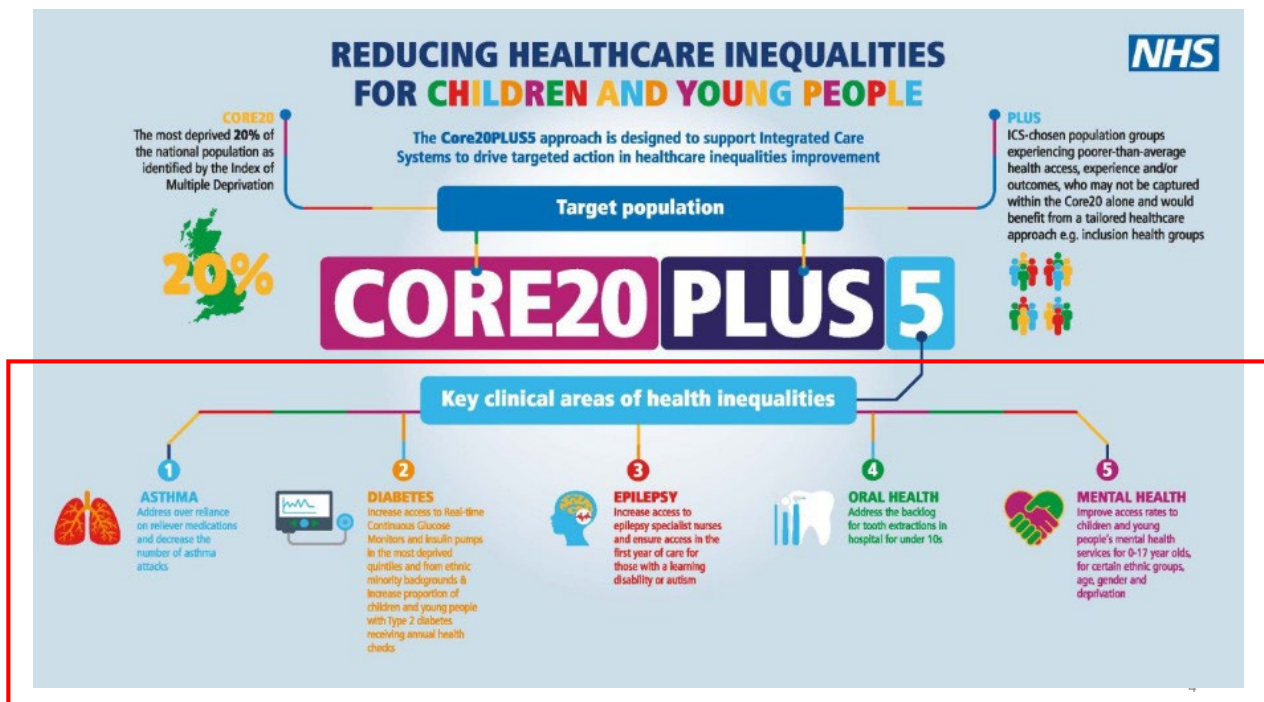
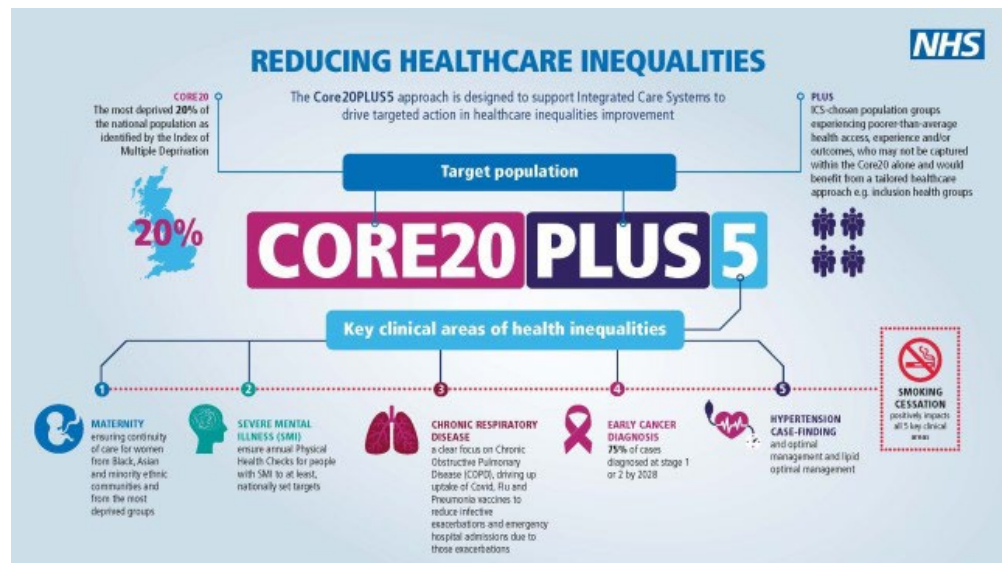
The 20% most deprived areas across the UK.

PLUS

Population groups who experience poorer than average health access, experience and outcomes.

5

5 key clinical areas where we can make a difference.



Shropshire, Telford & Wrekin Integrated Care System (ICS) pledges to tackle the problems of ill health, health inequalities and access to healthcare through a shared approach to ensuring health inequalities are mainstream activity that is core to, and not peripheral to, the work of the NHS.

The ICS held its first Prevention and Health Inequalities Board on 7th September 2023. Details of STW prevention and health inequalities priority objectives can be found in Appendix 1.

We will continue to work with our colleagues both internally and externally to support this agenda with further updates on progress to be provided.

3. SATH Workstreams

3.1 Provider Collaboratives

Collaboration activity in collaboration is taking place in a number of areas:

- Work continues to take place to strengthen and develop our current working relationship with Shropshire Community Healthcare NHS Trust, with an early focus for 2023/24 on the Local Care Transformation Programme (LCTP) priorities of the Integrated Discharge Team and expansion of the Virtual Ward. Medium term plans for LCTP are established as part of HTP OBC, ensuring alignment between the Local Care programme and our Hospital Transformation Programme. An ICB-commissioned capacity and demand analysis and report has commenced in Sep 23, which will be vital for the future system capacity, workforce and medium-term financial plan.
- We are strengthening our collaborative working with the Local Authorities and actively participating in supporting the Drug and Alcohol agenda, Care at Home, End of Life and Neighbourhood developments. The Place Partnership Boards will be a key mechanism to coordinate this work.
- The SATH/UHNM collaborative was reset in summer 2022; the joint partnership group meets monthly, with COO, MD and director of strategy representation from both Trusts. This supports our work on Urology, robotic surgery and Fetal medicine, and provides a valuable forum for ongoing dialogue for areas of mutual benefit.

3.2 Trust Strategies

We are pleased to announce that we have developed a Trust Strategies webpage which is now live (external website and internal intranet); this will help to ensure the strategic context and longer-term ambitions are freely available.

We are currently in the process of finalising our Trust Clinical Services Strategy. To support the implementation of the Clinical Strategy and the wider organisation's priorities, we are currently in the process of developing a framework to undertake a directorate based Clinical Services Strategic Review (CSSR). This will provide a detailed summary of metrics in performance, workforce, quality and finance at specialty level, and support teams in their short and longer term development. Further details to follow.

We are currently in the process of reviewing the Equality, Diversity and Inclusion Strategy, and commencing a review of our End of Life Strategy. Further updates to be provided.

The Research and Innovation Strategy is currently being refined, but is also expected to be published shortly.

4. Recommendation

The Forum is asked to note the report.

**NHS Shropshire, Telford & Wrekin
Prevention and Health Inequalities
Priority Objectives 2023/24**

Table of Contents

National Priority Objectives.....	2
Local Priority Objectives.....	3
NHS Organisations Contributing to Projects included within the 2023/24 Local Priority Objectives.....	8

National Priority Objectives

Objective	
1	KLOE1: Restore NHS Services Inclusively
2	KLOE 2: Mitigate Against Digital Exclusion
3	KLOE 3: Datasets are Complete and Timely
4	KLOE 4: Acceleration of preventative programmes are reported via objectives 6 – 20
5	KLOE 5: Leadership and Accountability
6	LTP 1: Alcohol Care Teams
7	LTP 2: Tobacco Dependency
8	LTP 3: Obesity/Weight Management
9	ADULT 1: Maternity
10	ADULT 2: Severe Mental Illness
11	ADULT 3: COPD
12	ADULT 4: Early Cancer Diagnosis
13	ADULT 5: Hypertension and Lipids
14	CYP 1: Asthma
15	CYP 2: Diabetes
16	CYP 3: Epilepsy
17	CYP 4: Oral Health
18	CYP 5: Mental Health

Local Priority Objectives

Objective		Objective Aim/Guidance	Work Programme / Project Lead/s	
1	KLOE1: Restore NHS Services Inclusively	Use local data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where health inequalities have widened during the pandemic.	Elective restoration programme	Barrie Reis-Seymour
2	KLOE 2: Mitigate Against Digital Exclusion	Systems are asked to ensure that: <ul style="list-style-type: none"> • providers offer face-to-face care to patients who cannot use remote services • more complete data collection is carried out, to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups • they take account of their assessment of the impact of digital consultation channels on patient access 	2023/24 Digital Strategy	Masood Ahmed
3	KLOE 3: Datasets are Complete and Timely	Systems are asked to improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services, and specialised commissioning. Intelligent use of data to support improvement in identified areas.	System-wide data-sharing	Craig Kynaston Craig Lovatt
			Provision of baseline data and intelligence to support objectives (using a PHM approach)	
			Improved ethnicity recording	
4	Acceleration of preventative programmes are reported via objectives 6 – 20			

5	KLOE 5: Leadership and Accountability	Ensure named Executive leads are appointed for tackling health inequalities and improve awareness/knowledge and access to health inequalities training.	Established senior roles across all organisations	Tracey Jones
			Improved awareness and training	
			Improved governance (system-level and Provider)	
			Embedded Integrated Impact Assessment tool	
6	LTP 1: Alcohol Care Teams	To establish key support programmes, as set out by NHS England, which aim to offer support for weight, smoking and alcohol consumption.	Implementation of Alcohol Care Teams	Edith Macalister
7	LTP 2: Tobacco Dependency		Implementation of Tobacco Dependency Teams	Alex Mace
8	LTP 3: Obesity/Weight Management		NHS Digital Weight Management Programme	
9	PLUS 1: Learning Disabilities	People with a LD have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable. Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity care	LD Physical Health Checks	Janet Gittins
			LeDeR Action Plan	Tracey Slater Jennifer Morris
10	PLUS 2: People Living in Rural Areas	Deprivation indicators can mask small pockets of significant deprivation and poor health outcomes in rural areas. Drivers of inequalities include social	Exploration of the impact of rurality	Berni Lee
				Paula Mawson

		exclusion and isolation, access to and awareness of services. This information is not captured within the Core20.		Rachel Robinson
11	ADULT 1: Maternity	To ensure equity of care for women from ethnic minority communities and the most deprived populations.	LMNS Equity and Equality Action Plan	Emma Popo
12	ADULT 2: Severe Mental Illness	Ensuring annual Physical Health Checks for 60% of those living with SMI to at least, nationally set targets.	SMI Health Checks	Gail Owen
13	ADULT 3: COPD	Ensuring there is a clear focus on Chronic Obstructive Pulmonary Disease (COPD)	Spirometry Services	Fiona Smith
		Drive uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations.	Delivery of Flu and Covid-19 Vaccinations	Emma Pyrah Steve Ellis
14	ADULT 4: Early Cancer Diagnosis	Ensuring 75% of cases are diagnosed at stage 1 or 2 by 2028.	STW Cancer Strategy Early Cancer Diagnosis Objectives	Dr Katy Lewis Helen Onions
			Early Cancer Diagnosis Improvement Plan	
			Core20PLUS Connectors (STW Cancer Champions)	Alex Mace
15	ADULT 5: Hypertension and Lipids	Allow for interventions to optimise blood pressure/lipids and minimise the risk of myocardial infarction and stroke.	Targeted secondary prevention Lipid Management	Clare Stallard
			InHIP Hypertension Community Case- finding	Edith Macalister

			Hypertension Treatment to Target	Alex Mace
16	CYP 1: Asthma	Address the over reliance on reliever medications Decrease the number of asthma attacks	CYP transformation for Asthma	Nicola Siekierski
17	CYP 2: Diabetes	Increase access to real-time continuous glucose monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds Increase the proportion of children and young people with Type 2 Diabetes receiving annual health checks.	Diabetes Transformation for CYP	Fiona Smith
18	CYP 3: Epilepsy	Increase access to epilepsy specialist nurses Ensure access in the first year of care for those with a learning disability or autism	CYP Transformation for epilepsy	Nicola Siekierski
19	CYP 4: Oral Health	Address the backlog for tooth extractions in hospital for under 10s	Oral Health workforce training Provision of toothbrushes and toothpaste Supervised toothbrushing for early years	Kate Taylor-weetman

			Data analysis and audits of current waiting lists	
20	CYP 5: Mental Health	Improve access rates to children and young people's mental health services for 0-17 year olds for certain ethnic groups, age, gender and deprivation	Data analysis and audits of CYP MH access	Brett Toro-Pearce

NHS Organisations Contributing to Projects included within the 2023/24 Local Priority Objectives

Objective		Objective Aim/Guidance	Contributing Organisations					
			ICB	SaTH	RJAH	SCHT	MPFT	PCN/GP
1	KLOE1: Restore NHS Services Inclusively	Use local data to plan the inclusive restoration of services, guided by local evidence. This approach should be informed by NHS performance reports that are delineated by ethnicity and deprivation, as evidence suggests these are the areas where health inequalities have widened during the pandemic.						
2	KLOE 2: Mitigate Against Digital Exclusion	Enable robust data collection which identifies which populations are accessing face-to-face, telephone or video consultations, broken down by relevant protected characteristic and health inclusion groups. Assess the impact of digital consultation channels on patient access and ensure face-to-face care continues to be offered to patients who cannot use remote services.						
3	KLOE 3: Datasets are Complete and Timely	Improve the collection and recording of ethnicity data across primary care, outpatients, A&E, mental health, community services and specialised commissioning.						
5	KLOE 4: Accelerate Preventative Programmes	Preventative programmes and proactive health management for groups at greatest risk of poor health outcomes should be accelerated, including the ongoing management of long-term conditions, annual health checks for people with a learning disabilities and all key clinical areas identified within the Core20PLUS5 Approach to Tackling Health Inequalities.						
5	KLOE 5: Leadership and Accountability	Ensure named Executive leads are appointed for tackling health inequalities and improve awareness/knowledge and access to health inequalities training.						
6	LTP 1: Alcohol Care Teams	To establish key support programmes, as set out by NHS England, which aim to offer support for weight, smoking and alcohol consumption.						
7	LTP 2: Tobacco Dependency							
8	LTP 3: Obesity/Weight Management							

Objective		Objective Aim/Guidance	Contributing Organisations					
			ICB	SaTH	RJAH	SCHT	MPFT	PCN/GP
9	PLUS 1: Learning Disabilities	People with a LD have poorer physical and mental health than other people and die younger. Many of these deaths are avoidable and not inevitable. We need to improve staff awareness of LD&A. Annual Health Checks can identify undetected health conditions early, ensure the appropriateness of ongoing treatments and establish trust and continuity care						
10	PLUS 2: People Living in Rural Areas	Deprivation indicators can mask small pockets of significant deprivation and poor health outcomes in rural areas. Drivers of inequalities include social exclusion and isolation, access to and awareness of services. This information is not captured within the Core20.						
11	ADULT 1: Maternity	To ensure equity of care for women from ethnic minority communities and the most deprived populations.						
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NHS Shropshire, Telford & Wrekin	Shrewsbury and Telford Hospital Trust	Robert Jones Orthopaedic Hospital Trust
<p>Overarching key lines of enquiry:</p> <ul style="list-style-type: none"> Restore Services Inclusively Mitigate Digital Exclusion Datasets are Complete and Timely Accelerate Preventative Programmes Leadership and Accountability <p>Healthy Lifestyles</p> <ul style="list-style-type: none"> Alcohol Care Teams Tobacco Dependency Digital Weight Management Prog. <p>PLUS Populations</p> <ul style="list-style-type: none"> Learning Disabilities People Living in Rural Areas <p>Core20PLUS5 Adults</p> <ul style="list-style-type: none"> Equity of Maternity Care Severe Mental Illness COPD Early Cancer Diagnosis 	<p>Overarching key lines of enquiry:</p> <ul style="list-style-type: none"> Restore Services Inclusively Mitigate Digital Exclusion Datasets are Complete and Timely Accelerate Preventative Programmes Leadership and Accountability <p>Healthy Lifestyles</p> <ul style="list-style-type: none"> Alcohol Care Teams Tobacco Dependency <p>PLUS Populations</p> <ul style="list-style-type: none"> Learning Disabilities People Living in Rural Areas <p>Core20PLUS5 Adults</p> <ul style="list-style-type: none"> Equity of Maternity Care COPD Early Cancer Diagnosis Lipid Management 	<p>Overarching key lines of enquiry:</p> <ul style="list-style-type: none"> Restore Services Inclusively Mitigate Digital Exclusion Datasets are Complete and Timely Accelerate Preventative Programmes Leadership and Accountability <p>PLUS Populations</p> <ul style="list-style-type: none"> Learning Disabilities People Living in Rural Areas

<ul style="list-style-type: none"> • Hypertension and Lipids <p>Core20PLUS5 Children and Young People</p> <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy • Oral Health • Mental Health 	<p>Core20PLUS5 Children and Young People</p> <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy 	
Shropshire Community Health Trust	Midlands Partnership Foundation Trust	Primary Care Networks / General Practice
<p>Overarching key lines of enquiry:</p> <ul style="list-style-type: none"> • Restore Services Inclusively • Mitigate Digital Exclusion • Datasets are Complete and Timely • Accelerate Preventative Programmes • Leadership and Accountability <p>PLUS Populations</p> <ul style="list-style-type: none"> • Learning Disabilities • People Living in Rural Areas <p>Core20PLUS5 Adults</p> <ul style="list-style-type: none"> • COPD <p>Core20PLUS5 Children and Young People</p> <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy • Oral Health 	<p>Overarching key lines of enquiry:</p> <ul style="list-style-type: none"> • Restore Services Inclusively • Mitigate Digital Exclusion • Datasets are Complete and Timely • Accelerate Preventative Programmes • Leadership and Accountability <p>Healthy Lifestyles</p> <ul style="list-style-type: none"> • Alcohol Care Teams • Tobacco Dependency <p>PLUS Populations</p> <ul style="list-style-type: none"> • Learning Disabilities • People Living in Rural Areas <p>Core20PLUS5 Adults</p> <ul style="list-style-type: none"> • Severe Mental Illness <p>Core20PLUS5 Children and Young People</p> <ul style="list-style-type: none"> • Epilepsy • Mental Health 	<p>Overarching key lines of enquiry:</p> <ul style="list-style-type: none"> • Restore Services Inclusively • Mitigate Digital Exclusion • Datasets are Complete and Timely • Accelerate Preventative Programmes • Leadership and Accountability <p>Healthy Lifestyles</p> <ul style="list-style-type: none"> • Digital Weight Management Prog. <p>PLUS Populations</p> <ul style="list-style-type: none"> • Learning Disabilities • People Living in Rural Areas <p>Core20PLUS5 Adults</p> <ul style="list-style-type: none"> • Severe Mental Illness • COPD • Early Cancer Diagnosis • Hypertension and Lipids <p>Core20PLUS5 Children and Young People</p> <ul style="list-style-type: none"> • Asthma • Diabetes • Epilepsy • Mental Health

PRH Renal Service Hollinswood House Presentation

Hollinswood House,
Stafford Park 1,
Stafford Park,
Telford,
TF3 3BD



Hollinswood House Telford

- The Renal Unit on the 1st and 2nd floor of Hollinswood House is nearing completion, scheduled for October 23
- Ventilation commissioned
- Ceilings partially complete, TV mounts installed and RO water treatment panels installed
- RO plant installed
- External works completed
- Finishing works are now commencing
- Flooring complete

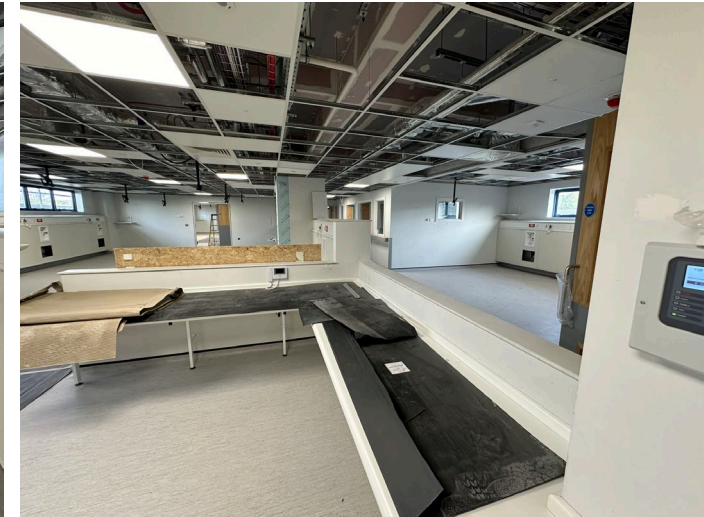


Hollinswood House Renal Floors progress photographs.

Renal
1st Floor



Renal
2nd Floor



Fetal Medicine Service Briefing



Background

- Fetal medicine is a service for pregnant women provided by highly skilled, specialist doctors that offer diagnosis and treatment of complications which may arise in unborn babies
- SaTH provides a Level 2 Fetal Medicine Service. Babies identified with potentially more significant complications are already referred to a Level 3 unit
- To date, SaTH has been fortunate enough to have had three Obstetricians who specialise in fetal medicine. Through a combination of recent retirements and unavailability, from the end of July 2023.
- There is a national shortage of Doctors who specialise in fetal medicine, we are however committed to try to fully restore the service and on this basis we have been working to develop an attractive recruitment plan in an effort to fill our vacancies



Background

- Approximately 500 patients were seen as part of this service in the last financial year
- The service covers the whole of Shropshire, Telford and Wrekin, including referrals from Powys
- There is no waiting list due to the standards set out in the NHS Fetal Anomaly Screening Programme (FASP)
- National and local workforce challenges due to uptake in fetal medicine training
- Due to a combination of recent retirements and unavailability, the current service needs to be closed temporarily while we look to recruit replacement consultants



Service Change

- As a consequence of our workforce challenges, the fetal medicine service ran by SaTH has been paused from 27th July 2023
- Women continue to receive fetal medicine input albeit in a different provider location
- We have put in extra resource to monitor referrals and liaise between SaTH and the different providers to ensure there is no drop in attendance or engagement of women
- The Trust has written (email 11/08/23) to the Joint Overview and Scrutiny Committee regarding this service change, and they have not responded with any questions or feedback to date.



Public Assurance Forum	
Divisional Update	
Name of Division: Emergency Medicine Name of Divisional Lead: Laura Graham Date: Monday 3rd October 2023 Time: 14.00-17.00 Location: Microsoft Teams	
1.	Key updates from Division Demand on our Emergency Departments remains high with added pressures as a result of the recent and upcoming junior doctor strikes. The Division embarked on a three-year improvement programme, focusing on our Emergency Departments, last October. Led by our clinical teams this programme is improving the care and experience of our patients accessing our Emergency Departments. This month we are focusing on our Same Day Emergency Care Units, specifically exploring options to provide increased access to patients, reducing demand on our Emergency Departments.
2.	Update on any current or future service developments or changes and how are you involving the community in these changes? Building work continues at Hollinswood House to create a new purpose-built renal dialysis unit. The unit is really starting to come together and it is clear the benefits this new expanded unit will bring for both our patients and staff. The existing PRH Unit will transfer to this location during autumn/winter 2023.
3.	Action update from previous meeting (if applicable)
Report by:	Laura Graham, Divisional Director of Operations
Date	27/06/23

Public Assurance Forum

Clinical Support Services Divisional Update

Name of Division: Clinical Support Services (Radiology, Pathology, Pharmacy and Therapies)

Name of Divisional Lead: Dianne Lloyd, Acting Deputy Divisional Director, CSS

Date: Monday 9th October 2023

1. Key updates from Division

Workforce:

We are now seeing a significant improvement in our recruitment position following successful international recruitment, apprenticeships, “golden tickets” for final year students, recruitment events and introducing new roles and ways of working such as Pharmacy Technicians and Reporting Radiographers which have proved popular.

In this way we have been successful in recruiting into some notably hard to fill vacancies such as radiographers, sonographers and physiotherapists. However, we continue to have less success in the nationally recognised shortage professions of Pharmacists, Speech & Language Therapists and Occupational Therapists and we continue with every effort possible to fill these vacancies including working collaboratively with our system partners e.g. Pharmacy and therapy rotations.

Some examples of where we have made progress include:

- Due to our improved Physiotherapy staffing levels, the fractured neck of femur standard to mobilise all patients on the first day after their surgery was achieved for the first time in June.
- Our new Chief Pharmacist started working at SaTH on 2nd October.
- We have recruited a Pharmacy Technician to support the Acute Medical Unit at PRH to provide PRH with the same level of service as RSH - a dedicated Pharmacist with a Pharmacy Technician to support.
- We have had a successful bid to the West Midlands Cancer Network for a 2-year fixed term post within Cancer Services to develop Pharmacist Prescribers to support clinics.
- A further 10 internationally recruited Radiographers started working with us from September onwards along with an additional 8 newly qualified staff who qualified in the UK.

We remain concerned about our performance in retaining staff and a recent report has indicated that AHP's have the highest turnover rate within the Trust and ICS 20% of AHP leavers left due to retirement and 26% left due to relocation with 44% of AHP leavers left before completing 2 years' service. This does reflect the mobile nature of the newly qualified workforce however we are doing further work to explore reasons for leaving in more detail through Exit Interviews and we have introduced “Stay Conversations” (not only with AHP's but also in Pathology and Pharmacy) as 80% of AHP's who left within 2 years, moved to another NHS Trust.

Service performance against notable standards:

Current Diagnostic Management Standard 1 (DM01) performance (August 2023):

The DM01 standard requires that only 1% of patients should wait over 6 weeks for a diagnostic test. Our imaging performance is on an overall improvement trend:

- MRI 93.3%
- CT 97.1%
- Non-obstetric US 66.4%

We are making steady progress in reducing our backlogs created during the pandemic through a wide variety of ways including the use of mobile CT and MRI scanners, waiting list initiatives, insourcing and outsourcing to create additional capacity for reporting, new ways of working such as Reporting Radiographers, home reporting equipment and improved staffing levels. Our turnaround times for reporting also continue to improve.

Therefore, our CT and MRI outpatient recovery trajectories show both services will recover the DM01 standard of 99% by September 2023.

Non-obstetric Ultrasound DM01 recovery is expected by March 2024. Regionally, all Trusts are reporting issues with recovering the DM01 standard for non-obstetric ultrasound and none are achieving this yet.

Breast Screening:

- Recovery of breast screening round-length (defined as the time between the previous screening test and being offered another examination should not be longer than 3 years) and time to results (target of 2 weeks) is now consistently at pre-pandemic levels: both at 98% against a target of 95%. Therefore recovery of round length and time to results have been officially confirmed by NHSE as having recovered to the required standards and no further action required.
- The Department of Health and Social Care has awarded SaTH £384,000 to purchase a mobile breast screening unit and screening equipment which will replace the oldest mobile unit (12 years old) in the next few months.
- “NetCall” text reminders for appointments – implementation is on-going with our IT Department’s support. Once embedded for Breast Screening appointments this will roll out to support other outpatient appointments across the Division e.g. radiology and therapies and in this way we hope to reduce “DNA” rates (patients who do not attend and do not tell us in advance).

Therapy outpatient waiting lists are still to recover to pre-pandemic levels although progress is gradually being made:

The total number of urgent patients waiting beyond the relevant waiting time at the end of August is now 81.

The total number of routine patients waiting beyond the relevant waiting time at the end of August is now 149, this list was over 2,000 patients when we re-opened our routine outpatient services following Covid-19 restrictions being lifted.

The therapy outpatient service continues to lead the way in the Trust with regards to Patient Initiated Follow-up appointments (PIFU) where these are clinically appropriate ranging from 9% (Physiotherapy) to 32% (Dietetics).

Cellular Pathology - Comparison of SaTH Cellular Pathology turnaround times to those published for other Trusts in the Midlands shows that SaTH's performance is amongst the best in the region although not yet meeting nationally defined targets for some targets.

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

Patient engagement and involvement

The Clinical Support Services Division Patient Experience Group continues to focus on 2 areas from our patient engagement and involvement strategy:

- Restoring patient feedback to at least pre-pandemic levels for example out-patient questionnaires, talking to our patients to gain feedback and starting to run focus groups again. This work is picking up pace especially with our new Community Diagnostic Centre.
- "The First 15 Steps" assessment visits have commenced and are taking place across all of our patient facing areas during September and October.

We are also involving our patient engagement representatives in some of our service changes and improvements such as:

New Community Diagnostics Centre (CDC) in Telford:

This project is to develop a Community Diagnostic Centre at Hollinswood House in Telford. It forms part of a national programme of work to increase access to diagnostic tests in the community.

The CDC will have a CT and MRI scanner and a Phlebotomy service for 250-300 patients / day and the ability to carry out certain types of blood tests (Monday to Friday).

A patient engagement focus group has been meeting virtually and also attended the site once it was safe to do so to advise on patient pathways and the environment.

The first patients will be booked from early October 2023.

New Therapy Service for Neonates:

We have been successful in a bid for Ockenden funding to introduce Dietitians, Occupational Therapists, Physiotherapists and Speech & Language Therapists into the Neonatal Unit at PRH and recruitment is currently underway. They will provide a critical role in supporting the developmental stages of these very premature babies. Our new Neonatal Clinical Lead Occupational Therapist and Dietitian have just started and they are working on integrating with their new multi-disciplinary colleagues and developing an understanding of the unit, its processes and practices and areas for development. We are planning to use feedback from families to inform how we develop this new service.

Musculo-skeletal (MSK) Transformation Programme:

This programme involves the 3 local NHS Trusts (SaTH, RJAH and SCHAT) in developing an integrated pathway from GP referral to surgery if required, including post-operative care. The new service went live on 9th August.

The programme is led centrally by the Integrated Care System (ICS) who have an engagement strategy encompassing staff and patients.

The Macmillan Integrated Therapy Service now has a series of "tiles" within the SaTH Cancer App. This is an exciting opportunity to develop and provide information for those living with cancer, as part of the personalised care agenda. Specific information has

already been added for Dietetics and Speech & Language Therapy, with Occupational Therapy and Physiotherapy following a similar format, including videos to help with managing side effects of treatment, and links to Macmillan / signposting to a range of organisations and services across health and social care. This project is a great example of partnership working with the Trust's Macmillan Cancer Information Centres and as we develop the tools, we will be working with patient representatives within Cancer Services in order to get their views on how to navigate around the "tiles" from a patient's perspective.

Replacement Nuclear Medicine* Gamma camera at RSH: funding has been approved for a replacement camera at RSH and the necessary building work started in August 2023 with completion estimated in February 2024. We are involving our patient engagement representatives to make sure the new facility is patient friendly.

Our new Discharge Medicines Service (DMS) has been set up to provide an important link between hospital and community Pharmacists to support the safe management of medicines after discharge, avoid over-prescribing and avoid re-admissions due to any complications with medicines after discharge.

We will be gathering patient feedback about the new service to inform its further development.

Two abstract presentations have been accepted for the National Pharmacy Conference in November. These posters are showcasing work undertaken by the DMS and Overprescribing Team and the work being undertaken across the ICS to support health promotion e.g. better cardiovascular disease medicines management.

Virtual Ward discussions about the development of a new Outpatient Parenteral Antibiotic Therapy Service (OPAT) are continuing and once up and running we will be seeking patient feedback.

3.	Action update from previous meeting (if applicable)
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All covered in updates above.

Report by:	Dianne Lloyd
Date	04.09.23

Public Assurance Forum

Divisional Update

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

Name of Divisional Lead: Andrena Weston on behalf of Lisa Challinor

Date: Monday 9th October 2023

Time: 14.00 - 17.00 Location: Microsoft Teams

1. Key updates from Division

ENT/Max Fax/Ophthalmology

- Routine OPA wait time for ENT reduced utilising extra weekend clinics
- Ophthalmology department is an early adopter for Cinapsis which is an Electronic Eyecare Referral System (EeRS)
- Additional locum supporting cancer work in Max Fax

MSK SHO and registrar interviews have taken place following approval of the medical staffing business case. It is anticipated that additional staff will be in place from January 2024

Endoscopy regularly complete patient satisfaction survey of users of the service. For Jan-March 2023 a sample of 384 pts were surveyed with a response rate of 32.3%. The summary of findings were:

- Another positive patient survey with overall great feedback
- Pre assessment was found to be useful in all patients who were offered this service (JAG must do and staffing prioritised to ensure this runs regularly)
- Patients still report a lack of information about delays on the day (staff reminded to ensure waiting times are communicated to patients on the day)
- Car parking appears to be an issue at times (PRH due to temporary porter cabins)

Quotes from our patients:

“Lots of people often say how awful this procedure is to even think about having it done. I now feel able to assure them it isn't anywhere near as bad as it sounds. I am able to do this because of the staff and the way it was performed made it as comfortable as possible for me, and I would like to thank you all for this.”

“I had this procedure several years ago and was very impressed by how much the service/care and consideration has improved since then.”

We send out surveys to patients involved in JAG courses – much lower numbers but sent for most courses.

AAA Screening Andrew James

Abdominal aortic aneurysm (AAA) screening is a way of checking if there's a bulge or swelling in the aorta. In England, screening for AAA is offered to men during the year they turn 65. Men aged 65 or over are most at risk of getting AAAs. Screening can help spot a swelling early on when it can usually be treated. About 8 in every 10 people who have a burst AAA die before they get to hospital or do not survive emergency surgery to repair it. If an AAA is found, you can choose to have regular scans to monitor it or surgery to stop it bursting.

Recent patient survey information from between October 2022 and Feb 2023 with comments / feedback (150 patients asked with 149 responses in total for response rate of 99.3%). Of the 149 respondents, 143 rated our service as excellent and the remaining 6 as good.

Patient Access - 'Patient Access Supporting The Organisation'

The Patient Access Centre incorporates the Central Booking and Scheduling Team, Medical Records and Clinic Prep, Outpatient Clinic Receptions and Outpatient Nursing, Admissions, Private Practice and Overseas Visitors.

Below are a number of projects and initiatives that we are currently working on to support the Trust.

Implementation of Careflow: Letter Rationalisation Project – Ensuring our communication with patients is clear and concise.

Clinic Optimisation – Changes to improve the outpatient experience with an aim to reduce the number of re-booked appointments.

RTT Awareness – Providing RTT contextual training to our organisation.

Validation: Patient Access Team are supporting the Trust to maintain an accurate and validated waiting list of patients who have been waiting over 12 weeks for appointments or procedures. Aiming to achieve the target of 90% of patients contacted before the 31st October 2023.

Mutual Aid: Patient Access Team have also supported the Clinical Centres with the Mutual Aid process. This process involves contacting patients to ask if they would like to be seen and treated at other organisations due to current waiting times for some of our specialties. If the patient agrees then details are added to the National DMAS system for other providers to offer support.

78 and 65 Week Waits: The Booking and Scheduling Team continue to assist the Trust to achieve NHS targets by ensuring that patients are booked for appointments and procedures within the specified timeframes. This has included invaluable support from a knowledgeable Booking Team.

Outpatient Transformation: The Patient Access Team are working hard in conjunction with The Centres to support the Operational Teams in the redesign, development, and delivery of their outpatient care. Outpatient Transformation includes the delivery of Patient Initiated Follow Up (PIFU), Virtual, using virtual appointments instead of face to face, reducing DNAs and increasing Advice & Guidance throughout all Centres. We continually work with The Business Intelligence Team to improve and enhance report information for use within the Centre and also throughout the Trust.

Bookwise: The Patient Access team have implemented an automated clinic room booking system to help support the clinical teams to ensure that the right clinic rooms are booked for their specialties and patients.

Receptions: Our Receptions Services continue to provide a meet and greet service to patients throughout the hospital, ensuring that patient information is correct on our PAS system. Following each patient attendance, the reception staff will 'cash up' action the patients clinical outcome form ensuring that patients are moved to the next step of their care pathway in a timely manner.

Admissions: Our Admissions service continues to provide out of hours support for patients and relatives and ensures that all Medical Records are available for the medical staff on wards.

Critical Care: G2G programme has been completed. Delivered two 'away days' for staff which were very well received and included discussions with previous patients about their experiences on the unit to help staff understand from the patients' perspectives. Also, plans for the new unit being built as part of HTP have been agreed and shared with staff.

2.	Update on any current or future service developments or changes
ENT/Max Fax/Ophthalmology	
MSK	
<ul style="list-style-type: none"> ➤ Reintroduction of VFC at PRH in October 2024 as part of the wider outpatient transformation programme. If pilot successful, this will be rolled out across both site ➤ Due to the reconfiguration work on Ward 32/31 and the associated financial cost, the trauma move from PRH to RSH has been put back to October 2024 	
<p>Oncology Following patient comments regarding the wooden bench outside of the Lingen Davies Centre, the Centre Manager approached Lingen Davies charity to see if they would be able to replace the old wooden bench with an Arbor bench or two which would give a bit of shade and protection from drizzle – this has been approved and will be installed in the next few months.</p>	
<p>Haematology Following patient comments regarding looking down through the glass to the ground floor in the haematology day unit - we have arranged for this glass to be converted to frosted panels for privacy.</p>	
Theatres	
<p>Workforce challenges persist; however, Theatre workforce review has been completed which focuses on a “grow your own” workforce which is now underway across both Theatre Departments. The primary focus of the restoration for elective surgery continues and the elective hub at PRH is due to open in January 24 to support this.</p>	
<u>RTT and Access Policy Awareness Training</u>	
<p>Patient Access supported in the development of the new Integrated Care System Access Policy. Patient Access are responsible for the awareness training across the Trust and have prepared a presentation and training sessions will be on-going. These will be face to face sessions as well as some sessions being available on Teams. RTT Awareness will be part of mandatory training for all identified relevant roles within the Trust. This will be available on LMS in the future as an annual training course.</p>	
3.	How is the Division going to involve patients/public in the next quarter?
<p>Oncology & Haematology / Radiotherapy: carry out patient surveys on a regular basis. In oncology, patients watch a video before they start treatment – this needs to be updated. Centre Manager is in the process of arranging for this to be refilmed and patients will be asked if they wish to participate and share their journey.</p>	
<p>Reviewing making a new video for radiotherapy patients – at the moment this is at the early stages; securing the funds to develop this video. Once we have the go ahead, patients will be asked if they wish to share their journey through treatment.</p>	
4.	Action update from previous meeting (if applicable)
Report by:	L Challinor
Date:	25/09/2023

Public Assurance Forum

Divisional Update

Name of Speciality: Patient Experience

Name of Speciality Lead: Kara Blackwell

Date: 9th October 2023

Time: 14.00-17.00 Location: Microsoft Teams

1. Key updates from Division

Patient Experience

- A new Equality, Diversity, and Inclusion (EDI) Lead Nurse/AHP has been appointed who will be working closely with our Patient Experience Lead to ensure that the EDI agenda is delivered for our patients, carers and their families. Initial priorities include:
 - o Establishing clinical staff EDI champions across all our services
 - o Development of training package for our champions
 - o Re-invigorating the Patient Advocate Group and recruitment to this group.
- Patient Led Assessment of the Care Environment (PLACE) was launched in September 2023, this is being led by our Head of Facilities and will be completed by 27th November 2023. A number of volunteer and patient assessors have been recruited, more places are available and potential dates for visit are in place.
- Quarterly PLACE Group meetings have now been set up with the first taking place in October 2023.
- The Independent Complaints Review Group was nominated as a finalist for a PENNA award, although they did not win this is a great achievement, they are also a finalist for the Trust Awards in November 2023.
- A working Group has been set up for the PHSO standards for complaints, three patient representatives have been recruited to the Group.
- Complaints improvement work has commenced with the Divisions to ensure processes facilitate more timely responses to our patients and their loved ones.

Patient Safety

- Preparations for the roll out of PSIRF continues. This is being co-ordinated across the Integrated Care System so that all organisations have same roll-out date planned for November 2023. There was a PSIRF away day on the 28th of June with both SaTH staff and external colleagues and stakeholders which was used to shape our plan for PSIRF, patient families were included in the design of the compassionate engagement part of our PSIRF.

2.	Update on any current or future service developments or changes and how are you involving the community in these changes?
<p>Patient Experience</p> <ul style="list-style-type: none"> - The introduction of text (SMS) Friends and Family Tests (FFT) to provide patients accessing the Emergency Department to feedback has been finalized and commenced 1st October for 6 months initially. - The Trust is continuing to recruit patient representatives to support Specialty Patient Experience Groups, seven new representatives have joined. Recruitment is ongoing. - Involvement of patient and carer representatives continues through involvement the Patient and Carer Experience (PaCE) Panel, Speciality Patient Experience Groups, Patient Information Panel, Independent Complaints Review Group, Trust Food Group, Letter’s Task and Finish Group, as well as the new Groups established for PLACE and PHSO standards. <p>Patient Safety</p> <ul style="list-style-type: none"> - Patient families were included in the compassionate engagement part of our PSIRF development. Moving forward we will be looking for review of feedback from patients/families and using this to inform improvements to the PSIRF process. Going forward we will also have an annual review cycle to review the PSIRF plan/policy and our PSIRF safety priorities so will be hoping to look for public engagement for this. - We are completing a business case for a patient liaison role as part of PSIRF and it would be really beneficial to have a stakeholder panel including public/patient representation. 	
3.	Action update from previous meeting (if applicable)
Report by:	Kara Blackwell
Date	3 rd October 2023

Public Assurance Forum: 9 October 2023

Agenda item	2023/49		
Report Title	Public Participation Department Priorities 2023/24		
Executive Lead	Julia Clarke, Director of Public Participation		
Report Author	Hannah Morris, Head of Public Participation		
CQC Domain:	Link to Strategic Goal:		Link to BAF / risk:
Safe	Our patients and community	√	BAF 9
Effective	Our people		
Caring	Our service delivery		Trust Risk Register id:
Responsive	Our governance		
Well Led	Our partners	√	
Consultation Communication	Public Engagement throughout 2021 Approved by Trust Board October 2021 Regularly presented to PAF at quarterly meetings and SaTH Charity to Charitable Funds Committee meetings		
Executive summary:	<p>The Forum's attention is drawn to the Appendices which outlines the Yearly 'Plan on the Page' for Community Engagement, Volunteers and SaTH Charity</p> <p>The plan for community Engagement and Social Inclusion link to our Public Participation Plan which outlines how we will work with our local communities over the next five years and was approved by the Trust Board in October 2021</p>		
Recommendations for the Public Assurance Forum:	<p>The Public Assurance Forum is asked to:</p> <p>NOTE The Activity completed by each of the areas during Quarter 2</p> <p>This report is provided for information only.</p>		
Appendices:	Appendix 1: Plan of a Page for Community Engagement, SaTH Charity and Volunteers		

1.0 Introduction

- 1.1 The Public Participation Plan was developed in partnership with our local communities. The Plan outlines how we will work with our communities over the next five years and was approved by the Trust Board in October 2021. Following approval of the Plan, an action plan was developed. This paper provides an update on the implementation of the Action Plan.
- 1.2 We then asked members of PAF and SaTH community members to prioritise the agreed actions to form an annual plan for the next five years. The results are shown in the overarching plan which has been developed into the prioritised Community Engagement 2022/23 plan on a page (Appendix 1). This also contains the full suite of Public Participation annual plans (i.e., Volunteers and SaTH charity) and these will also be presented at the next Trust Board.

2.0 Risks to the project

Risk	Action	Timescales
1. Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities	A detailed action plan will be drawn up and reviewed regularly with the implementation of the Public Assurance Forum	On going
2. Fail to deliver statutory duties (s242) to engage with the public	Continue to support our Divisions to ensure they meet their Statutory Duties.	Ongoing

Areas of Focus

- **Individuals from the communities we serve in** Shropshire, T&W and Powys)
- **The wider public** individuals who have an interest in a specific area or condition e.g. maternity.
- **Patients and Carers** whose interest may be specific to a service or may have a wider remit.
- **Statutory Bodies e.g.** Healthwatches, CHC, H&WB, Joint Health Overview and Scrutiny Committee.
- **Staff** Our Trust workforce.
- **Voluntary Organisations** the VCSA sector has a deep reach into our communities.
- **Patient groups** of all interests.
- **Other Health and Social Care Organisations e.g.** ICS, Shrop Comm, RJA, primary care, social care etc.
- **Seldom Heard Groups and their advocates.** Young People; LGBT+; BAME; Gypsy & Travellers; Faith Groups; Carers; Addictions; Learning Disability; Refugees/asylum seekers; Homeless; Armed Forces Veterans; Disability.
- **Methods of Engagement**
- **Partnership** working with VCSA groups, representatives and forums. Contact community leaders, establish ongoing relationships through building trust. Articles for relevant newsletters. Liaison work with advocates, engage with local authorities and other statutory bodies.
- **Attending** events, conferences and other significant meetings, festivals, celebrations and activities relevant to the communities we serve, and where we can increase inclusion by offering a range of involvement opportunities.

SaTH Community Engagement Action Plan 2023/2024



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



The Shrewsbury and Telford Hospital
NHS Trust

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

- Strategic Engagement through Social Inclusion actions which make every contact count
- Key barriers to engagement identified & mitigation in place
- Regular meetings/networks in place to keep in contact with stakeholders
- Increase in incoming enquires/engagement from stakeholders
- Increase in both group & individual membership (Target 10% over the year)
- Our communities feel better informed and able to Get Involved if they choose to.

Key Risks / Benefits	L	C	LxC	Mitigation
Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities	3	4	12	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
Staff not having the skills or confidence to engage with our communities	3	3	9	Development of online website with toolkit that is accessible to staff

Q1	Q2	Q3	Q4	General Notes
April—May—June 2023	Jul-Aug-Sep-2023	Oct—Nov—Dec-2023	Jan—Feb—March-2024	Quarter 1 Update
<p>Outreach Work in areas of health inequalities</p> <ol style="list-style-type: none"> 1. Further develop links with Public Health in local councils to identify community groups in areas of focus 2. Network with community groups and organisations and identify additional networking opportunities 3. Attend community events in identified areas, provide clear purpose of attendance (working with Town & Parish Councils) 4. Attend events during Pride month (June) to raise profile of SaTH Involvement with LGBT+ communities 5. Review and develop People's Academy for 2024 6. Deliver People's Academy course, and bespoke People's Academy day in Woodside Telford 7. Recruitment of General Practice contacts as Community Members 8. Provide support for Hospitals Transformation Programme 9. Deliver About Health events 10. Work with the divisions to ensure they meet their Section 242 duties. 	<p>Recruitment of new Community & Group members through NHS 75</p> <ol style="list-style-type: none"> 1. Promote NHS75 through outreach work across Shrops, T&W, mid Wales, particularly focussing on areas of social deprivation and health inequalities 2. Attend community events to engage local population and recruit community members—focus on areas identified in Q1 3. Outreach with addiction and homelessness support organisations 4. Deliver hybrid People's Academy course 5. Attend Freshers' events at colleges/universities across Shrops, T&W and mid-Wales (supported by SaTH Volunteer team) 6. Provide support for Hospitals Transformation Programme 7. Deliver About Health events 8. Work with the divisions to ensure they meet their Section 242 duties. 	<p>Refresh organisational database information</p> <ol style="list-style-type: none"> 1. Thematic outreach with system partners for World Mental Health Day in October 2. Restart engagement with Gypsy and Traveller communities across Shrops, T&W, mid-Wales after summer break. 3. Outreach with refugees/asylum seekers to promote membership, volunteer and employment opportunities 4. Deliver Online People's Academy course 5. Expand rural network through existing contacts (Powys and Shrops) 6. Identify additional networking opportunities. 7. Provide support for Hospitals Transformation Programme 8. Deliver About Health events 9. Work with the divisions to ensure they meet their Section 242 duties. 	<p>Planning and consolidation</p> <ol style="list-style-type: none"> 1. Develop spring/summer engagement calendar of external events 2. Confirm annual About Health plan and create publicity for distribution 3. Review and develop the People's Academy for 2024 4. Deliver People's Academy course. 5. Provide support for Hospitals Transformation Programme 6. Deliver About Health events 7. Work with the divisions to ensure they meet their Section 242 duties. 	<ul style="list-style-type: none"> • The Public Participation Team provided support for NHS75 celebrations and promoted these with our local communities • The team have an on going Calander of events which we attend to promote public involvement with SaTH • The team have linked with a number of organisations around homelessness support including ARK, TACT and Maninplace • In response to feedback received, the online People's Academy has been replaced with a full day face to face course. The team have attended Fresher events in Telford and Shrewsbury promoting opportunities for young people to get involved • A number of HTP focus groups have been held this quarter as well as attending external meetings to discuss the programme • We have an on-going schedule of About Health Events • We continue to support the division in relation to engaging the public around service changes/developments



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,

Programme Arrangements

The Volunteer Team is based in Stretton 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.
- 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
- Review requests for new areas within the Trust for support that would receive a positive benefit from a volunteer programme and provide meaningful opportunities.
- To raise awareness of the Trust's volunteering activities with our patients, their families and stakeholders to encourage their engagement with us.
- To provide experience of working in a hospital setting for young volunteers or those looking for a career in the NHS, for example, the NHS Cadets and Young Volunteer Scheme.
- Deliver a successful Volunteers to Careers project in support of growing our own workforce
- Support our staff to effectively manage and support our volunteers while on placement.

Desired Outcomes

- To maintain the number of active volunteers at around 270 during the year
- Ensure those who have completed the recruitment process have meaningful and regular placements.
- To support areas that would benefit from volunteer's support and deliver that benefit.
- To provide 24 positive news stories to support Public Participation
- Organise Making a Difference days to gain the support of local businesses and organisations
- Organise and run 2 Young People's Academies

Key Risks / Benefits	L	C	LxC	Mitigation
Number of volunteers does not meet demand	4	1	4	Volunteering is promoted through Social Media and on the Trust's website. It also features on the Trust's recruitment website <i>Belong To Something</i>
Volunteers are at risk of working in unsuitable areas and are at risk themselves in clinical areas	2	3	6	Strict on-boarding process to ensure that volunteers understand where they can work and how to mitigate risk through their training
Sufficient resources within the Volunteer Team to manage the volunteer programme	2	3	6	Defined roles and processes to ensure all members of the team are capable of supporting the volunteer function. Bank shifts can be utilised.

Q1 April – May – June	Q2 July – August – Sep	Q3 Oct – Nov – Dec	Q4 Jan – Feb – March	General Notes Progress against plan Q2
<ul style="list-style-type: none"> Establish a calendar of engagement events with local schools and colleges Develop a communications plan for volunteering to encourage applications. Promote roles in A&E and Discharge Develop a volunteer to career pathway Review and update website content and social media exposure Deliver Volunteers' Week 2023 Identify areas across both sites that require gardening volunteers Review Better Impact as our management platform and implement updates Young People's Academy 	<ul style="list-style-type: none"> Contact local colleges with information on the Volunteer to Career's (VTC) scheme Engage with fresher's events at local schools or colleges Recruit gardening volunteers to meet any identified need. Plan the next Young person's Academy Review Better Impact content (files, templates etc.) to ensure it is current. Review IPC training in light of hospital guidance changes and update as required Active database review Focus Group on selected area Launch Youth Volunteer Programme 	<ul style="list-style-type: none"> Promote volunteering through the Trust's Peoples Academy Ongoing development of Better Impact Review inactive volunteers Consider lead volunteer roles and how they could be developed to support the volunteer programme Raise awareness to Trust areas the benefit of having Volunteer support and encourage engagement with placing volunteers. Support volunteer recognition event Volunteer Christmas campaign Focus Group on selected area Review Social Media activity 	<ul style="list-style-type: none"> Volunteer annual survey on the views of our volunteers Develop a plan for 2024/25 Plan for Volunteers' Week 2024 Review Better Impact as our management platform and implement updates Promote roles in A&E and Discharge Focus Group on selected area Second in take for Youth Volunteers to open in February 	<ul style="list-style-type: none"> TCAT was contacted about VTC with a good response from students The team attended freshers events for Shrewsbury Colleges Group and fed results back to team The young people's academy is now being run by the engagement team There is no need identified for gardening volunteers Better Impact email templates and some files have been reviewed, other files still need reviewing. IPC training has been reviewed and the online eLearning training covers IPC and the team now does face to face hand hygiene assessments 3 Focus groups have been help on using the Better Impact System, and Volunteer to Careers The team have spent time to cleanse the volunteer database to show only active users The youth volunteer programme is live and gaining lots of interest



Stakeholder Groups

A. Public

Public appeal is important to achieve our core objectives of community engagement and raising funds.

B. Local Business and Organisations

SaTH cares for the workers of local businesses, many will have employees cared for by SaTH. Supporting SaTH Charity is likely to be popular with employees. SaTH Charity can work with organisations on their corporate good citizen projects.

C. Staff

An engaged and supported workforce is key to achieving our performance targets. The Charity recognises our staff as a key asset to the Trust and is focussed on supporting their wellbeing to aid retention

D. Existing organisations providing charitable support

SaTH Charity must not be seen as a threat but as a complimentary partner to other charities. Engagement with our ICS 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.

Charity Team

The SaTH Charity Team sits within the Public Participation Team and is based within Stretton House at RSH.

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

Strategic Aims

To raise funds that provide equipment and workforce training not funded through normal NHS channels.

To provide engagement opportunities for local people, business's and organisations.

To work alongside the Volunteer Team to encourage support and giving whether its money or time—both are valuable to the Trust.

To explore corporate and organisation fundraising priorities which are aligned to the Trust's strategic objectives.

To encourage utilisation of funds to support identified need

To raise awareness of the Trust's activities with our staff, patients, their families and stakeholders to encourage their engagement, to build and develop SaTH and the SaTH Charity brand.

To work with and support existing charitable partners which include but not limited to; NHS Charities Together, League of Friends of RSH, Friends of PRH and Lingen Davis.

Desired Outcomes

- To increase charitable income, raised or left by legacy to SaTH Charity year on year
- Increase the visibility of SaTH Charity as the Trust's Hospital Charity locally, measured by increased income and engagement.
- Community Engagement through positive media opportunities to promote SaTH to the population it serves through engagement and fundraising activity— 4 stories a month
- Enhance the reputation of SaTH locally relating to clinical outcomes, quality, kindness and as a caring organisation

Key Risks / Benefits	L	C	LxC	Mitigation
Funds are not spent to meet the expectation of donors and fundraisers	1	4	4	Expenditure is reviewed to ensure it complies to policy. With more support being made available to achieve effective spend.
SaTH Charity does not comply with charity commission requirements	1	4	4	The Charity Policy was again updated in February 2022 to provide the framework for compliance. Monitoring of activity and actions against the Policy.
Not spending charitable funds in a timely way	3	2	6	Briefing sessions held to explain the importance of spend aligned to operational planning objectives.

Q1 2023	Q2 2023	Q3 2023	Q4 2024	General Notes
April – May – June	July – August – Sep	Oct – Nov – Dec	Jan – Feb – March	Update on Q2 activity:
<ul style="list-style-type: none"> • British Ironworks NHS75 birthday Daisies to go on sale • Implement first stage of legacy campaign and link to retirement sessions provided to staff • Staff NHS Birthday Thank You Campaign go-live • Quarterly Charity Supporters email to be sent • Commence gathering information for the Annual report highlighting achievements over the last 12 months • NHS Charities Together National Conference • Corporate Partnership Planning • Development of positive news and engagement stories 12 • Complete Stage 3 NHS CT final reports 	<ul style="list-style-type: none"> • NHS 75 Birthday • Review initial plans for Christmas • Quarterly Supporters email to be sent • Submit draft copy of the Annual Report for review • Promote our Lake Vyrnwy Half Marathon Runners • Development of positive news and engagement stories 12 • Awareness campaign on Staff Lottery Sign Ups • Corporate Partnership progress report • Summer promotion of Small Things Fund • Recruit marketing role supported by NHS CT Development grant 	<ul style="list-style-type: none"> • Potential go-live of NHS CT In Memory Campaign • Christmas Campaign with Christmas IPC approved decorations. • Quarterly Supporters email to be sent • Development of positive news and engagement stories 12 • Winter promotion of small things fund • Finalise the annual report with accounts • Hold workshops for fund advisors, divisional directors and finance leads as required • Review the NHS CT Development Grant funded communications role to assess impact. 	<ul style="list-style-type: none"> • Quarterly Supporters email to be sent • Development of positive news and engagement stories 12 • Raise awareness of the Staff Lottery highlighting the impact it has made to staff • Highlight key fundraising activity and planned spend • To support staff through the Small Things make a Big Difference Fund. Make sure charity has a strong presence in all areas of the Trust to raise awareness and understanding of the charity. • Raise profile of charity through actions on the Public Participation Plan • Prepare NHS CT Development Plan 6 month review. 	<ul style="list-style-type: none"> • NHS 75 Birthday celebrations were well supported and provided good exposure for SaTH Charity. • Annual Report is being taken for approval to CFC on 26/09/2023 • Lake Vyrnwy half marathon was a very strong event for raising the profile of the Charity. Considerable exposure through social media channels/press and radio • Small Things Fund regularly featured and requests for support being regularly received. • The NHS CT Development Grant funded communications role is now filled and measurable improvements particularly relating to Social Media are being recorded. Corporate comms will be picked up by this role, likely to be a "softly softly" approach.

Public Assurance Forum – 9 October 2023

Agenda item	2023/49			
Report	Quarter 2 Public Participation Report			
Executive Lead	Julia Clarke, Director of Public Participation			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community	√	Safe	
	Our people		Effective	
	Our service delivery		Caring	
	Our partners		Responsive	
	Our governance		Well Led	√
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF 9	
	For decision / approval		Link to risk register:	
	For review / discussion			
	For noting			
	For information	√		
	For consent			
Presented to:				
Dependent upon (if applicable):	- N/A			
Executive summary:	<p>This paper gives an update on the work of Public Participation (Community engagement, volunteering and SaTH Charity) for Quarter 2 2023/24</p> <p>It is important that the Trust continues to engage and involve our local populations in a meaningful and inclusive way. COVID-19 has impacted on the ways we engage with our local communities; however, it is essential that we continue to have an ongoing dialogue with our communities, and ensure they have opportunities to be involved. This paper outlines how we have engaged with our local communities, an update on our volunteers and SaTH charity and where funding has been allocated across the Trust.</p>			
Appendices	Appendix 1: Quarterly Public Participation Trust Board Report			

1.0 Public Participation Team

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

- Community Engagement
- Volunteering
- Charity management

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.

2.0 Community Engagement (slides 5-12 in accompanying presentation)

The accompanying slides contain more information

- 2.1 The Public Participation Team continues to engage with the public with a regular series of virtual and face to face meetings, health lectures and email updates. Our community members (4178) and organisations (360) continue to increase. (Slide 8 details)
- 2.2 The Public Participation Department has also been supporting our Trust to engage with our local communities around the Hospital Transformation Programme (HTP). The team has organised a number of events including public focus groups (aligned to the clinical workstreams) and About Health Events. (See slides 9-10) For more information please see our website: [HTP Focus Groups - SaTH](#)
- 2.3 Our Social Inclusion Facilitator has been making stronger links with a number of Seldom Heard Groups this Quarter focusing on rurality/rural deprivation, homelessness, refugees, travellers and our farming communities (Slide 11). The annual report on our equality work is available on our website and a recently published report on our social inclusion work [Our Equality Work - SaTH](#)
- 2.4 There were no questions following the Trust Board meetings this quarter

3.0 Volunteers (Slides 13-16)

- 3.1 We currently have 214 volunteers, who have given over 5148 hours of volunteer time in Quarter 2 across a wide range of activities (see Slide 13). There are over 30 different role descriptions across all areas on the Trust including non-clinical support roles
- 3.2 New roles have been successfully trialled in the Shrewsbury Elective Surgery Hub and the Children's Ward. These roles are now being offered to the wider volunteer workforce.
- 3.3 Recruitment for our Youth Volunteer Scheme has opened, and we are offering 60 placements in September's cohort (slide 15).

- 3.4 The volunteer team have successfully been awarded a £25K grant to develop a Volunteers to Careers Programme. The programme is focusing on careers within Midwifery. NHS England has provided funding to implement a Volunteer to Career project. In September 15 individuals have successfully completed the first cohort. Cohort 2 is starting at the beginning of October (Slide 16).

4.0 SaTH Charity (Slides 17-21)

- 4.1 Income for the 3 months of Q2 2023 was £50,082 and expenditure for this period was £299,216. Income is lower than the same period last year but last year included some large grants from NHS Charities Together (slide 17)
- 4.2 To date we have 1341 SaTH Charity Supporters and 852 members of staff are now playing the staff lottery (from zero when it was started four years ago) and half the funding is paid out in winnings to staff and half re-invested in the staff Small Things Big Difference Trust Fund.
- 4.3 As part of the NHS75 celebration SaTH Charity gave staff the opportunity to recognise a colleague with a specially commissioned NHS 75 daisy from British Ironworks. Over 300 nominations were received. Cards with the citations and daisies will be given to staff on 5th July during the NHS Birthday celebrations. The daisy are also available to buy to raise funds for the charity (slides 18-19)
- 4.4 The Trust has had a successful bid application approved by NHS Charities Together for £30K. The grant is to support the development of SaTH Charity by raising awareness around fundraising and improving the visibility of the charity. With funding from the grant, a Charity Marketing and Communications Officer has been appointed (Slide 21).
- 4.5 In Quarter 2 the charity approved 76 charitable fund requests across 15 different funds. Some of the items of expenditure in Quarter 2 are shown on Slide 20 along with the impact statements from staff showing the benefit for patients and hospital staff alike. It illustrates the benefit that can be created through fundraising and donations made to SaTH Charity.

5.0 Q2 Forward Plan (summarised slides 27-29)

5.1 General activity

- The Public Assurance Forum to meet on 15th January 2024 (last met 9th October 2023)
- Supporting staff with any future service changes engagement
- Supporting the HTP Communications and Engagement programme, including quarterly focus groups for the public and patients. There will be a focus on supporting engagement around specific interest groups (Learning disabilities, Young people and children, Mental Health)
- A Young People's Academy and a People's Academy to start in Q3
- To continue to support staff wellbeing through SaTH Charity
- Attendance at community events to engage with the public

5.2 Dates for your diary – please contact sath.engagement@nhs.net or visit our website for more information [Public Participation - SaTH](#)

COMMUNITY ENGAGEMENT MEETINGS

Date	Time	Event	Booking
Wednesday 11 October	11:00 – 12:00	Community Cascade	Via Eventbrite
Thursday 12 October	18:30 – 19:30	Evening Cascade	Via Eventbrite
Tuesday 17 October	18:30 – 19:30	About Health – Menopause Update	Via Eventbrite
Wednesday 8 November	11:00 – 12:00	Community Cascade	Via Eventbrite
Thursday 9 November	18:30 – 19:30	Evening Cascade	Via Eventbrite
Tuesday 7 November	18:30 – 19:30	About Health – Hospitals Transformation Programme	Via Eventbrite
Thursday 16 November	18:30 – 19:30	About Health – Pastoral Support in our hospitals	Via Eventbrite

HOSPITAL TRANSFORMATION PROGRAMME FOCUS GROUPS

Hospitals Transformation Focus Groups			
Date	Time	Event	Booking
Tuesday 5 th December	10:00 – 12:00	Medicine and Emergency Care/Surgery, Anaesthetics and Cancer	Via email
Thursday 7 th December	10:00 – 12:00	Women's and Children's	Via email

6.0 Risks and actions

Risk	Action	Timescales
1. Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities	A detailed five-year action plan has been drawn up and progress is reviewed at each meeting by the Public Assurance Forum	On going
2. Fail to deliver statutory duties (s242) to engage with the public	Continue to support our Divisions to ensure they meet their Statutory Duties.	Ongoing
3. Staff not having the skills or confidence to engage with our communities	The development of an online training module, and resource pack for managers is available. This is the link to the online support SaTH Intranet - Public Engagement Our Legal Duties. It includes explanatory flowchart, various templates and the advice to contact the Public Participation Team for advice/support BEFORE engaging in any changes to current services. Meetings held with all the Divisions and many operational teams	In place
4. Public support through donations for SaTH Charity could start to recede as the levels of lockdown are reduced and the country returns to the new normal	Plan developed to build on awareness of SATH charity to link to local fundraising from individuals groups and corporate organisations. This also includes a Corporate and Legacy strategy for 2023/24	Ongoing

<p>5. The risks of not having a joined-up approach to fundraising and volunteering would be a potential decline in income and hours donated, impacting on staff workload.</p>	<p>Stronger links have been built between the Charity and Volunteering team to align them as areas that are supported by the population. Both are supported by giving; time, money or both.</p>	<p>In place</p>
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7. Recommendations

The meeting is asked to:

NOTE the current activity in Quarter 2 across the Public Participation Team

Julia Clarke
Director of Public Participation

October 2023

Public Participation Report

Quarter 2 (July – September 2023)

Julia Clarke – Director of Public Participation



Highlights of Public Participation – Q2

COMMUNITY ENGAGEMENT (for details see slides 5 – 12)

- The Public Assurance Forum met on the 9th October 2023 and the highlights of this meeting are outlined in slides 5-7
- The Public Participation Team continues to engage with the public with a regular series of virtual and face to face meetings, health lectures and email updates. Our community members (4178) and organisations (360) continue to increase
- The Public Participation Department has been supporting our Trust to engage with our local communities on the Hospitals Transformation Programme (HTP). The team has organised a number of events including focus groups (aligned to the clinical workstreams) and an About Health Event
- Our Social Inclusion Facilitator has been making stronger links with a number of Seldom Heard Groups this Quarter including focusing on rurality/rural deprivation, homelessness, refugees, travellers and our farming communities.
- There were no questions following the public Trust Board meetings this quarter



Highlights of Public Participation – Q2

VOLUNTEERS (for details see slides 13 – 16)

- We have 214 active volunteers within the Trust who have provided 5,148 hours of their time this quarter across 30+ clinical and non-clinical roles.
- New roles have been successfully trialled in the Shrewsbury Elective Surgery Hub and the Children's Ward. These roles are now being offered to the wider volunteer workforce.
- 3 of our volunteers have successfully gained permanent employment at SaTH – two have accepted roles as HCA's at RSH ED and Ward 14, and another within the pathology department.
- Recruitment for our Youth Volunteer Scheme has opened, and we are offering 60 placements in September's cohort.
- NHS England has provided funding to implement a Volunteer to Career project. In September 15 individuals have successfully completed the first cohort. Cohort 2 is starting at the beginning of October



Highlights of Public Participation – Q2

SATH CHARITY (for details see slides 17 – 21)

- Income for Quarter 2 is £50,082 compared to £120,682 (includes an NHS CT grant) in the same period last year. Expenditure for the same period was is £299,216 compared to £129,819 in 2022.
- In Quarter 2 the charity approved 76 charitable fund requests across 15 different funds
- 1341 people are registered as SaTH Charity supporters (this includes staff and members of the public)
- As part of the NHS75 celebration SaTH Charity gave staff the opportunity to recognise a colleague with a specially commissioned NHS 75 daisy from British Ironworks. Over 300 nominations were received. Cards with the citations and daisies will be given to staff on 5th July during the NHS Birthday celebrations. The daisy are also available to by to raise funds for the charity

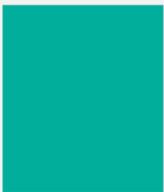


(pictured 'gravity chair' purchased for staff to relax in)

COMMUNITY ENGAGEMENT (1): Public Assurance Forum 9 October 2023



COMMUNITY ENGAGEMENT (2): Public Assurance Forum 9 October 2023



COMMUNITY ENGAGEMENT (3): Public Assurance Forum 9 October 2023



COMMUNITY ENGAGEMENT

The Community Engagement team hold a series of community events where the public across Shropshire, Telford & Wrekin and Powys are invited to join us virtually to find out more about their hospitals, which includes:

- **Monthly email update** – An email update to our 3600+ members and organisations
- **Community Cascade** – this is delivered twice a month following feedback from the public requesting an additional session in the evening
- **About Health Events**– There is an ongoing series of virtual health events for staff and the public.
- The team have a number of community events which they are planning to attend over October-December, providing the public the opportunity to find out more about SaTH and ways they can get involved
- Many of these events will focus on HTP and provide communities with information on how they can get involved in shaping the delivery of the agreed clinical model



Community Members

Total at 28/09/2023 **4178**

Joined in Q2 **512**



Organisations

Total at 28/09/2023 **360**

Joined in Q2 **15**



Community Event

Held in Q2 **19**

Attended in Q2 **13**

Getting Involved with HTP

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

- **Quarterly focus groups** which are aligned to our clinical workstreams. Workstream focus groups have been planned over the next two years which will inform the plans as they develop towards implementation.
- We are also arranging a series of focus groups for specialised groups – carer's of adults and children with special needs, patients with mental health issues, children, adolescents and with the Maternity and Neonatal Voices Partnership
- In September we held our **first hybrid focus groups**, with attendees being able to attend in person with the HTP team and Architects or via MS Teams
- **Two focus groups** were held in early September for Medicine and Emergency Care with Surgery, Anaesthetics and Cancer and another group for Women & Children's services
- In September we also held our first **Travel and Transport Focus Group**, which enable the Trust and our partners to hear the concerns of the public. Q&As from both focus groups are published in the public domain and can be found here with the Q&As from the focus groups held in March: [HTP Focus Groups – SaTH](#)
- PAF members are now allocated as public representatives on the 1:50 Clinical Design workstream meetings with the Architects and clinical teams
- **Quarterly *About Health* HTP events have been delivered** - our third event for HTP was delivered in July. Future sessions have been arranged on a quarterly basis. The next About Health event is on the evening of **Tuesday 7 November 2023**

Getting Involved with HTP

- We have supported the Divisions to develop their Equality and Health Inequality Impact Assessments as part of the Outline Business Case
- We have also updated our 4000 community members and 360 community organisations each month through our #GetInvolved Newsletter and at Community Cascade sessions
- Events we have organised in Quarter 2 relating to HTP are:

Date	Event
4 July	Hadley Parish Council Meeting
25 July	About Health Event – HTP
3 August	HTP Planning Focus Group
15 August	Shropshire Patient Group
6 September	Shropshire County Council
14 September	Executive Liberal Democrats Shrewsbury and Atcham
20 September	Healthwatch Shropshire
22 September	People’s Academy

Social Inclusion

- A visit was made to Leighton Arches traveller's Site in Welshpool. This was a joint visit with the North Powys CC Housing Manager and the Deputy Regional Director of Llais.
- We attended the Bishop's Castle Carnival in rural South Shropshire. This well attended annual event attracted over a thousand visitors from the local area.
- There was a joint visit with Public Health to Shrewsbury Smithfield livestock market to talk with members of the farming community.
- We have arranged meetings with Afghan and Syrian refugee groups in Newtown and Welshpool through our connection with Ethnic Youth Support Team (EYST) advocate for BAME groups in Wales
- We visited Shrewsbury Smithfield livestock market to talk with members of the farming community and agreed with Public Health to explore future collaborative events.
- We visited Maninplace in Telford and Shrewsbury Homes For All. Both organisations work to break down the existing barriers preventing homeless people from accessing accommodation and support services.
- The Southeast Shropshire Community Connectors meeting was held in Small Woods in Coalbrookdale. These meetings are an invaluable opportunity to exchange information and insight with our Voluntary Sector partners.



COMMUNITY ENGAGEMENT: Questions from Trust Board meetings

We look to identify any trends in questions to the Trust Board so that we can be responsive in planning future engagement events with our local communities. All eligible questions submitted to the Trust Board from the public are published on our website - [Public Questions Log – SaTH](#)

- During Quarter 2 **no eligible*** questions were submitted to the Trust Board
- All eligible questions submitted to the Trust Board from the public are published on our website - [Public Questions Log – SaTH](#)

* i.e. relevant to an agenda item and within 10 days of the meeting



VOLUNTEERS - Volunteers' Highlights

We currently have 214 active volunteers at the Trust.

- The volunteer team has created a new online induction for new Volunteers. This means we can run the induction more regularly and at different times in the day (and possibly weekends) to accommodate the volunteers schedules.
- The Children's Ward will be trialling having volunteers help on the Ward w/c 18th September. Seven experienced volunteers will undertake a shift and give feedback before offering the role to the wider volunteer workforce.
- Volunteers have trialled a new role in Shrewsbury Elective Surgery Hub (SESH) and we have received positive feedback so far and the role is now being opened up to the wider volunteer workforce
- **A big congratulations to 3 volunteers have successfully been accepted for permanent positions at SATH.**
 - Two volunteers have accepted roles as Healthcare Assistants in RSH ED and PRH Ward 14
 - One volunteers has been accepted for a job in pathology after volunteering for 128 in just 3 months.

Quarter 2

New applications received

88

Volunteers completed the application process

33

Total Active volunteers

214

Total hours

5148

VOLUNTEERS - Volunteers' Highlights

- Response Volunteers will be helping our estates team with their 'Walking Aid Return & Reuse Scheme'. The scheme is part of the NHS's commitment to reach a net zero NHS supply chain. Volunteers will check the condition of returned crutches and, if in good condition, clean them and take them to A&E to be reused
- Volunteers in A&E were praised highly on the I Support SaTH Facebook group, 3 members of staff reached out to say what a great job they were doing

"I would like to thank our lovely volunteers that come around A&E, helping out, and for also serving drinks for our patients, family and staff (who are sometimes too busy to remember to drink). It's very much appreciated, you all go around with beautiful, happy faces and definitely cheer me up when I see you all. Thank you all so, so, much"

NHS

Return Reuse Recycle

We want you to return crutches, sticks and frames when no longer needed. We will check and clean them to help future patients.

Your local hospital could save up to £46,000 and carbon emissions the same as 5,670 car trips from Bristol to London a year.

For more information visit: recyclenow.com/walking-aids or scan the QR code.

CHARITY, SaTH

I support SaTH
Tina Smart · 2 d · 🌐

I would like to thank our lovely volunteers that come around A&E helping out and for also serving drinks for our patients, family and staff (who are sometimes too busy to remember to drink), it's very much appreciated, you all go around with beautiful, happy faces and definitely cheer me up when I see you all. Thank you all so so much xxx

👍❤️ 63 2 comments

All comments ▾

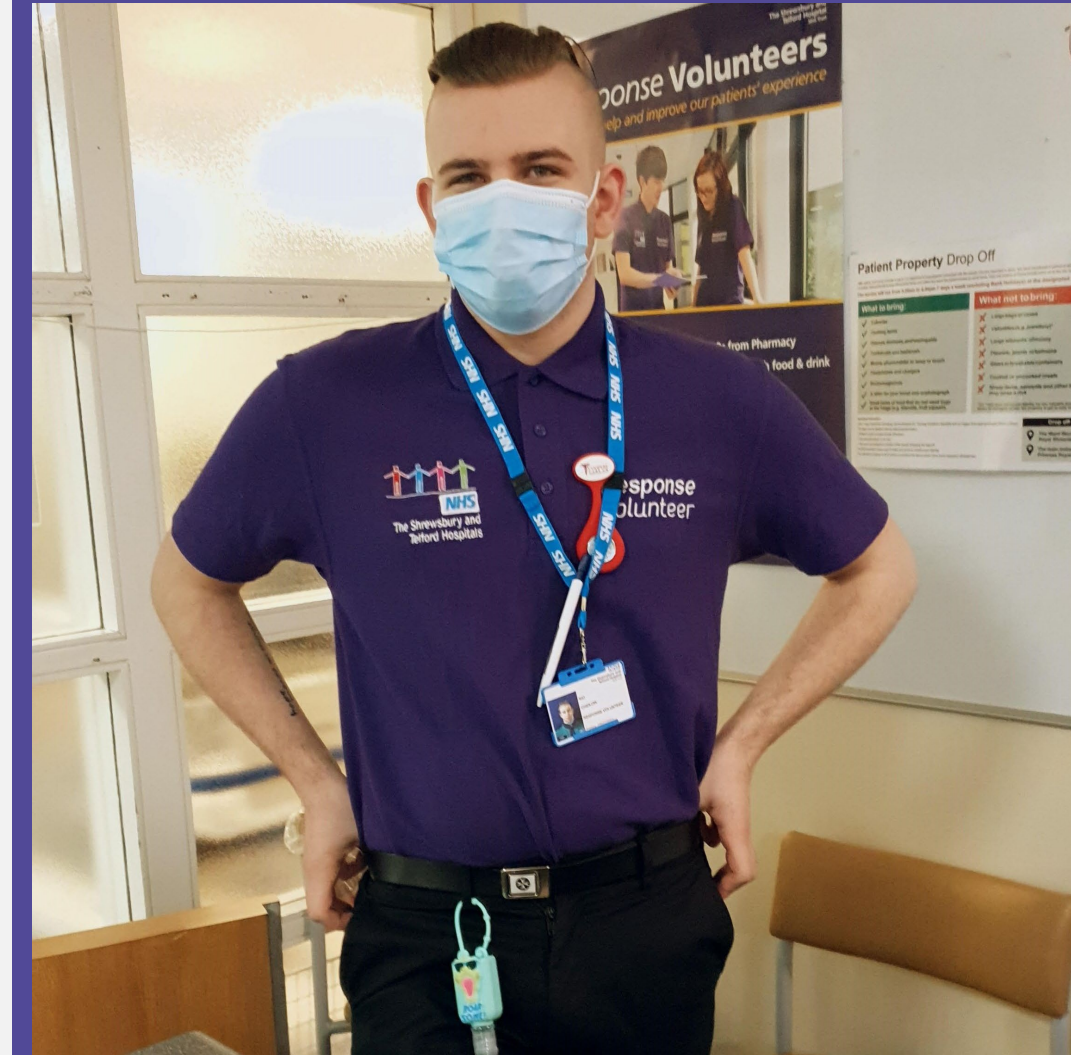
Staci Wojda
The volunteers are amazing 😊
1 d Like Reply 1 ❤️

Donna Louise Buckley
Awesome job!!! They do wouldn't be without them on discharge always smiling and happy to help biggest shout out to John and Emma xx
22 h Like Reply 2 🗨️

Youth Volunteer Programme

- We are now recruiting for our Youth Volunteers (16 and 17 years old) and are looking for people from a wide range of backgrounds who are looking at careers in the healthcare sector
- We will be working with our colleagues in Public Participation team (Engagement) to attend colleges Freshers events to let students know about the options for volunteering
- We will also be working closely with colleges where we have close relationships to ensure the scheme is open to students looking at all health careers
- We aim to recruit 60 volunteers in September to this programme and a further 60 volunteers in February 2024

Impact statement from a previous Youth Volunteer: *“Being a volunteer has taught me so much . It has helped me to become a more open and outgoing person . It has taught me so much about the different roles that staff are involved in . It has helped guide me into becoming more of the person I am now . It has been quite an eye-opening experience for me, seeing all the different roles and how it helps the community as well as the individuals in it .*



Volunteer to Career (VtC)



Volunteer to Career

Background: The project, funded by NHS England, aims to create a career pathway for volunteers at the Trust. The project is being jointly led by the volunteer team and a clinical lead. This programme will start by focusing on careers within Midwifery.

As part of the programme, the volunteers will receive a number of bespoke sessions on interview skills, completing a successful NHS application and CV as well as writing a great supporting statement, all to encourage them on the next stage of their journey to becoming part of SaTH and the NHS.

Talks are in progress about continuing the programme outside of the NHS England scheme and making it a permanent programme within SaTH Volunteering.

“I really enjoy being in a hospital and getting experience by speaking with the midwives and patients. I’m starting to pick up on terminology used in the wards and understand procedures that are taken day to day. It’s given me very good experience and I also enjoy helping out within the ward and making patients stay as pleasant as possible”

COHORT 1

- **Cohort 1** is coming to an end, we are celebrating the success with a presentation evening on 14th September. 15 individuals started the programme with 13 completing it.
- We have seen early career and employment outcomes with 63% saying they would be **extremely likely** to recommend the programme. 63% said they their volunteering experience was **‘better than expected’**

COHORT 2

- **Cohort 2** are being welcomed on 5th October to provide more information about what the programme entails. We expect 20 individuals to join the second cohort.
- The programme of dates for the employability support for Cohort 2 have been decided with Rachel Armstrong as our Clinical Lead.

SaTH CHARITY - Highlights

- Income for Quarter 2 is £50,082 compared to £120,682 (includes an NHS CT grant) in the same period last year. Expenditure for the same period was is £299,216 compared to £129,819 in 2022. This is a very positive comparison as it demonstrates funds are being spent promptly and not sitting in accounts. Divisions have been supported by the Charity team to enable this

During Quarter 2 the Charity had:

- 257 monetary donation entries registered on the charity database across 22 different funds
- 46 donations were marked as 'In Memory' donations
- 852 members of staff are now playing the staff lottery
- 1341 people are registered as supporters (this includes staff and members of the public)
- The Staff Fund (The Small Things Make a Big Difference) had 47 requests for support to enhance the experience of staff at work.



Shrewsbury and
Telford Hospital
Charity

SaTH Charity Supporting NHS 75

SaTH Charity led an opportunity for staff to recognise a colleague with a specially commissioned NHS 75 daisy from British Ironworks. Over 300 nominations were received. Cards with the citations and daisies will be given to staff on 5th July during the NHS Birthday celebrations. The daisies are also available to buy for £5 each to raise funds for SaTH Charity

SaTH Charity's "Thank you" campaign put huge smiles on the faces of many of our staff.

360 staff were nominated by colleagues to receive a free "Thank you" NHS daisy. Each daisy came with a very special Thank you card that had the text of why they had been nominated and by whom.

"It was very moving to give out the daisies and share with the recipients the comments made about them. Some were in tears as they realised how much they were valued by their colleagues" Julia Clarke, Director of Public Participation.

On social media there were several posts of delighted staff, many had over 200 likes and one had 35 congratulatory comments, so this annual event is a great boost for staff morale



SaTH Charity – NHS 75 – Thank you daisies



The Shrewsbury and
Telford Hospital
NHS Trust



SaTH CHARITY - Expenditure

In Quarter 2 were **76** approved requests for charitable funds across **15** different funds. Examples of approved funding included:

- Support for the Trust's new patient safety initiative involving Trust and ICB partners.
- A skylight to enhance the patient experience in one of the Trust's Swan Rooms, a dedicated space to support End of Life care.
- Patient furniture for the renal supportive care suite
- IT equipment for the Paul Brown Unit to support specialist training for staff supporting stroke patients.
- Hot water flasks, fridges and freezers, microwaves and coffee machines to support staff utilising our staff fund.
- Planters for the gardens at RSH to enhance the experience of all on site.

Impact Statement:

The Charity's automated systems are making it easier for our community to provide support. Plans are ongoing to improve supporter contact through our Supporter Relationship System.

"Many thanks, that's absolutely brilliant and thanks again for looking after him. I know we all very much appreciate your commitment in this instance. I shall use your online system to post my donation to ensure safe and efficient delivery"

CG
Patient relative
July 2023

NHS Charities Together Development Grant

SaTH Charity successfully applied for a £30,000 development grant to raise awareness of SaTH Charity through a focus on effective communication. The grant is funding a Charity Marketing and Communications Officer Rachel Slawson and supporting materials.

The object of the grant is focussed on 3 areas following the completion of an assessment tool to understand the current market position of the charity. Areas of focus are:-

- Developing a clear and consistent SaTH Charity Brand through new branded material, information downloads and e-newsletters.
- Digital marketing, raising the profile of the charity through social media channels. Monitoring success and implementing strategic changes.
- Engagement, building a greater understanding within our local communities at events with the public and local organisations.



Rachel Slawson joined SaTH in August 2023

PUBLIC PARTICIPATION - Forward Plan

- The Public Assurance Forum to meet on 15th January 2024 (last met 9th October 2023)
- Supporting staff with any future service changes engagement
- Supporting the HTP Communications and Engagement programme, including quarterly focus groups for the public and patients. There will be a focus on supporting engagement around specific interest groups (Learning disabilities, Young people and children, Mental Health)
- A Young People's Academy and a People's Academy to start in Q3
- To continue to support staff wellbeing through SaTH Charity
- Attendance at community events to engage with the public



Dates for your diary

Date	Time	Event	Booking
Wednesday 11 October	11:00 – 12:00	Community Cascade	Via Eventbrite
Thursday 12 October	18:30 – 19:30	Evening Cascade	Via Eventbrite
Tuesday 17 October	18:30 – 19:30	About Health – Menopause Update	Via Eventbrite
Wednesday 8 November	11:00 – 12:00	Community Cascade	Via Eventbrite
Thursday 9 November	18:30 – 19:30	Evening Cascade	Via Eventbrite
Tuesday 7 November	18:30 – 19:30	About Health – Hospitals Transformation Programme	Via Eventbrite
Thursday 16 November	18:30 – 19:30	About Health – Pastoral Support in our hospitals	Via Eventbrite



Please register for all events online at: <https://sathnhs.eventbrite.co.uk/>

Hospitals Transformation Focus Groups			
Date	Time	Event	Booking
Tuesday 5 th December	10:00 – 12:00	Medicine and Emergency Care/Surgery, Anaesthetics and Cancer	Via email
Thursday 7 th December	10:00 – 12:00	Women's and Children's	Via email

If you are interested in joining a Focus Group please email sath.engagement@nhs.net

People's Academy Dates for 2024



Thursday 15 February	PRH Education Centre
Wednesday 22 May	SECC
Wednesday 24 July	PRH Education Centre
Wednesday 30 October	SECC

Thursday 14 March	PRH Education Centre
Wednesday 26 June	SECC
Wednesday 25 September	PRH Education Centre
Wednesday 27 November	SECC

Public Assurance Forum meetings 2024

Monday 15th January 13.00-16.00

Monday 15th April 13.00-16.00

Monday 15th July 13.00-16.00

Monday 14th October 13.00-16.00