

## AGENDA

### Public Assurance Forum

**Date:** Monday 15<sup>th</sup> July 2024

**Time:** 1pm – 4pm

**Location:** Microsoft Teams

#### OPENING MATTERS AND PROCEDURAL ITEMS

Item No.	Agenda Item	Paper No / Verbal	Lead	Required Action	Time
2024/25	Welcome and apologies	Verbal	Co-Chairs	For noting	13:00
2024/26	CQC Report	Presentation	Kara Blackwell	For discussion	13:05
2024/27	Minutes of previous meeting	Paper 1	Co-Chairs	For noting	13:30
2024/28	Matters Arising/Actions	Paper 2	Co-Chairs	For approval	13:40
2024/29	Partner's updates	Paper 4	Forum Members	For approval	13:50
2024/30	SaTH Divisional updates on key issues	Paper 3	Divisions	For information	14:00
2024/31	Update on HTP: <ul style="list-style-type: none"> <li>• HTP Update Presentation</li> <li>• HTP Programme Board Engagement Report</li> </ul>	Presentation  Paper 5	HTP team  Hannah Morris	For approval  For discussion	14:30
2024/32	SATH Strategy & Partnership update	Paper 6	Director of Strategy & Partnership	For discussion	15:00
2024/33	Digital Transformation Programme update	Verbal	Sally Orrell	For noting	15:15
2024/34	Supplementary Information Pack <ul style="list-style-type: none"> <li>i. Public Participation Plan: 2023/24 Action Plan Update</li> </ul>	Papers 7-8	Divisions	For information – to address any comments	15:25

	ii. Draft Public Participation Quarterly Board Report		Hannah Morris	/queries	
2025/35	Any Other Business	Verbal	Chair		15:50
2024/36	Dates for the Forum for 2024 and close of meeting	Paper 9	Chair	To note	16:00



# CQC Inspection Report

May 2024



# Core services inspected

## Our services were inspected in October 2023:

- Urgent and Emergency Care
- Medical Care (inc. older people's services)
- End of Life Care
- Maternity Services
- Children and Young People

## A well-led inspection took place in November 2023



# Overall position

We have made good progress and have improved our overall rating to **requires improvement**.

Our services were rated overall as **good** for caring.

Our services were rated overall as **requires improvement** for safe, effective, responsive and well-led.



# CQC feedback

We have made good progress, and this has been recognised by the CQC:

- *"Improving culture of high quality, sustainable care"*
- *"Staff we met felt proud to work in the organisation"*
- *"Patient experience at the heart of everything"*

**This is down to all of you – thank you**

# Positive feedback



- Learning lessons from patient safety incidents
- Commitment to continuous learning and improvement
- Easy for people to give feedback
- Visible, approachable and stable leadership
- Leaders ran services well using reliable information systems
- Staff supported to develop their skills
- Safeguarding robust and well managed
- Patients, public and staff highly engaged to support high quality sustainable services
- Trust engaged well with people and the community to plan and manage services
- Strong emphasis on the wellbeing of staff
- Staff assessed risks to children and young people, acted on them and kept good care records

# Outstanding practice – well done

## Children and Young People

*"The service used sepsis escalation stickers which are situated within the patient's records and this identifies patients that require escalation due to their deteriorating health."*

*"The service implemented and used an eating disorder care bundle which was person-centred to each individual young person."*





# More to go - areas for improvement



- Staff in some areas did not always treat people with compassion and kindness, respect their privacy and dignity
- Consistency in supporting patients to make decisions about their care, and take account of individual needs
- Services did not always manage control infection risk well
- Waiting times from referral to treatment were not in line with national standards.
- Ensuring patients are risk assessed in a timely way
- Consistency in completion of care records
- Mandatory and legally required training
- Not all staff understood how to protect people from abuse
- Operational and financial challenges - greater partnership working
- Management of risk and performance

# Consolidated ratings – where we were 2021 (RSH)

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led
Medical Care (inc. Older peoples care)	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Critical Care					
End of Life Care	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Surgery					
Urgent and Emergency Services	Inadequate	Requires Improvement	Requires Improvement	Inadequate	Requires Improvement
Maternity					
Outpatients					

# Where we were at last inspection 2021 (RSH)

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# Where we are – ratings in 2024 (RSH)

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
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Critical Care						
End of Life Care						
Surgery						
Urgent and Emergency Services						
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## Medical Care

### Good practice

- Culture of honesty, openness and transparency
- Committed to continuous learning
- Caring approach from staff
- Focus on learning from incidents
- Effective MDT working in ward areas

### Areas for improvement

- Consistent care records
- Timely prescribing on discharge
- Nutrition and fluid assessments
- Flow, capacity and discharges

# Where we were at last inspection 2021 (RSH)

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Surgery						
Urgent and Emergency Services						
Maternity						
Outpatients						

## End of Life Care

### Good practice

- Staff treated patients with kindness and compassion
- Identification and referral of PEOLC patients
- Clear, up-to-date records
- Governance and oversight through enhanced steering group and dashboard
- Dedicated end of life care champions on every ward

### Areas for improvement

- Appropriate completion of ReSPECT forms
- Audit of patient discharges under the fast track system
- Knowledge of Mental Capacity Act

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Maternity						
Outpatients						

## Urgent and Emergency Care

### Good practice

- Effective evidenced-based care and treatment
- Enough nursing and medical staff to keep patients safe
- Patient safety incidents managed well and lessons learned shared
- Engagement with GIRFT
- Pain relief given in a timely way

### Areas for improvement

- Ensure patients access care in a timely way
- Patients risk assessed in a timely way
- Dignity and respect in escalation areas
- Clear oversight of all patients waiting



# Ratings – where we were & where we are now (RSH)

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall	Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Medical Care (inc. Older peoples care)	Inadequate	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Medical Care (inc. Older peoples care)	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
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Surgery							Surgery						
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Maternity							Maternity						
Outpatients							Outpatients						

# Consolidated ratings – where we were 2021 (PRH)

Service	Safe	Effective	Caring	Responsive	Well Led
Medical Care (inc. Older peoples care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement
Children & Young People	Inadequate	Inadequate	Requires Improvement	Inadequate	Inadequate
Critical Care					
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Outpatients					

# Where we were at the last inspection 2021 (PRH)

Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Medical Care (inc. Older peoples care)	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children & Young People						
Critical Care						
End of Life Care						
Surgery						
Urgent and Emergency Services						
Maternity						
Outpatients						

# Where we are – ratings in 2024 (PRH)

Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
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Children & Young People						
Critical Care						
End of Life Care						
Surgery						
Urgent and Emergency Services						
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Outpatients						

## Medical Care

### Good practice

- Staff responded quickly
- Reported incidents and shared learning
- Culture in service improved
- Supportive, approachable, visible managers/matrons
- Improved nursing records
- 100% compliance with butterfly scheme

### Areas for improvement

- Timely follow up for deteriorating patients
- Consistency in records
- MSA breaches
- Sepsis screening
- Dementia screening

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## Children and Young People

### Good practice

- Staff show empathy, compassion and kindness
- Staff responded quickly when called
- Staff are discreet and responsive, interacting with families in a respectful way
- Effective MDT working to improve care
- Seven-day service to support timely care

### Areas for improvement

- Information from audits to improve neonatal care and treatment
- Ward practices in the event of child abduction

# Where we were at the last inspection 2021 (PRH)

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## End of Life Care

### Good practice

- Kind, compassionate, dignified care
- Staff respected personal, cultural, social and religious needs of patients
- 7-day palliative and end of life care service introduced and embedded
- Emotional support to patients and loved ones
- Waiting times from referral to achievement of preferred place of care and death
- End of life care boxes to support patients and their families

### Areas for improvement

- Support for patients who lacked capacity to make decisions
- Full completion of ReSPECT forms



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## Urgent and Emergency Care

### Good practice

- Inclusive service with patients treated with kindness and compassion
- Actions to improve flow, overcrowding
- Staff supported patients to make decisions about care and treatment,
- Management of patient safety incidents and learning

### Areas for improvement

- Waiting times for treatment and patient flow out of the department
- Privacy and dignity due to environment and flow
- Infection prevention and control compliance
- Not all staff understood how to protect patients from abuse

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Outpatients						

## Maternity (inpatient services)

### Good practice

- All interactions were caring, positive and informative
- Women and families were listened to and involved in their care
- Ongoing improvements including 24/7 on-site obstetric consultant
- Women and families encouraged to feedback on their experiences

### Areas for improvement

- Timeliness of neonatal hip scans
- Continue to reduce the number of overdue incidents in line with the PSIRF
- Challenges with staffing levels despite improved workforce position

# Ratings – where we were & where we are now (PRH)

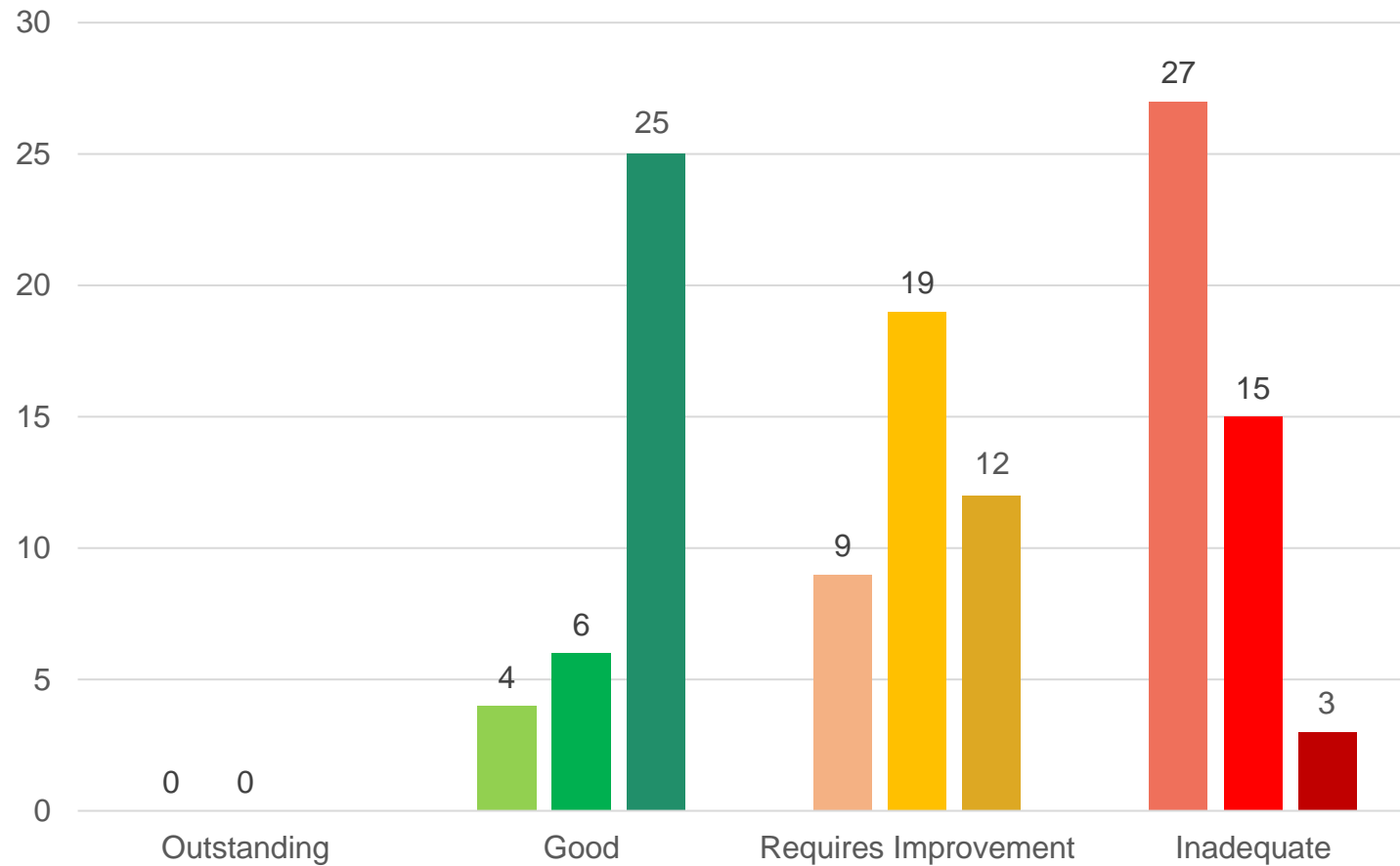
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Outpatients							Outpatients						

# Overall ratings

Royal Shrewsbury Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement	Requires Improvement
Princess Royal Hospital	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Trust Overall	Safe	Effective	Caring	Responsive	Well Led	Overall
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

# We are on a journey

Ratings as at: 2020 vs 2021 vs 2024



# Our next steps

- Reflect on our progress so far
- Embrace the feedback
- Maintain focus on our Getting to Good quality improvement journey
- Work together and with our partners





# Thank you



## Public Assurance Forum

Held on Monday 15<sup>th</sup> April 2024  
13:00 – 16:00hrs via MS Teams

### MINUTES



#### Present:

David Brown	Non-Executive Director SATH (co-Chair)
Cllr Joy Jones (part meeting)	Powys County Councillor and Chair of Newtown Health Forum (Co-Chair)
Julia Clarke	Director of Public Participation
Carl Bailey	Service Manager & Safeguarding Lead for Challenging Perceptions
Kate Ballinger	Community Engagement Facilitator
Linda Cox	VCSA Deputy
Claire Evans	Centre Manager
Sally Hodson	Centre Manager
Aaron Hyslop	Public Participation Team Facilitator (HTP Engagement)
Cllr Joy Jones	County Councillor of Newtown East Ward
Nigel Lee	Director of Strategy & Partnerships
Dianne Lloyd	Acting Deputy Divisional Director of Operations – Clinical Support Services
Sean McCarthy	Armed Forces Outreach Support Coordinator - Deputy
Hannah Morris	SATH Head of Public Participation
Katy Moynihan	Lead Nurse Theatre, Quality and Safety
Jane Randall-Smith	Llais Representative
Graham Shepherd	Shropshire Patient Group Representative
Jan Suckling	Lead Engagement Officer at Healthwatch T&W
Zain Siddiqui (part meeting)	Deputy Director of Operations - W&C Division

#### In attendance:

Rachel Fitzhenry	Senior Administrator (Minute taker)
Rebecca Gallimore (part meeting)	Director of Digital Transformation
Hazel Hughes (part meeting)	Operations Manager – Trauma & Orthopaedics
Martin James (part meeting)	Designer at Art In Sight
Lynne Morris (part meeting)	Centre Manager for Respiratory, Renal and Dermatology
Chloe Northover (part meeting)	Designer at Art In Sight

Joshua Pagden (part meeting)	Chief Nursing Information Officer
Julia Palmer (part meeting)	Head of PALS & Complaints
Rachel Webster (part meeting)	HTP Nursing, Midwifery and AHP Lead

Item No.	Agenda Item
<b>2024/13</b>	<b>Welcome and Introduction</b>
	<b>David Brown</b> opened the meeting by welcoming the group to the MS Team meeting.
<b>2024/14</b>	<b>Minutes of previous meeting (15th Jan 2024)</b>
	<p>The Minutes of the previous meeting on 15<sup>th</sup> January 2024 were approved as an accurate reading.</p> <p><b>Graham Shepherd</b> informed the group of two member updates from Shropshire Patient Group, Julian Birch (Chairman of SPG) and Marilyn Jones, which were not included within the minutes but were included within the papers of the January meeting.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Julian Birch - SPG Member Update.pdf</p> </div> <div style="text-align: center;">  <p>Marilyn Jones - SPG Member Update.pdf</p> </div> </div> <p>The full reports can also be found on the Public Assurance Forum with all previous minutes and papers <a href="#">Public Assurance Forum - SaTH</a></p>
<b>2024/15</b>	<b>Matters Arising/Actions</b>
	Separate Actions sheet attached.
<b>2024/16</b>	<b>Update on HTP</b>
	<p><b>Rachel Webster gave a presentation on the HTP update:</b></p> <p><u>PRH will become the site specialising in 'Planned Care':</u></p> <ul style="list-style-type: none"> <li>• Diagnostic endoscopy</li> <li>• Respiratory diagnostic and treatment centre</li> <li>• Dedicated procedure suite for local anaesthetics</li> <li>• Adult and child outpatients</li> <li>• Midwife led unit</li> <li>• Vibrant planned care site, planned inpatient surgery with medical and surgical inpatients on a planned pathway of care</li> <li>• Enhanced rehab facilities and new therapy led wards</li> <li>• 24/7 enhanced urgent treatment services (an A&amp;E local model)</li> <li>• Day case surgery centre</li> <li>• Cancer treatment day unit</li> </ul> <p><u>RSH will become the site specialising in Emergency Care:</u></p> <ul style="list-style-type: none"> <li>• Emergency Department</li> </ul>

- Head and Neck Inpatient Services
- Emergency Medicine, including Cardiology, Stroke, Respiratory and Acute Medicine
- Critical Care Unit
- Children's Inpatient Services
- Urgent Treatment Centre
- Consultant Neonatal Services
- Emergency and Trauma Surgery with complex, planned and Children's Surgery
- Consultant-led Maternity Care
- Radiotherapy and inpatient and day Cancer Care and treatment

At both sites:

- 24 hour urgent care services
- Outpatient Adult
- Frail and elderly care
- Midwife led maternity services
- Outpatient Child
- Diagnostic Endoscopy
- Day case chemotherapy
- Diagnostics

Communications approach:

To ensure that our communications and engagement activity does not predetermine the outcome of the FBC, activity will be split into two phases:

Phase one will communicate construction work taking place before FBC approval and will take place April to mid-May approx.

- Road realignment
- Copthorne Road reconfiguration
- Racecourse lane site set up

Phase two will detail larger construction works to take place following FBC approval, there will be approximately a two-week window to communicate these plans to relevant stakeholders.

- One-way system
- Outpatients closure and entrance relocation
- Hoardings

Therefore, communications will need to be as planned and prepared as possible.

**Phase 1**

Copthorne construction works - To begin end of May:

- These works are the first phase of the larger road realignment and widening works
- There will be no change to patient activity
- The road leading to Copthorne will be realigned at the end of May (C1)
- A temporary drop off will be created to allow for patient and visitor access to services (C2)
- From the end of June, works will begin to install an attenuation tank, which reduces risk of flooding (C3)
- The HTP team are visiting both clinical and nonclinical services in and around the Copthorne area to ensure they are briefed on the plans.

Racecourse Lane site set up - May / June 2024:

- When the main build begins, there will be a high number of contractors on site to alleviate parking pressure on site, land to the southern end of racecourse lane will be used by IHP contractors in alignment with our planning permission.
- We will be informing local residents of this works in mid-April through our established Neighbours' newsletter and email bulletin.
- Access to this site will be via Edgecombe way.
- The junction of Edgecombe way and Evolution Road

#### Road realignment and widening:

- The main road into the hospital will undergo realignment from 1 June 2024
- This is to allow construction traffic to enter, drop off materials, and exit the site safely and with as little disruption as possible to other hospital traffic once the main build commences, subject to FBC approved.
- Car parking will be reallocated to the Treatment Centre where a section of parking will become patient only.
- Communications about these changes will begin from April, and is linked to the wider Oxon Park and Ride campaign.

#### **Phase 2**

#### Hoardings - To begin June:

- The main build set will be hoarded off, subject to FBC approval. We are working to the approximate date of June for the plans.
- From this point, the helipad will also be relocated temporarily, for the remainder of the build.

#### Alternative entrances to the hospital:

- Patients, visitors, and staff will be redirected to other entry points around the hospital site from June (subject to FBC approval).
- These will be well signposted both internally and externally and we are working with both estates and the signage and wayfinding working group.
- We are working with the Patient Experience team and volunteers to ensure they are briefed and able to support where possible.

#### One-way system introduced:

- To improve traffic flow around the site, a one-way system will be introduced from SERII.
- It will run counterclockwise round the back of the hospital and down Evolution Road back on the Mytton Oak Road.
- A two-way entry and exit will be in place from the staff car park on Evolution Road, to allow for staff to enter and exit the site.
- Clear signage will be in place around the site to direct traffic.

**Martin James and Chloe Northover (Architects, AHR/ArtInSite) gave a presentation on the HTP update:**

#### New main entrance proposals:

##### Enhanced arrival

- Separate Emergency entrance
- 10 ambulance parking bays
- 8 disabled spaces
- Drop off
- Bus stop
- Pedestrian Plaza
- Enclosed courtyard

- Link to Outpatients and rest of hospital
- Access to new Women's and Children's centre

#### Design concepts:

- A different colour for each floor - a signifier at this stage of the journey, but decorative and varied on arrival.
- Multi-purpose mental health and neurodiverse rooms.
- Seating that allows for flexible sitting/reclining positions.
- Windows that borrow light from adjacent corridors reducing the need for harsh overhead lighting.

#### Paediatric waiting areas:

- Acoustic LED ceiling panels remove the need for harsh overhead lighting in waiting areas and help to reduce noise.
- Flexible sitting positions
- Table for drawing and playing
- Artworks
- Display for children's art

#### Process for speciality focus groups:

Speciality focus groups are additional sessions on topics that have been suggested by the public for further exploration for the HTP project

- All the speciality focus group actions are fed back into the quarterly focus groups this then feeds into the HTP Programme Board.
- Actions outside the remit of the HTP are followed up with the relevant area

#### Engagement at external events – Q1, April – June 2024:

- The map opposite shows the 18 events we have attended or plan to attend in Quarter 1 (April – June 2024) and discussed HTP, more events will be added as they are confirmed.
- Our next round of drop-in events will take the team to Age UK's offices in Shrewsbury on 15th May, Wellington Market on 23rd May, and Mayfair Community Centre in Church Stretton on 13th June.
- In Quarter 1 we have attended or plan to attend 7 online meetings/events; often these meetings cover large geographical areas across T&W, Shropshire and mid Wales, more dates will be added as they are confirmed.

#### Engagement at external events – Q4, January – March 2024:

- We have an ongoing calendar of external meetings and events that we attend in our local communities.
- All outcomes from these events are recorded on our events tracker
- The map opposite shows the 27 events we attended in Quarter 4 (January – March 2024) and discussed HTP. These meetings are important to reach out to our seldom heard communities, who may not attend Trust meetings.
- Whilst the map highlights where these meetings happened, the meetings/events often covered a wider geographical area.
- In addition, in Quarter 3 we attended 12 online meetings/events, often these meetings covered large geographical areas across T&W, Shropshire and mid Wales.

#### Upcoming Public Involvement:

If you would like us to attend an existing meeting or join you at an event, please email: [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

General engagement sessions:

About health event:

- HTP (Online), Tuesday 30 April, 6pm – 7pm
- Age UK office, Shrewsbury (SY1 1HX),
- Wednesday 15 May, 1pm – 4pm
- Wellington Market, Telford, Thursday 23 May, 10am - 2pm
- Mayfair Community Centre, Church Stretton, Wednesday 13 June, 10am-1pm

Focus group sessions:

- Sight loss focus group: Thursday 16 May, 1pm – 2.30pm
- Children & Young People focus group (for 7-17 year olds): Saturday 18 May
- MEC & SAC focus group: Monday 3 June, 10am – 12pm
- Women and Children's focus group: Friday 7 June, 10am – 12pm

We are entering an exciting phase for the programme as we design the detailed Patient pathways. We will continue to ramp up engagement and communications, working closely with our local communities, patients, and colleagues to ensure we improve the experience for all the communities we serve.

**Sean McCarthy** will be collecting some of the HTP leaflets so they can be distributed at the armed forces outreach events.

**Graham Shepherd** questioned the helipad move and if planning permission had been applied for and if so, how are patients going to get from the helicopters into A&E.

**Rachel Webster** informed the group pending the Full Business Case (FBC) approval and we get the green light for the main build then everything is already in place for a swift relocate of the helipad to the back, including the planning permission, which is all in place. There are agreements now in place with our colleagues in ambulance services around secondary transfers which are the short distance from the helipad to ED within an ambulance rather than any other type of vehicle.

**Rachel Webster** informed the group the parking opposite the ward entrance, which was predominantly staff car parking has now been made into patient parking, which allows more spaces for patients.

**Graham Shepherd** asked if it was clear in the original plan, what will be done at Telford and what will be done at Shrewsbury. Can anybody who comes in for planned care (not just day surgery), go to Telford?

**Nigel Lee** informed the group the idea is we maximise the opportunity for Princess Royal to deliver, planned care. For example, there's a day case chemo centre going to be at Princess Royal which is an important part of planned treatment and care.

The caveat is that for higher risk surgeries in which critical care maybe required; these operations will be carried out at RSH (where the critical care unit will be). For example, patients undergoing major vascular surgery, often require a critical care bed, that would be the sort of patient we would still treat. The team have been working with other hospitals looking at their model of care.

There is a hospital in Gwent, which has been going now a couple of years and they have tried to optimising capacity but not on the site which has critical care.

	<p>We can optimise our planned care facilities without them taking up Shrewsbury space, which will be used for high-risk cases.</p> <p>Rachel Webster, Martin James and Chloe Northover left the meeting.</p> <p><b><u>HTP Programme Board Engagement Report</u></b></p> <p>The paper was presented, and it outlined the engagement activity. It will be presented to the HTP Programme Board.</p>
<b>2024/17</b>	<b>Partner's updates</b>
	<p><b>i) Llais, Jane Randall-Smith gave a brief update on Llais:</b></p> <p>Throughout the month of February, we carried out our locality focused engagement in Llanidloes area. We will be holding a workshop with Powys Teaching Health Board and Powys County Council to share with them the main themes of what we heard from the public, discuss areas of work which are already underway, and identify some actions which will be taken forward. This will provide us with outcomes which we can report back to the public and we will be able to monitor the progress of the planned actions.</p> <p>We were pleased to be able to join the SATH HTP Team at the public drop-in engagement session which was held in Montgomery on 14<sup>th</sup> March. Some of the comments we heard from public about SATH related to poor communication between hospital and GP, difficulties parking at RSH, lengthy and uncomfortable wait in A&amp;E (some people reported that they are choosing to attend Bronglais Hospital in Aberystwyth instead of Shrewsbury).</p> <p>Llais will be holding its first national conference in Cardiff on 24<sup>th</sup> April. An invitation is open to members of the public, stakeholders in the NHS, Local Authorities, Regional Partnership Boards and third sector organisations.</p> <p>Phase three of the engagement for Wales Air Ambulance has ended. The seven Health Boards had meetings last week to discuss the proposal, no decision has been made yet, the final consultation had only on two options, both of which involve closing the base in Welshpool and in the Northwest of Caernarfon and putting a new base with two helicopters in the middle of the A55 corridor. There is a lot of concern from mid Wales and North Wales with the loss of the two bases which are the most rural - land vehicles do not replace the access you get from a helicopter. This is really the main topic of conversation now and a lot of concern from mid Wales.</p> <p><b>ii) Shropshire Patient Group, Marilyn Jones:</b></p> <p>Open action points</p> <ul style="list-style-type: none"> <li>• T&amp;F groups to be set up in 2024.</li> <li>• Earlier meetings have looked at communication tools.</li> <li>• Others are yet to be decided on but? one to look at a navigation around the hospital video.</li> <li>• I will join one looking at the sensory environment using insight gained from a current project at Redwoods.</li> <li>• An LD&amp;A nurse is to be appointed in 2024.</li> <li>• Staff and designers seemed keen to recognise the validity of the public questions and seemed to have already considered some points, but more thinking probably required to implement suggestions appropriately.</li> </ul>



All in all, a very positive first step.

### STW LD & A

In the last few months, the workstream has been reconfigured. There is determined input from almost all participants – Shropshire LA's attendance has been poor but is improving. There is no buy-in from either of Telford Autism Hubs.

S75 Funding Group – is tracking the projects funded into the voluntary sector more locally and assessing new applications.

Can only report as below because of my personal involvement. Others largely CYP (not my area):

a) The “Passport that is not a Passport” (because a passport is something you need to go on holiday!) project facilitated by Shropshire Autism Hub. Has attracted national interest for innovation. It is aimed at:

1. Supporting the 800+ adults on Shropshire's adult autism assessment waiting list to create a modular person-centred document outlining their strengths and challenges focusing on specific places e.g. DWP, hospital, university. Very different to hospital passport (excellent feedback)
2. Improving the pre-assessment triage process to support Cheshire & Wirral Partnership who provide the assessment service & sorting out the historical mess created by Shropshire CCG MH commissioners (not Frances Sutherland who was excellent)

b) I have been project managing a Sensory Improvement project on the acute wards at The Redwoods on behalf of NHSE LD & A Midlands Region workstream. Hugely successful. The ICB Comms team will be making a video to showcase it. Hope to use learning with SaTH LD&A Group

LD & A Operational Planning Group – was the board. Checks progress of all elements against the 3-year roadmap which is approaching its end. Review meeting in Feb.

The lived experience members of both groups are dedicated and well-informed.

LeDeR – (NHSE initiative - Learning from the Deaths Review of individuals with a Learning Disability and/or Autism) by looking at life history, support and decisions made while alive to note where improvements could be made and good practice examples.

LeDeR Governance Panel meets monthly and reviews the case manager's report for each person.

LeDeR Steering Group has been meeting monthly, but frequency may increase to resolve some issues with Action Points not being completed in a timely manner. The group checks progress on the platform and any matters that require escalation.

A “One Minute Brief” just inaugurated for wider circulation. This will be a regular update.

The lived experience panel/group members clearly hold all others to account and are listened to.

### Community Mental Health Transformation

Now in Year 3. Driven by MPFT as the MH service provider, a huge amount of internal reorganisation and recruitment of MH staff into PCNs and GP practices. PPI always been very poor and fallen away – usually only me and sometimes not even that. Earlier this year NHSE required a reset as progress not clear as it should have been. Personally, often felt the approach was over-systematised

	<p>paying little heed to people (staff, service users, carers or volunteer attendees) and the involvement aspect tokenistic.</p> <p>Appointment numbers seem good. New psychology groups being set up.</p> <p>Agenda items for 2/1/24 - Perinatal update, '111 option 2' update, Eating Disorder Engagement Event feedback, VCSE grant scheme update, Financial Wellbeing and Housing Contracts, Key Priorities/ agree objectives ahead of next meeting, Escalations/Good news stories for Steering Group. (Couldn't summon up interest to attend)</p> <p>Next meeting and focus Tuesday 6th February – Roadmap, VCSE/LA update, Mental Health Care Planning Forum update, Tailored offer for younger/ older adults, SMI/Physical Health update, Feedback on the PFA Navigator project. (May attend if I get the link).</p>
2024/18	<p><b>PALS Patient Story and Update</b></p>
	<p><b>Julia Palmer presented the PALS Patient Story and update on the key areas:</b></p> <ul style="list-style-type: none"> <li>• Patient Advice and Liaison Service</li> <li>• Informal on the spot resolution</li> <li>• Signposting and support</li> <li>• Contactable by phone or email</li> <li>• Located centrally on both sites</li> <li>• Can come to ward/clinical area to speak to patient / relative, or make appointment to see them</li> </ul> <p><u>Main Themes</u></p> <ul style="list-style-type: none"> <li>• Communication – not knowing what's happening, conflicting information, not getting called back</li> <li>• Immediate issues re: environment, pain relief, delays with discharge etc.</li> <li>• Appointments – waiting times and cancellations, reinstatement of services</li> <li>• Car parking</li> <li>• Waiting times in Emergency Department</li> </ul> <p><u>Complaints</u></p> <ul style="list-style-type: none"> <li>• A complaint or concern is an expression of dissatisfaction about an act, omission or decision, either verbal or written, and whether justified or not, which requires a response.</li> <li>• An opportunity to learn</li> </ul> <p><u>Process</u></p> <ul style="list-style-type: none"> <li>• Written acknowledgement</li> <li>• Investigation</li> <li>• Meeting where appropriate</li> <li>• Response from CEO</li> <li>• Ongoing learning and changes in practice</li> <li>• Parliamentary &amp; Health Services Ombudsman</li> </ul> <p><u>Main themes of complaints</u></p> <ul style="list-style-type: none"> <li>• Treatment – delays in diagnosis and treatment</li> <li>• Communication</li> <li>• Discharge</li> <li>• Waiting times</li> </ul> <p><u>Learning from PALS and Complaints</u></p> <ul style="list-style-type: none"> <li>• Change in letter wording</li> <li>• Change in daily ward rounds to include discharge assessor and structured</li> </ul>

- discussion about any palliative care referrals
- Updating of patient information leaflets (e.g. contact lenses)
- Posters explaining process in SAU
- Information leaflet about SDEC
- Quality audits
- Introduction of the Tissue Viability trolley in ward, which allows nursing staff quick access to correct pathway and correct dressing as advised by Tissue Viability Nurse specialist
- Introduction of system where the doctors can leave a card in the notes to indicate that treatments have been requested for patients in the Fit to Sit area. Team to look at introducing this in the Majors area
- New visual indicators being developed to ensure staff are aware of those patients who need extra support with hydration.
- Introduction of champions for dignity and inclusion
- Training from specialist teams

Governance

- Staff are employed by the Trust
- Pros – Clear understanding of Trust workings, can quickly resolve queries
- Cons – questions around independence
- Use of Healthwatch, ICB, independent view from senior staff in Trust, external independent review where appropriate
- Approval process for complaints responses
- PACE
- PHSO process

Plans for future

- Ongoing improvements in response rates
- Follow-up of learning / actions
- Increase in PALS staff
- Increased visibility
- Weekend working
- Improved system for recording a thank you

**Jane Randal-Smith** asked if there is any contact with Llais in Powys as her department run the complaints advocacy for Powys patients.

**Julia Palmer** informed the group they do link in and in our leaflets, we sign post patients to that service. I wouldn't say we've got quite a strong link there, but we are aware of that service and do sign post people there.

**David Brown** noted he was glad that the improve system for recording was mentioned. Members might be interested to know that for the last several months we've had more compliments than we have complaints, which is good to see. We need to make sure that we make PALS more visible out in the community.

Julia Palmer left the meeting.

2024/19

**SATH Strategy & Partnership update**

**Nigel Lee provided a summary of key actions within the SaTH Strategy & Partnership update paper provided:**

Health and Wellbeing Boards and Place Partnership Boards

February primarily focussed on Children and Young People, some highlights included:

- Across Shropshire, Telford and Wrekin (STW) there is a variety of services and support available to help support mental health problems in children and young people. To find out more about these services and support, [click here](#).
- The refreshed 2023/2024 Children and Young People's Mental Health Services Transformation Plan for Shropshire, Telford and Wrekin has now been published.
- A dedicated service provided by With You is available for young people aged under 18 years old who live in Shropshire and are worried about their drug, alcohol and substance use or someone else's. Access is via an online chat, or via 01743 294700.
- Telford & Wrekin Council has opened its third Family Hub. The Oak Family Hub, which is located at The Wakes in Oakengates, officially opened its doors on Saturday 27 January. Family Hubs offer a single location for families to visit to get information, guidance, and support on a range of services, including infant feeding, mental health, healthy lifestyles and parenting classes.
- Shropshire Council has launched a new Early Help strategy to make sure that all children, young people and families in Shropshire are able to access the support they need, when they need it. The new plan has been developed following engagement with young people, families, early help workers, schools and partner agencies, to find out what early help means to our communities and how the existing services in the county could be improved.
- On 24 February 2024 Shropshire Women's and Children's Centre at the Princess Royal Hospital held maternity services open day to meet the team, join a guided tour of the unit, watch simulation training visit information stalls.

In Telford & Wrekin, residents who need information, advice and support on adult social care services to help them live well and independently can now access the "Knowing where to go" flyer – by visiting the council's website or by calling 01952 381250 (Monday-Friday, 9:00am-5:00pm) for a paper copy. The council's "Adult Social Care – Knowing Where to Go" flyer has been co-produced with "Making It Real Board", a group of people with lived experience of social care services that regularly meet with council leaders to help improve and develop services in the borough.

Telford & Wrekin held a parent and carer summit for children with Special Education Needs and Disabilities (SEND) as part of an ongoing commitment from Telford & Wrekin Council and NHS Shropshire, to strengthen links across the SEND community to improve the experiences and lives of children, young people and their families. The aim is to raise awareness of the support available and improve two-way communication between the SEND community and partners working in the local health, education and care system.

Shropshire Council's 'Five ways to winter wellness' campaign was launched which aims to help Shropshire residents keep well during the winter months not just physically but mentally too.

Some highlights of work in March included:

- "Think Pharmacy First" campaign was launched whereby patients in Shropshire, Telford and Wrekin can now get treatment for seven common conditions at their community pharmacy without needing to see a GP. The seven common health conditions, which will now be supported by highly trained pharmacy teams and part of the Pharmacy First offer, include sinusitis, sore throat, earache, infected insect bites, impetigo, shingles, and

uncomplicated urinary tract infections in women.

- Two Rehabilitation and Recovery Units have opened on our SATH sites for people who no longer need to be in an acute hospital bed but can't be supported safely at home. The care at the units will be delivered by Shropshire Community Health NHS Trust.
- Our Local Maternity & Neonatal System (LMNS) team in Shropshire, Telford and Wrekin, a partnership of organisations, women and their families working together, has launched a new website full of information to support people through pregnancy, labour and beyond. To access the new website, visit [www.stw-lmns.com](http://www.stw-lmns.com).
- Shropshire, Telford and Wrekin's NHS Talking Therapies, delivered by Midlands Partnership University NHS Foundation Trust, is launching a new marketing campaign. The campaign aims to raise awareness of NHS Talking Therapies which provides free help to people aged 16 and over who are experiencing common mental health problems such as low self-esteem issues, depression and anxiety disorders. People can access NHS Talking Therapies by self-referring themselves (as long as they are registered with a GP Practice), or via a GP referral.

#### Integrated Care Board

Work continues to progress in relation to the implementation of a revised ICB Governance Framework, developing the system operating model including strategic commissioning intentions, and building momentum and plans with place-based partnerships and provider collaboratives.

The system continues with the implementation of the Joint Forward Plan focussing on public health management, prevention, health inequalities, neighbourhood working, mental health, primary care access, the Local Care Transformation Programme and the Hospital Transformation Programme alongside other established programmes of work such as urgent and emergency care, cancer and planned care. The Joint Forward Plan was first published in June 23 and will be refreshed for June 24.

#### Provider Collaboratives

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, Local Authorities, MPUFT, RJAH and voluntary organisations in a number of areas with the focus primarily on the areas included in the joint forward plan (as detailed above).
- A formal arrangement with the 4 NHS Trusts in STW has been developed with the establishment of a Committees in Common framework, to harness optimum benefit of working together in key workstreams.
- Updates on the workstreams and the function of the Committees in Common has been discussed with the ICB and NHSE and forms part of future developments and planning for 2024/25.
- A report on the provider collaborative was presented to the Integrated Care Board at the end of January 24.
- Alongside the work in STW, collaborative working with University Hospitals North Midlands continues to be positive. Opportunities in Cardiology, Microbiology and Maxillo-facial are being explored; joint work in robotic surgery continues, working to optimally use robotic theatre capacity across both Trusts. N8 Pathology Network development also continues, with a review of plans for 24/25 planned in mid-March.

### Health Inequalities

A paper outlining the Trust's actions on health inequalities was presented to our Trust Board of Directors Meeting held in March 2024. Whilst SATH works closely with all system partners in this area, the Trust does lead in some workstreams. Work continues in supporting the National Health Inequalities Ambassador Programme and our systemwide public health, prevention, and health inequalities agenda.

### Internal Strategies

We are currently in the process of developing an NHS Impact (Improving Patient Care Together) programme of work. NHS Impact was launched by NHS England to support all NHS organisations, systems and providers at every level, including NHS England, to have the skills and techniques to deliver continuous improvement. NHS Impact is a single improvement approach to support organisations, systems and

providers to shape their strategy underpinning this with continuous improvement, and to share best practice and learn from one another with a focus on the following five components:

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes

Trust representatives attended an NHS England Midlands Regional event whereby further work is progressing internally. It will be important to cross reference streams of work with existing projects (at Trust and system level), to avoid duplication.

Work continues to align and embed our Trust Strategy into the operational planning development for 2024/25. In addition, national guidance in relation to the Joint Forward Plan has also been launched; this will run alongside the operational planning rounds.

In parallel, preparations are underway in relation to the Trust annual report, including new sections such as our legal responsibilities pertaining to health inequalities.

Our Digital Strategy is progressing with the planned go-live date for our Patient Admin System replacement and introduction of an Emergency Department IT system commencing on 19 April 2024.

**Nigel Lee** informed the group during last winter, NHS England were extremely keen to try and add capacity. We were successful in gaining the capital investment to increase our capacity. The challenge was around a combination of factors including planning permission. We haven't been able to implement it as swiftly as we wanted. It will be at the end of the summer beginning of the autumn before we get the extra capacity in place. When working with Shropcom we introduced two subacute wards, the rehab and recovery wards one on both sites, Shrewsbury and Telford. We didn't utilise the new build because the two modular units weren't in place.. When we get that extra capacity in place, it will add bed capacity to the Shrewsbury site.

Sara Biffen (Chief Operating Officer), John Jones (Executive Medical Director) and

their counterparts in the Community Trust are looking at what is the optimum use of that capacity:

	<ul style="list-style-type: none"> <li>• How is the current subacute ward at Shrewsbury working?</li> <li>• What's the best pathways?</li> <li>• How best do we support them?</li> </ul> <p>The initial plan was that at least one of those was for subacute patients. The other was to be confirmed. There's ongoing dialogue about how best to use that capacity, but what we're trying to do is add capacity when the rest of the hospital is so challenged when there's pressures on discharge capacity etc, it's the right thing to do because it supports us in decongesting the emergency department.</p>
<b>2024/20</b>	<b>EPR Update</b>
	<p><b>Rebecca Gallimore and Josh Pagden presented the EPR update on the key areas:</b></p> <p><u>Introduction</u></p> <ul style="list-style-type: none"> <li>• Electronic Patient Record (EPR) – what does it mean?</li> <li>• SATH Digital Journey</li> <li>• Where are we now and what is coming next?</li> </ul> <p><u>EPR</u></p> <ul style="list-style-type: none"> <li>• Single platform / IT system to view patient information</li> <li>• Replaces some paper based records</li> <li>• Includes medications, results, history, activity</li> <li>• Easier and quicker access to clinical information</li> </ul> <p><u>Current position</u></p> <ul style="list-style-type: none"> <li>• 23 year old Patient Administration System (PAS)</li> <li>• 20+ year old IT system for electronic ordering and results reporting</li> <li>• Paper based correspondence with patients</li> <li>• Several IT systems that do not 'talk' to each other resulting in patients repeating information and duplicate information across systems</li> </ul> <p><u>Our journey so far</u></p> <ul style="list-style-type: none"> <li>• SATH secured funding via the national Frontline Digitisation Programme in 2023 to improve its digital maturity and replace a number of ageing IT Systems.</li> <li>• We have already introduced several new systems: <ul style="list-style-type: none"> <li>• New maternity IT system, BadgerNet Maternity</li> <li>• New theatres IT system, Bluespier</li> <li>• Infection Prevention IT system, ICNet</li> <li>• Electronic observations and monitoring system, Vitals, implemented in A&amp;E, including Sepsis monitoring</li> </ul> </li> </ul> <p><u>What is coming next – Phase 1</u></p> <ul style="list-style-type: none"> <li>• We are replacing our PAS with a new system called Careflow in April 2024. This is a fundamental building block on our digital journey. This change is across all areas of the hospital including A&amp;E.</li> <li>• We will capture more information electronically when Careflow is implemented, including in A&amp;E.</li> <li>• It may take longer for staff to use Careflow initially as they get used to using the new system</li> <li>• Over 1 million patient records to be transferred</li> <li>• Over 5,000 members of staff to be trained</li> </ul>

- We will continue to provide data into a digital solution for the ICS (One Health and Care) and we have staff from our partner organisations that will continue to use our IT systems.
- We are continuing to upgrade our hospital infrastructure with a new IT network.

#### Digital programme – next phases

- We have an exciting and ambitious digital programme for 2024/2025.
- We have procured a patient engagement portal (PEP) and this will enable electronic access for patients to view:
  - Appointments
  - Letters
  - Results
- Timescales for implementation are currently under review
- This will be accessible via the NHS App as well as the digital solution directly
- We will be commencing the implementation of:
  - Electronic observations and monitoring in Paediatrics - Vitals Paediatrics
  - Electronic prescribing and medicines administration (EPMA)
  - Builds on the Careflow PAS and ED implementation
- Electronic handover process between healthcare professionals and inter speciality referrals
- Electronic order communications and results reporting (OCRR)
  - Will cover SATH and partner organisations
  - Using Clinisys ICE
  - Replace system in use in primary care and providers across STW
  - We will be commencing the implementation of:
    - Electronic observations and monitoring in Paediatrics - Vitals Paediatrics
    - Electronic prescribing and medicines administration (EPMA)
    - Electronic handover process between healthcare professionals and inter speciality referrals
    - Electronic order communications and results reporting (OCRR)

#### Digital strategy / vision

- Aligned to change and transformation programmes across the Trust.
- Supporting the development of the ICS digital strategy along with our partners

#### Next steps

- Continued comms and engagement internally and externally.
- Patient, service user and partner organisation involvement in the progression of SATH's digital journey.
- Regularly feeding back – dedicated comms support.

**Jane Randall-Smith** mentioned about engaging with external organisations and if it's cross-border with organisations in Powys, particularly GP practices.

**Rebecca Gallimore** informed the group there's an ongoing piece of work cross-border called 'cross-border data sharing', and we are looking at how we can make better use of how we're using that between systems. At the moment we do



deliver that information electronically to GP practices, but it's not available to be shared further than Powys. We're trying to make that information more accessible than just beyond a single point that it's been delivered to. It's something that we've not been able to really engage in as much as we would like because we need to put our replacement paths in first. We're the only trust in the country now to have this path that's over 23 years old and it's very much been prohibitive to us trying to move forward with our digital maturity. We're definitely part of those discussions and the timetable for this to be able to then continue to move forward will follow, after we've put in the replacement pads and the ED solution.

**Sean McCarthy** asked if it has the capability to send patients this information such as an appointment electronically - are the Trust trying to get away from the paper sending out of appointments?

**Rebecca Gallimore** advised that from a system perspective, there are several different systems that will do different things. Some services will continue to send letters through to primary care the patient engagement portal will be somewhere patients can go to for letters, so letters will be available electronically via the portal and that will give more information to the public, and that will be integrated to the NHS app, so patients will be able to access appointment letters and ultimately diagnostic results.

**Sean McCarthy** asked if armed forces veterans are being encouraged to disclose that they are a veteran with their GP. Is this something that then gets taken into the hospital setting so they don't have to necessarily inform people twice?

**Rebecca Gallimore** advised that we will have an integrated care record, which takes information from all our organisations, primary care and from the current system itself and we'll be feeding more information into that in the future.

However the new patient administration system (PAS) won't reach out into primary care. It will talk to other systems that are accessible, so we absolutely share information with primary care.

We have Shropshire Community Trust, Robert Jones, ourselves as well as primary care who feed into the one health and care record. That goes across the borders between Stoke and Staffordshire and the black country as well.

Depending on the type of information will determine the access point for that information.

**Sean McCarthy** mentioned there has been instances and colleagues within SaTH who are aware of this, where a veteran has come into the hospital, they've undergone a procedure, something has happened which had they have known that they were a veteran then that issue may have been avoided. It's a coding issue. It would help if there was a reference on their notes that highlighted they are veteran.

**Graham Shepherd** mentioned the consultants send the hospital a form for a blood test to be done and the results of the blood test only goes back to the consultant and not the patient's GP, where getting the results can be within 48 hours. Is this the way the consultant wants to work, that he gets the result and then you have to wait a month for them to send it on or is it a digital problem. Is there any reason why a copy can't be sent to the GP at the same time?

	<p><b>Rebecca Gallimore</b> informed the group the current system that we use for results reporting is extremely old. We do feed information directly to primary care, but from a process perspective, in terms of reviewing those results then the consultant must review first. Prior access to the results by a GP or another clinician would be about changing the process rather than the technology. As we start to move forward and introduce the new order communications solution and the patient engagement portal, we will have new processes in place. What we wouldn't want to do is to make all results for everything available for a patient to see. For example, before they've been reviewed by a clinician there would still need to be a process that is introduced into the technology to make sure that it's appropriate sharing of information. Some of that will be the process that we have now currently to make sure that it's reviewed by the appropriate clinician first. Going forward, some of that will be changing, as the technology is evolving. Some of our current processes are paper based, so we will be trying to make those electronic and more accessible.</p> <p><b>David Brown</b> mentioned DNAs (Did Not Attend), do we think that the online digital communication between us and the hospital and the patient will make that last minute cancellation or revision easier to handle?</p> <p><b>Josh Pagden</b> answered, from the patient engagement portal, it will make it easier to communicate. For those people who are comfortable using that, you've got a tool that makes it quicker and more accessible.</p> <p><b>Rebecca Gallimore</b> informed the group you do have to put rules into the systems so that you don't have last minute cancellations that are coming through the patient engagement portal, otherwise, that would have quite a significant impact upon our DNA rate. It will give the ability to have different types of pathways using digital technology. It'll mean that we can do things that are more accessible where we wouldn't necessarily need to have an outpatient appointment because we're able to do some of that.</p> <p><b>David Brown and Nigel Lee</b> thanked Rebecca Gallimore, Josh Pagden and the EPR team for the amount of work that has been carried out so far and also for going out to teams to make people feel ready in their environment, I think it has been important.</p> <p>Rebecca Gallimore and Josh Pagden left the meeting.</p>
2024/21	<p><b>Update on Service Developments:</b></p>
	<p><b>Lynne Morris gave a brief update on the Renal Dialysis (Twilight Service):</b></p> <ul style="list-style-type: none"> <li>• Patient engagement, one to one meetings with all patients affected by the service change to the renal twilight service with centre manager, matron and renal social care worker.</li> <li>• The clinical team reviewed all 15 patients who were receiving renal dialysis at PRH to ensure they were clinically suitable for dialysis at Hollinswood as part of the planned move.</li> <li>• The clinical team discussed the suitability of treatment plans with patients which included: <ul style="list-style-type: none"> <li>• Moving to a morning or afternoon dialysis session</li> <li>• Home renal dialysis</li> <li>• Twilight dialysis at Royal Shrewsbury Hospital</li> </ul> </li> <li>• All 15 patients affected by this service change have had alternative</li> </ul>

arrangements put in place (3 home dialysis, 1 to RSH and all other patients accommodated on other shifts).

**David Brown** asked if there was any dialysis equipment at PRH.

**Lynne Morris** informed David there was no dialysis at PRH any longer. If patients need dialysis they will go to RSH, Hollinswood House or Ludlow- (if closer). If a patient who has been admitted to PRH needs dialysis then they would be transferred to a clinically appropriate unit for their dialysis.

**Nigel Lee** commented on how it is a good example of patient and public engagement. Although it was service driven with clinical need, there was significant engagement with the patients and relatives of those users. It demonstrated how a service is designed with the best needs of those patients in mind. This includes making sure that a fit for purpose environment is created, with the capacity to cope with the needs both now and going forward. There was already significant engagement with users which have continued. It's useful to recognise that because it's a good example of where teams have come together to make sure that the patient's voice is firmly at the heart of what we're trying to do.

**Hannah Morris** informed the group as a result of the engagement there were a lot of things that were changed with the new renal dialysis unit. There are now treatment beds rather than just dialysis chairs, which weren't available when we started the engagement process and there were changes as a result of our patient's feedback to us about what they wanted in the new unit.

Lynne Morris left the meeting.

### **Pain Clinic**

**Hazel Hughes presented the Pain Clinic update on the key areas:**

#### **Background**

For most patients, after discussions with their GP, self-management of their pain is often effective and the most convenient option. If this is unsuccessful, GP's/Consultants can directly refer patients to the specialist community pain management service. In Shropshire, this will always be Connect Health in the first instance. This service offers individualised advice, care, and support for patients with long term or chronic pain. including with management of medicines. For a small proportion of patients, Connect Health may decide to refer to the Chronic Pain consultant at Shrewsbury and Telford NHS Trust. The hospital-based service has access to specialist interventions which may be offered after an initial assessment. These may include medication management and interventions such as injections, radiofrequency lesioning and spinal cord stimulation. Unfortunately, we do not take direct referrals into the service from primary care.

#### **Current Position**

- How many patients are currently being treated and or accessing the service?
  - In the last 12 months 122 patients had access to the service
- Are the patients from a specific geographical area?
  - Shropshire / Telford and Wrekin / Powys
- Is there a waiting list for the service and if so how many patients?

- Previous waiting list peaked at 48 patients. All patients have now been treated and referred back to their GP
- What are the issues with the current service provision?
  - The service was provided as a single Consultant Led Pain service and unfortunately the Consultant is leaving SaTH Trust

#### Proposal

- Is there several options being consider or is there a preferred option?
  - Service is closing
- Describe the proposed preferred option – why is it being considered and what difference will it make?
  - Referrals to be redirected to other Pain providers
- How many patients will be impacted by this proposed service change?
  - Nil as all patients will be treated prior to closure of service
- How will it improve patient care?
  - Patient care will not be affected as the new preferred options will continue with current standard of care
- If the change were to go ahead what are the timescales?
  - Service ceased from 31 March 2024

**Nigel Lee** informed the group when you look across the UK, not just England, the management of chronic pain is also being looked at quite carefully, in terms of the best options for a model of care. The traditional model was anaesthetic led and quite interventional. The opportunity to look at that in a different and more holistic way given some of the research and learning that's been done internationally with UK and England specifically. The opportunities are for the system to look at how best we support these patients rather than simply 'how do we provide another consultant to do this'. It was done in North Wales, we did this on a therapy and broader multidisciplinary basis, including psychology which was one of the recommendations from Royal Colleges and national pain experts.

**Sean McCarthy** informed the group that Shropshire Council are working with Geraldine Vaughan, who's the MSK transformation system lead on Good Boost, which is a musculoskeletal programme. Lots of work has been going on over the last six months, both with us and Telford & Wrekin Council to deliver Good Boost, in several of our leisure settings. Geraldine has been leading on all of the work around the clinical discussions with physios in terms of how they can be referred via the hospital route or self-referral. That links into people who are in particular elements of pain. Also working with Geraldine on a pilot project around Escape Pain. It's something that we're just working on at the moment. We've got a small amount of funding via Geraldine, to again look at how we can support people who are experiencing chronic pain. There has been some work done around pain management in the community, which some of my colleagues in public health have been leading on to. It might be something that we need to cross reference with Geraldine.

**Hazel Hughes** assured this is already being done, the team met with Geraldine recently when she came to the governance meeting. We want to roll out Good Boost and an app call My Recovery. We're working with Mr Turner who's the Clinical Director and Geraldine to bring that on as soon as possible.

#### Action Taken

- Notice has been given to all relevant ICB Boards in January 2024

	<ul style="list-style-type: none"> <li>• The Service closed on the 31<sup>st</sup> March 2024 and no new referrals will be taken</li> <li>• Reassurance was provided that all patients on the waiting list were to be treated by the end of March 2024</li> <li>• It was further agreed that all patients seen by Connect Health who required onward referral would be sent to other secondary care providers</li> <li>• Contact details to find out further information – to email the centre manager at <a href="mailto:graeme.kendall1@nhs.net">graeme.kendall1@nhs.net</a></li> </ul> <p>Hazel Hughes left the meetings.</p>
<b>2024/22</b>	<b>DNA Update</b>
	<p><b>Dianne Lloyd presented the DNA update on the key areas:</b></p> <p><u>Radiology DNA rates</u></p> <p><u>Actions to date</u></p> <p>Increased capacity through opening of the CDC, this also allows easier access to our community who uses public transport, as the diagnostic centre is close to both rail and bus routes.</p> <ul style="list-style-type: none"> <li>• Letters are being issued 2 weeks in advance for appointments where possible allowing patients time to plan for appointments or contact the department to rearrange.</li> <li>• For appointments being made less than 2 weeks in advance telephone calls are made to ensure patients are available to attend.</li> <li>• Where capacity allows reminder calls are made in respect of Cancer diagnosis appointments to ensure patients are still attending, or rebooked if required.</li> <li>• In our modalities which have the highest DNA rates we have seen MRI reduce by 1.9% in the last 12 months and NOUS reduce by 0.5% in the last 12 months.</li> </ul> <p><u>Future actions</u></p> <p>Deployment of Netcalls text messaging/voice messaging reminder system is underway in Mammography with go live anticipated to be in Q2 2024.</p> <ul style="list-style-type: none"> <li>• A business case is being written to support deployment of Netcall across the rest of Radiology, once the system has been successfully implemented in Mammography.</li> </ul> <p><b>Nigel Lee</b> informed the group the focus is detailed; it's understanding what the different challenges are in terms of capacity and how we support the patients in terms of the management of DNA across the trust. We're also trying to increasingly take any wider population and health inequalities data that give rise to the trends in DNA, because it is also a factor. What we're also trying to do is make sure that we expand that as well and support the teams.</p> <p><b>Dianne Lloyd</b> mentioned this year we will be expanding our offer in the Community Diagnostic Centre to 7 days and trying to expand the opening times as well, which will also help with our DNA rates.</p>
<b>2024/23</b>	<b>Supplementary Information Pack</b>
	<p><b>The divisions gave a brief update on their key issues:</b></p> <p><b>i) Women &amp; Children's</b></p> <p><b>Zain Siddiqui gave the key updates from the Division:</b></p>

Implementation of new electronic patient system (Careflow) to commence in April 2024, and in line with the trust timelines.

Update on any current or future service developments or changes and how the team are involving the community in these changes:

Maternity

1. Continuing with Maternity Support Worker training to develop staff.
2. 15 Steps with MNVP continues with a recent visit in April 2024 to share learning and improve clinical care and facilities for service users accessing care.

Gynaecology

1. Currently looking at 7-day service for Gynaecology Assessment Treatment Unit
2. Working with MNVP for EPAS service

Paediatrics

1. Process Mapping exercise to review patient flow from emergency department to children assessment unit
2. Paeds Vital (Electronic system on recording Sepsis) on track to be implemented in July 2024

**ii) Clinical Support Services, Dianne Lloyd gave the key updates from the Division:**

Patient engagement and involvement

The Clinical Support Services Division Patient Experience Group continues to meet every month and has recently completed a new information booklet for patients, visitors and new staff showcasing the work of each Centre. We are going to pin this onto notice boards in all of our patient areas to encourage more people to

think about becoming a Patient Engagement Representative in our Division. The group continues to focus on 2 areas from our patient engagement and involvement strategy, although we slowed down the pace of this work during the winter months due to the pressures on our hospitals and our staff:

1. 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:
  - Friends and Family Test (FFT):
  - Reinstated in Phlebotomy, Radiology and Therapy Outpatient and Community services with excellent scores and constructive feedback.
  - The new CDC has had the FFT in place since opening, again with excellent feedback, and is exploring use of iPads for the completion of feedback when patient's leave the building.
  - Increase feedback that seeks more in-depth information than the FFT such as:
    - Radiology patient survey completed in October 2023: 39 patients who attended the main departments at both sites responded with overwhelmingly positive feedback about the staff and the services provided. The next steps are to carry out the survey in the RSH Treatment Centre and Evolution Suite and to repeat the survey in the main departments during 2024.
    - A Survey Monkey questionnaire has been developed to gain feedback from patients using the Anti-Coagulation Service which is

delivered through telephone and virtual consultations.

- Phlebotomy on both sites have carried out extensive patient surveys during 2023 with extremely positive feedback. The plan is to repeat this following the move at RSH into Elizabeth House.
- Therapies will be restoring the use of questionnaires in Spring 2024 with inpatients hopefully led by our patient representatives who will spend time with patients on the wards supporting them to provide their feedback. The aim is to use Gather to review the results.

2. "The First 15 Steps" assessment visits have been taking place:

Patient representatives have joined staff representatives in carrying out the 15 steps assessments and have given a different perspective on our services. The following areas have been assessed so far and each area has developed an action plan based on the feedback received:

- Phlebotomy across both sites
- RSH Radiology Department
- PRH X-ray 1
- PRH X-ray 2
- PRH Therapy Department

The plan is to re-start the 15 steps assessments in the spring, beginning with the remainder of our patient facing areas.

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

#### Community Diagnostics Centre (CDC) in Telford:

Our CDC is part of a national programme of work to increase access to diagnostic tests in the community. The CDC welcomed their first patient on the 3<sup>rd</sup> October 2023 and is now offering CT scanning, Non-obstetric Ultra-sound, plain X-rays, MRI scanning and a Phlebotomy service. During this year we plan to increase the CDC's opening hours to provide a 7-day service, increase capacity across all modalities and explore point of care testing which could help us to provide more combined appointments.

By mid-2024 the CDC will also provide ECG, Echocardiograms, lung functioning tests and basic sleep studies. Once fully operational, the Centre will have capacity to see around 183,000 patients per year.

Prior to the opening of the CDC focus groups were held with patients to co-design the new building and service. During January 2024 the NHSE "Experienced Based Design" patient survey was carried out involving 139 patients and 15 staff over a consecutive 4-day period. An updated action plan has been developed following analysis of this feedback which includes improving the road signs to the CDC from the main road, improving parking signs to ensure patients are directed to the closest parking area to the CDC and wheelchair access both to the main door and within the reception area. The report is attached as an Appendix.

#### Replacement Nuclear Medicine\* Gamma camera at RSH:

Building work started in August 2023 with completion estimated in May 2024. The new service should be available by the end of August 2024.

Patient engagement is ongoing in the design of the new Nuclear Medicine service at RSH and it is planned to carry out an Experienced Based Design survey later this year.

#### 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 to the final posts in the team continues. They will provide a critical role in supporting the developmental stages of these very premature babies and will work with families to shape the service and gather feedback.

Outpatient Parenteral Antibiotic Therapy Service (OPAT):

The service started on the 27<sup>th</sup> November 2023 and enables patients to be discharged and continue their IV antibiotic therapy either at their own home or as an outpatient (currently in DAART, RSH). We will use patient feedback to help to develop this service across other locations in the county.

Discharge Medicines Service:

Pharmacy have set up a Discharge Medicines Service which transfers patients who need follow-up support to the care of a community Pharmacist after discharge. This new service averages around 450 referrals / month and has been recognised nationally as leading the way in developing seamless transfer of care between acute and community Pharmacy services.

There is a task & finish group that are meeting regularly and will be seeking patient feedback on the service. The Pharmacy Team who set up the service have been invited to attend the Clinical Pharmacy Congress in London on 10<sup>th</sup> May to give a 30-minute presentation to showcase their achievements and this will include patient feedback.

The CSS Patient Engagement group have reviewed their action plan for 2024/25 and will be focusing on the following:

- Exploring whether patient representatives and / or Trust volunteers could carry out short surveys on our behalf and gather feedback from patients in waiting areas across our services.
- Exploring how to elicit feedback from end-of-life patients and feedback on the services provided by our Mortuaries
- Engaging patient representatives in helping the Division to learn from PALS, incidents, complaints and compliments in line with the new PSIRF principles and potentially in conjunction with the new Patient Safety Partners roles.
- Reviewing reasons for DNA's and investigating whether the introduction of Netcall (text reminders) in Breast Screening, Radiology and Therapies improves DNA rates.
- Inviting patient representatives from each Centre to attend appropriate Centre Governance Meetings or separately held meetings to review patterns of incidents / complaints / risks in line with the new PSIRF principles.
- Increasing the use of patient / staff stories in Centre and Divisional meetings.
- Continuing to involve patients in service reviews, changes or developments via focus groups e.g. more detailed engagement around our HTP plans and the introduction of e-job planning in Therapies that is designed to release more time for direct patient contact.
- Sharing information coming from External Quality Reviews, CQC, GIRFT, NICE etc to involve patient representatives / patients in developing action plans
- Involving Patient Representatives to update the CSS Quality Priorities for 2024/25 and the new Trust Patient Safety Strategy

**iii) Medicine & Emergency**

**No update received from the Division**

**iv) Surgery, Anaesthetics Critical Care & Cancer**

**Key updates from the Division within the pack:**



PACE: Ward Manager to present new JAG national results for May/June PACE meeting

**Update on any current or future service developments or changes and how the team are involving the community in these changes:**

PACE

- Complaints working group commenced. Common themes identified. Plans being formulated for improvement in communication
- Include Pre-Operative Assessment and Ophthalmology Cataract Suite audit onto Gather
- Reception area signposting: HTP team contacted for an update, awaiting response
- In patient survey report distributed; Divisional action plan formulated - will be circulated to Matrons and Ward Managers

Specialty Updates:

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 raise money for a wooden Arbor bench. Update- the parents of a young man who recently passed away have agreed to fund raise for this benched area in memory of their son. The order has been placed and the Lingen Davies volunteers will be putting this together when it arrives
- Friends and family surveys are completed
- Radiotherapy: Following patient feedback we have set up with Lingen Davies Volunteers a tea/coffee trolley for the patients waiting for their treatment this will start on the 1<sup>st</sup> April and will be three days a week and will increase to 5 days a week if popular with this cohort of patients.

Haematology

- Lingen Davies will be installing some frosted glass in the haematology day unit following comments from patients that they feel unsteady when looking down through the glass wall to the below floor.

Ward 32 and Ward 37 have been awarded the Silver Award for reconditioning games from NHS England:

- To improve patient outcomes and reduce the length of hospital stay
- Prevent deconditioning of long stay patients and to improve their physical wellbeing and strength.
- Felt it was important to try and improve psychological wellbeing for our patients.
- Benefit staff morale and wellbeing and hopefully improve satisfaction in their work.
- Create a more social environment and importantly bring a smile and a little bit of laughter to the patients on a ward.

ITU patient and relatives garden at RSH has been completed and opened for use by all following fundraising by a patient's family.

Elective Hub – plan to open from 10<sup>th</sup> June 2024

**Action update from previous meeting:**

Oncology / Radiotherapy: In oncology patients are invited in to watch a video before they start treatment; this needs to be updated and we have a filming

company coming in in the new year to produce a new video. Patients will ask if they wish to participate in this filming and will also be asked for ideas on the content. Patients will be asked if they wish to share their personal patient journey too. Update – meeting filming company set up for early April 24.

ENT: Improvement work on going on the ENT Cancer Pathway to implement new pathways for urgent patients. Clinician Triaging, straight to test pathways and one stop clinics all being implemented. Multiple meetings taken place with ICB to support implementation of new pathway.

#### **v) Patient Experience**

##### **Key updates from the Division within the pack.**

- Work is underway in the development of a Patient Experience Strategy, a survey of over 2000 responses for stakeholders including staff, patients via ED and OPD SMS text and inpatients and community members has been Undertaken.
- The Equality Delivery System 2022 (EDS 2022) which is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments free of discrimination and meet the requirements of the Equality Act 2010 took place in November 2023. A follow up meeting with key stakeholders who attended the initial assessment meetings in November for the 3 Trust services: Patient Advice and Liaison Service, Maternity Service, and Alcohol Care Team was held in March 2024, the draft action plans in response to the EDS assessments were presented and approved. These will be monitored for progress as part of the patient experience improvement work throughout 2024/25.
- The Patient Advocate Group has been re-launched with the first meeting having taken place in April 2024. New members have been recruited, there are new Terms of Reference and agenda. The plans are for the Group to meet monthly and continue with the recruitment of more members through various routes.
- Patient Led Assessment of the Care Environment (PLACE) were completed in November 2023. The formal results and action plan have been discussed at the PLACE Group meeting in April. The action plan is being reviewed to RAG rate and identify the key priorities for addressing in 2024/25 and to enable the allocation of resources before finalizing this at the next Corporate Patient Experience Panel.
- Ongoing Complaints improvement work continues with the Divisions to ensure processes facilitate more timely responses to our patients and their loved ones. Improvements are being supported by the matrons in the specialty areas.
- The pilot of text (SMS) Friends and Family Tests (FFT) within the Emergency Department which commenced for 6 months in October 2023 has shown an increase in the number of patients providing feedback. We are now looking at the ongoing funding of this.

##### **Update on any current or future service developments or changes and how the team are involving the community in these changes:**

- We are currently in the process of establishing a Learning Disability and Autism Patient Experience Group.
- Following the Patient Experience Strategy Survey, focus groups are taking place throughout April to co-develop the Strategy.
- Patient partners are meeting with the Head of Facilities to look at new

	<p>proposed car parking ticket machines and where these will be located across the 2 hospital sites.</p> <p><b>Action update from previous meeting:</b></p> <ul style="list-style-type: none"> <li>EDS 2022 action plan feedback to patient and key stakeholders completed.</li> </ul> <p><b>Julia Clarke</b> informed the group it's important that we pay attention to the divisional reports, particularly sections 2 and 3 around engagement, which is what has been captured in the minutes (rather than the activity update section) . One of the things that the Care Quality Commission look for is that representatives of the public and PAF have the opportunity to meet first hand with staff from the hospital, not just through directors so they get the opportunity to hear it as it is. This is identified as good practise, which is one of the areas we do here. The work that clinical support services have done around the Hollinswood House review and the focus groups is exceptional and a big well done to them.</p> <p>Kara Blackwell (Deputy Director of Nursing) and Patient Experience is setting up a Patients &amp; Carers Experience group as a direct result of feedback from a focus group, which is a positive step forward because it will start to give a voice to a section of our community that often don't have one.</p> <p>We do ask the divisions to stay for the PAF meeting so that if there is anything that the directors are updating on, they can give more detail.</p>
<b>2024/24</b>	<b>Any Other Business</b>
	<b>ACTION: The Members updates and the Divisional updates will now be done at the beginning of the PAF agenda.</b>
<b>2024/25</b>	<b>Dates for the Forum 2024</b>
	<p><b>Monday 15<sup>th</sup> July</b></p> <p><b>Monday 14<sup>th</sup> October</b></p>

<b>PUBLIC ASSURANCE FORUM ACTION LOG</b>						
<b>Agenda Item</b>	<b>Date of meeting</b>	<b>Action</b>	<b>Lead Officer</b>	<b>Timescale/ Deadline</b>	<b>Comment/ Feedback from Lead Officer</b>	<b>Action</b>
<b>15th April 2024</b>						
2024/24	15/04/2024	The Members updates and the Divisional updates will now be done at the beginning of the PAF agenda.	Divisions	15/07/2024		<b>OPEN</b>
<b>15th January 2024</b>						
2024/03	15/01/2024	Nigel Lee asked colleagues from the Clinical Support Services division to provide an update on where we are with DNAs to seek to understand and make sure communications are both timely and efficient. The point about linking more locally is also potentially linked with various different health inequalities and other challenges across our population, so we need to make sure that we're making it easy for people to be able to take up their appointments.	Anna Martin	15/04/2024	Anna has been emailed a reminder. Dianne Lloyd gave a detailed presentation on DNAs.	<b>CLOSED</b>
2024/10	15/01/2024	Rachel Fitzhenry to contact Ruth Smith to arrange a presentation on PALS in April PAF meeting.	Rachel Fitzhenry	15/04/2024	Julia Palmer will be giving the presentation on PALS in April.	<b>CLOSED</b>
2024/11	15/01/2024	Hannah Morris to liaise with Claire Evans regarding representation for the Elective Hub.	Hannah Morris	15/04/2024		<b>CLOSED</b>
2024/11	15/01/2024	Julia to contact Louise Graham (Recruitment Manager) to have a conversation about actively advertising recruitment opportunities to the military service leavers and spouses.	Julia Clarke	15/04/2024	Contacted Louise Graham who has made contact with Sarah Kerr re Veteran recruitment. Recommend to close	<b>CLOSED</b>

Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
<b>9th October 2023</b>						
2023/42	09/10/2023	Cllr Joy Jones requested an update at the next meeting, on the new main entrance at RSH in relation to the HTP programme.	Cllr Joy Jones	15/01/2024		<b>IN PROGRESS</b>
	09/10/2023	Rachel Fitzhenry to circulate with every PAF meeting a list of acronyms to the group.	Rachel Fitzhenry	09/11/2024	Recommend to close.	<b>CLOSED</b>
2023/46	09/10/2023	Sarah Kerr asked if there was any public involvement that is needed from the veteran community, we would be more than happy to facilitate that and work with the group. James was very appreciative and will be in contact with Sarah.	James Owen		Recommend to close.	<b>CLOSED</b>
2023/49	09/10/2023	Kate Ballinger to refer to Kate Manning at the Integrated Care Board (ICB) re oatients who DNA, as she is linking with the PPG groups and that information should come from them.	Kate Ballinger	15/01/2024		<b>CLOSED</b>

Agenda Item	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
<b>3rd July 2023</b>						
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	<b>CLOSED</b>
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	<b>CLOSED</b>
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 discussion	<b>CLOSED</b>

<b>CLOSED ACTIONS</b>						
<b>Agenda Item</b>	<b>Date of meeting</b>	<b>Action</b>	<b>Lead Officer</b>	<b>Timescale/ Deadline</b>	<b>Comment/ Feedback from Lead Officer</b>	<b>Action</b>
<b>3rd April 2023</b>						
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	<b>CLOSED</b>
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			<b>CLOSED</b>
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	<b>CLOSED</b>
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			<b>CLOSED</b>
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	<b>CLOSED</b>
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	<b>CLOSED</b>

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	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	There is currently a digital working group reviewing the PP website. There will be an update once a plan is in place before the end of March '24.	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

### Member Update

**Name of Organisation:** Llais  
**Name of Member:** Andrea Blayney  
**Date:** Monday 15<sup>th</sup> July 2024  
**Time:** 1.00- 4.00pm  
**Location:** Microsoft Teams

#### 1. Key updates from member organisation

Our summary report of what we heard during our engagement in Llanidloes is available on our website at the following link:

<https://www.llaiswales.org/news-and-reports/reports/llais-powys-executive-summary-llanidloes-engagement>

We also produced a poster, as a quick way to see what were the key findings and the actions which will be taken.

**LLAIS**  
Eich llais mewn iechyd | Your voice in health  
a gofal cymdeithasol | and social care

### Llanidloes Engagement - What We Heard

**During February 2024, Llais carried out a period of engagement in and around Llanidloes. We were very grateful to everyone who shared their views about health and social care services. After hearing your stories, we prepared a report which we shared with Powys Teaching Health Board (PTHB) and Powys County Council.**

**Key Findings**

- Appreciation for Local Services** - Many people praised the care and dedication of staff at Llanidloes War Memorial Hospital, Llanidloes Pharmacy and Arwystli Medical Practice.
- Access to Services** - Difficulty obtaining NHS dental care, length of wait for planned care, distance to travel for routine and emergency care.
- Social Care Needs** - Worry that care and support not available when people need it.
- Service Delivery** - Difficulties getting appointments with GP, unhappy with telephone triage, desire for more face-to-face appointments, better communication needed between services and with patients.
- Holistic Approach to Healthcare** - A desire for care that supports the broader well-being of individuals.

**Actions Taken**

- Sharing Information with Trusts** - Feedback from our report will be addressed with NHS Trusts in England and other Health Boards in Wales, as part of Powys Health Board's commissioning review meetings.
- Travel** - Llais to remind Trusts and Health Boards about arranging suitable appointment times for patients who have a distance to travel.
- Planned Care** - Powys Health Board will use our feedback to inform future work on Waiting Well services.
- Some Specialist Services Cannot be Provided in Powys** - Due to patient safety and clinical governance. The Health Board aims to provide care closer to home where it is safe and viable to do so.
- Powys County Council** - Committed to improving public information about social care services.
- Shortage of Care Workers** - The Council is attempting to address this and Llais will be monitoring the issue.
- Feedback Shared with Powys Regional Partnership Board** - To support the continued planning and delivery of priorities for joint working between health and social care services.

**By Post:**  
Llais Newtown, Ladywell House,  
Newtown, Powys, SY161JB.  
Llais Brecon, Neuadd Brycheiniog  
Cambrian Way, Brecon, Powys, LD3 7HR.

For more information, please contact us: Website: [www.llaiswales.org](http://www.llaiswales.org)  
Phone: 01874 624206 / 01686 627632 Email: [powysenquiries@llaiscymru.org](mailto:powysenquiries@llaiscymru.org)

#BeHeard  
#ShapeTheFuture

We held our month long engagement in Brecon area during April. Once we had collated all the information and insights, we held a joint workshop with representatives from Powys Teaching Health Board and Powys County Council when we developed a plan of action/commitments. The report is being finalised at the moment and will be published on our website in due course.



During June, we carried out our engagement in Llandrindod Wells and Rhayader area and the information we gathered is currently being collated.

Some of the themes we've been hearing from people, which relate to accessing services outside of Powys are as follows (these are not specific to SATH):

- The distance people have to travel and the difficulties with access if they do not have their own transport. An example we heard recently was someone who was referred to Birmingham who had a 12 hour round trip for a 5 minute appointment.
- Lack of understanding about the distance to travel when appointments are being arranged by hospitals and appointments given for unsuitable times.
- Poor communication between hospitals and the patient's GP.
- Difficulties obtaining results following diagnostic tests.
- When referred for planned care, the lack of communication about the expected length of wait causes uncertainty and stress for people.

Nationally, Llais has published its 3-year Strategic Plan for 2024-2027 and its Annual Plan for 2024-2025.

These are available on our website:

[A National Conversation: Llais Strategic Plan 2024-2027 | LLais \(llaiswales.org\)](#)

[Llais Annual Plan 2024-2025 | LLais \(llaiswales.org\)](#)

<b>2.</b>	<b>Any items for discussion at the Public Assurance Forum from member organisation</b>
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None

<b>3.</b>	<b>Action update from previous meeting (if applicable)</b>
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<b>Report by:</b>	Andrea Blayney, Deputy Regional Director
<b>Date</b>	4 July 2024

<b>Public Assurance Forum</b>	
<b>Member Update</b>	
<b>Name of Organisation: Shropshire Patient Group</b> <b>Name of Member: Graham Shepherd</b> <b>Date: Monday 15<sup>th</sup> July 2024</b> <b>Time: 1.00- 4.00pm</b> <b>Location: Microsoft Teams</b>	
<b>1.</b>	<b>Key updates from member organisation</b>  <p>I have attended the HTP Urgent and Emergency, Medicine, Planned Care, Anesthetic, Surgery, Cancer Focus Group.</p> <p>Additionally, I have attended the About Health presentation, which regularly includes a section regarding HTP update. The monthly Cascade update covers areas where there is ongoing restructuring etc. activities.</p> <p>I have also had several face-to-face sessions with the HTP members to obtain more detailed information in areas where time was not available in planned sessions.</p>
<b>2.</b>	<b>Any items for discussion at the Public Assurance Forum from member organisation</b>
<b>3.</b>	<b>Action update from previous meeting (if applicable)</b>
<b>Report by:</b>	Graham Shepherd
<b>Date</b>	05/07/24

## Public Assurance Forum

### Divisional Update

**Name of Division: Women & Children**

**Name of Divisional Lead: Carol McInnes**

**Date: Monday 15<sup>th</sup> July 2024**

**Time: 1.00-4.00pm Location: Microsoft Teams**

#### 1. Key updates from Division

##### Maternity

- CQC inspection rated as “good” across the board.
- Year 5 of CNST safety requirements achieved.
- Full implementation of Saving Babies Lives version 3 achieved.
- Recruitment up to template for midwives including the 10 International recruits who now have their LMC registration and are being to progress fully onto rotas.
- 15 band 5s to start in September recruited from our trainee midwifery programme.

##### Neonates

- CQC inspection rated as “good” across the board.
- Phase 2 of the Maternity and Neonatal Transformation Programme now underway with an increased emphasis on improvements in Neonates.
- Support from Allied health professionals- speech and language therapy, physiotherapy, occupational therapy and psychology now fully in place.
- Recruitment of a Neonatal services Matron is nearing completion.

##### Paediatrics

- CQC inspection rated as “good” in all domains
- Paediatric Vitals Software (system for electronically recording and reporting on vital signs) implementation on track and due to launch mid July
- New equipment procured and in place for patient observations
- Recruitment plan for paediatric nursing in place and on track

##### Gynaecology

- Continued focus on waiting list recovery through use of insourcing activity at weekends
- Engaging with ICB colleagues to support the establishment of Womens’ Health Hubs in community settings

##### Fertility

- Funding approved from League of Friends to purchase laser to support embryo treatments.

2.	<b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b>
<p>Focus groups have taken place with young people for the paediatric ward elements of the Hospital Transformation Programme.</p> <p>Continued partnership working with our Maternity &amp; Neonatal Voices Partnership.</p> <p>Engagement via focus groups for HTP planning paused during pre-election period.</p>	
3.	<b>Action update from previous meeting (if applicable)</b>
<b>Report by:</b>	Carol McInnes
<b>Date</b>	5 <sup>th</sup> July 2024

## Public Assurance Forum

### Divisional Update

**Name of Speciality: Patient Experience**

**Name of Speciality Lead: Kara Blackwell**

**Date: 15<sup>th</sup> July 2024**

**Time: 14.00-17.00 Location: Microsoft Teams**

#### 1. Key updates from Division

- **Patient Led Assessment of the Care Environment (PLACE)**

PLACE was completed in November 2023, the key priority actions which the PLACE Group will be focusing on delivering this year have been agreed as dementia equipment, handrails, TV access and artwork in the hospital environment.

- **Complaints:**

Complaints improvement work continues across the Divisions to embed new structures and processes for managing complaints which encourages accountability at specialty triumvirate level. Further work in relation to early intervention and timescales for responses is ongoing.

There are now 60 Equality Diversity and Inclusion (EDI) champions in our wards and clinical areas. There is a training program for our ward senior leaders in relation to EDI to champion the work in relation to ensuring the needs of all our patients and their loved ones are met and that the care we deliver is inclusive to all patients/carers with a protected characteristic.

- **Experience Based Design Project**

The patient experience team led an Experience Based Design (EBD) survey at the Community Diagnostic Centre (CDC), Hollinswood House, Telford. A combination of four patient representatives and volunteers additionally supported data collection exercise. The survey collected data which looked at the care journey as well as the emotional journey of people's experience of accessing phlebotomy and radiology at the CDC. The questionnaires were completed by 139 patients, or their representative, and 15 staff. The approach aimed to understand how patients 'felt' at each stage of their journey and identify areas for enhancement so the patient experience could be improved. Results from this data identified areas for improvement which included, external signage, car parking, wheelchair accessibility, and opportunities to improve the waiting room and clinical rooms (e.g. radios to distract anxious patients during blood tests). This data was further used as a basis for discussions in a focus group which included nine staff (representing phlebotomy, radiology, and CDC management) and two patient representatives. The group considered the findings of the survey and discussed their ideas for improvement in the identified areas.

This information was collated, a report written and used to support an application for revenue that will enable improvements to be made at the CDC. Initial feedback

from NHS Elect has noted that CDC-Telford was one of a few centres that exceeded expectations of the study by collecting over 100 patient responses. ‘A big well done! This achievement is truly commendable, so thank you for your dedication and effort.’ The revenue application was successfully awarded the funding to support all of the improvements identified through the work.

- **Sought feedback from patients, carers, and the public to help inform the development of a new Experience of Care Strategy**

A survey has been undertaken to seek feedback from people accessing services within the hospital, community members, volunteers, and staff. Surveys were promoted widely within the community through: GP practices, patient participation groups, libraries, community groups and social media. Additional steps were taken to secure feedback from people accessing treatment within the Trust during this period with stands in the hospital, and an SMS text message survey being sent to a finite number of people accessing outpatient, inpatient, and emergency services. Feedback was received from a range of sources, enabling 2,049 voices to be heard. A focus group has been held with patient representatives to share the survey results and co-develop priorities.

- **Food tasting as part of a procurement process to select a new supplier.**

Work has been undertaken by the Facilities Team to source a new catering supplier for the Trust. As part of the procurement exercise each provider produced 11 set menu items to enable food to be assessed under a range of categories. Patient representatives were encouraged to participate to capture a patient voice in the decision-making process.

2.

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

- **Learning Disability and Autism**

A Learning Disability and Autism Patient Experience Group has been set up with key stakeholders from providers across the ICS as well as patients and carers. The first meeting is planned to take place later in July.

- **Equality Delivery System (EDS) 2022**

We have started to plan our EDS 2022 submission for 2024/25 and which services will be included in this. As per last year once these have been identified we will be working with our patients, local communities and key stakeholders across the System in relation to their involvement in this process.

- The Patient Experience team have begun an improvement project to launch the initiative ‘It’s OK to Ask at SaTH’ to improve communication between healthcare professionals and service users and empower patients to ask about their care pathway. A workshop is planned with patient representatives to co-produce the questions for the campaign.

3.

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

Not Applicable

**Report by:**

Kara Blackwell

**Date**

8<sup>th</sup> July 2024

## 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 of Operations, CSS**

**Date: Monday 15<sup>th</sup> July 2024**

#### 1. Key updates from Division

##### **Workforce:**

We are making progress with recruitment within the nationally recognised shortage professions of Radiographers, Sonographers, Pharmacists, Speech & Language Therapists and Occupational Therapists, although there are still times when our services are affected by our staffing levels.

Of note, one of our trainee Sonographers has just passed their first year of training and we have successfully recruited a Lead Speech & Language Therapist for Instrumental Assessments who is due to start in July / August. This is a highly specialist post focused on using imaging for swallowing assessments and will address our long waiting times for these assessments.

Recruitment to Pharmacist and Occupational Therapist positions remains challenging and every effort is being made to attract applicants for these vacancies as they have a significant impact upon patient flow through our hospitals and discharges. However, we are pleased to report:

- An excellent level of interest in our band 5 Occupational Therapy vacancies (newly qualified grade) so we are hoping to recruit into these posts this summer.
- Band 6 Pharmacist (newly qualified grade) has started at PRH and another 2 are due to start at RSH soon. We continue to advertise for the remaining 3 band 6 Pharmacist vacancies.
- We are also consulting with Pharmacy staff on moving to a 9-day fortnight working pattern as this appears to be a better option for work-life balance.

##### **Service performance against notable standards:**

We have been successful in gaining funding for 2 important business cases that will support the achievement of national clinical standards:

- Trauma Rehabilitation Co-ordinator
- Critical Care Dietetics and Speech & Language Therapists

Recruitment is underway for these posts.

We are particularly struggling to recruit a Critical Care Pharmacist and Critical Care Occupational Therapist and we are hoping that having a more complete multi-disciplinary team in Critical Care may attract applications for these posts.

In Pathology, Microbiology and Blood Sciences have recently had successful accreditation assessments by UKAS and have met all the required clinical and safety standards.



### Current Diagnostic Management Standard 1 (DM01) performance

The DM01 standard aims to ensure the majority of patients do not wait longer than 6 weeks for an appointment in one of our Radiology Departments.

Following the pandemic the DM01 target has been phased towards full recovery and the expectation is that we should achieve 85% performance by end March 2024, rising to 95% by the end of March 2025.

Although our DM01 performance reached 95% in March 2024 it has slipped back to 72% overall at the end of May 2024, however CT scanning is still at 95%. The reason for this is due to the return of our mobile scanning units at the end of March when funding for their contracts ended. We are working to review our staffing templates to support extra sessions for MRI and we have extended the opening hours in our new Community Diagnostics Centre in Telford to 6 days / week in June with a plan to move to 7 day opening in another few months' time. We are also being supported by external companies with additional Sonographers and Radiographers for MRI scanning.

### 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 the time to results (target of 2 weeks) remains consistently at pre-pandemic levels: both at 98% against a target of 95%.

### Cellular Pathology

In May the service achieved the target of 95% of urgent referrals being reported within 10 days and this is the best position the service has been in over the last 2 years. Thanks to a donation from Lingen Davies, Cellular Pathology took receipt of a new double workstation that will double their ability to carry out cut up processes to prepare samples for testing. The workstation is currently being installed and once validated it will be in use sometime during this month.

### Pharmacy

Pharmacy has been successful in gaining funding for 4 automated devices to dispense medicines and their installation is underway now. This will improve the discharge process and access to medicines out of normal working hours.

### Sentinel Stroke National Audit Standards (SSNAPP)

The therapy SSNAP standards were amended during 2023 to increase the amount of rehabilitation every patient should have to a minimum of 3 hours per patient per day. This is currently unachievable with the therapy staffing levels on the Stroke Unit. We are working in closely with the Medical and Emergency Care Division on the stroke service improvement action plan whilst developing a new business case to support funding for the required number of staff.

2.	<b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b>
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**Patient engagement and involvement**

The Clinical Support Services Division Patient Experience Group continues to meet every month and has recently completed a new “Welcome” booklet to encourage more people to think about becoming a Patient Engagement Representative in our Division. We are actively seeking more patient representatives to join our group.

**The CSS Patient Engagement group have created an updated action plan for 2024/25 and will be focusing on the following:**

- Reviewing our patient facing areas to ensure they feel safe and are as welcoming as possible for patients
- Exploring whether patient representatives and / or Trust volunteers could carry out short surveys on our behalf and gather feedback from patients in waiting areas across our services.
- Exploring how to elicit feedback from end-of-life patients and feedback on the services provided by our Mortuaries.
- Engaging patient representatives in helping the Division to learn from PALS, incidents, complaints and compliments in line with the new PSIRF principles and potentially in conjunction with the new Patient Safety Partners roles.
- Inviting patient representatives from each Centre to attend appropriate Divisional / Centre Governance Meetings or separately held meetings to review patterns of incidents / complaints / risks in line with the new PSIRF principles.
- Increasing the use of patient / staff stories in Centre and Divisional meetings.
- Continuing to involve patients in service reviews, changes or developments e.g. more detailed engagement around our HTP plans and the introduction of e-job planning in Therapies that is designed to release more time for direct patient contact.
- Sharing information coming from External Quality Reviews, CQC, GIRFT, NICE etc to involve patient representatives / patients in developing action plans
- Involving Patient Representatives to update the CSS Quality Priorities for 2024/25 including findings from the recent CQC report.

**The CSS Patient Engagement Group has recently been focusing on:**

1. **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. Recent work has included:
  - Community Diagnostics Centre, Hollinswood House, Telford:  
During January 2024 the NHSE "Experienced Based Design" patient survey was carried out involving 139 patients and 15 staff over a consecutive 4-day period. An action plan was developed following analysis of this feedback which includes

improving the road signs to the CDC from the main road, improving parking signs to ensure patients are directed to the closest parking area to the CDC and wheelchair access both to the main door and within the reception area. There was also a need to create a dedicated waiting area for patients visiting the mobile MRI scanner in the CDC car park.

We are pleased to report that the car park signs are now in place and our action plan has been awarded £10,000 by NHSE to support the patients requests for higher chairs in the waiting room, a radio, artwork and signage. We have also put in a bid for some SaTH Charity funding for benches outside the building. We are also pleased to report that funding has been granted for a mobile unit to act as a waiting room adjacent to the mobile MRI scanner.

The CDC is now routinely benefiting from approx. 500 patients a month providing their feedback, the vast majority of which is very positive with patients saying they would much rather attend the CDC than go to PRH, for example:

**Question: Any other comments**

Big advantage of CDC is not needing to go to the hospital. Easy to find and get through the process
Happy to come back if needed as apt is easy to get and the parking is much easier here (compared to hospital)
Staff have been amazing. Relaxed, welcoming and everyone is very friendly and amazing! Thanks
Better than paying parking at the hospital (PRH or RSH)
Nice to have the unit and need more awareness of this resource
Great to be able to come here rather than PRH. More parking with no fees
Excellent service
Staff reassuring and parking good
Pleased to have CDC as alternative ( <i>to hospital</i> )

- Pharmacy are looking into a new method of on-line instant feedback for inpatients as it is often difficult for patients to feedback on their experience with Pharmacists as they do not see them as often as medical or nursing staff.
- You Tube video's: 2 videos have recently been posted on You Tube show the work of the Stroke Therapy Team who have set up group work to support inpatient rehabilitation and another video shows the work of the Pharmacy Discharge Medicines Service. These video's include patient feedback which was very positive about both of these services.
- Radiology have reviewed their appointment letters following patient feedback that pointed out it was difficult to identify the location of the appointment from the letter. This has been made clearer and all patients who are given an appointment over the telephone are also offered a letter for confirmation.
- The Phlebotomy booking team have been receiving complaints due to an increase in waiting times for appointments. The wait times at all sites are still (with the exception of Whitchurch Community Centre) within the 7-day standard agreed by the Phlebotomy Steering Group. Urgent and Warfarin appointments are being

accommodated as a priority. There are some vacancies that are all expected to be filled and staff trained by mid-October 2024.

The Phlebotomy Departments at both hospitals are changing location due to the Hospitals Transformation Programme:

- At PRH the majority of appointments have now moved from the Malling's Building to the CDC, which is proving popular with patients and staff alike, particularly as car parking is free and spaces are available outside the CDC. At PRH we still have a room for urgent clinic patient referrals.
- At RSH the service will move from Elizabeth House into William Farr House this autumn. It is thought that this will also be a popular move for patients and staff as car parking will be much easier and free of charge.

We will be gathering patient feedback on both of these new departments over the coming months.

## 2. **“The First 15 Steps” assessment visits:**

Patient representatives have joined staff representatives in carrying out the 15 steps assessments and have given a valuable and different perspective on our services.

The following areas have been assessed so far and each area has developed an action plan based on the feedback received:

- Phlebotomy across both sites
- RSH Radiology Department
- PRH X-ray 1
- PRH X-ray 2
- PRH Therapy Department
- RSH Outpatient and Community Therapy Department (on the William Farr House site)

Over the summer months we plan to carry out 15 steps visits in:

- Both mortuaries to look at the areas family and friends can access when they come to visit a loved one
- Radiology – RSH Treatment Centre MRI and breast scanning
- RSH Inpatient Therapy Gym
- Phlebotomy at both sites following moves to new locations

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

### **Replacement Nuclear Medicine Gamma camera at RSH:**

Building work to create a new department for the Gamma Camera started in August 2023 with completion on schedule for this month. The new service should be available in August / September 2024.

Patient engagement is ongoing through the CSS Patient Engagement Group and it is planned to carry out an Experienced Based Design survey later this year.

**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 to the final posts in the team continues. They will provide a critical role in supporting the developmental stages of these very premature babies and will work with families to shape the service and gather feedback.

**Outpatient Parenteral Antibiotic Therapy Service (OPAT)**

The service started on the 27<sup>th</sup> November 2023 and enables patients to be discharged and continue their IV antibiotic therapy either at their own home or as an outpatient (currently in DAART, RSH). We are still recruiting Pharmacy staff to support the initial phase and we will continue to use patient feedback to help to develop the service across other locations in the county.

**Discharge Medicines Service:**

Pharmacy have set up a Discharge Medicines Service which transfers patients who need follow-up support to the care of a community Pharmacist after discharge. This new service averages around 450 referrals / month and has been recognised nationally as leading the way in developing seamless transfer of care between acute and community Pharmacy services.

The Pharmacy Team who set up the service attended the national Clinical Pharmacy Congress in London on 10<sup>th</sup> May and gave a presentation to showcase their achievements which included very positive patient feedback.

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

<b>Report by:</b>	Dianne Lloyd
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<b>Date</b>	02.07.24
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Public Assurance Forum	
Divisional Update	
<p><b>Name of Division: Surgery Anaesthetics Critical Care Cancer</b></p> <p><b>Name of Divisional Lead: Michelle Cole / Jenny Price to represent Division</b></p> <p><b>Date: Monday 15<sup>th</sup> July 2024</b></p> <p><b>Time: 1.00 - 4.00pm Location: Microsoft Teams</b></p>	
<b>1.</b>	<p><b>Key updates from Division</b></p> <p>Surgery:</p> <ul style="list-style-type: none"> <li>• Appointment into Urology consultant post – start date September 2024</li> <li>• Additional funding from Cancer Alliance for 6 months to support Urology patients for prostate biopsy</li> <li>• Business case approved for continuation of Breast pain service in Community – this service provides capacity to see Breast pain pts in the community ensuring our one stop clinics are utilised appropriately</li> <li>• Appointment into Colorectal Consultant post with an interest in pelvic floor - start date September 2024</li> <li>• IQILS (Improving quality in Liver Services) level 2 accreditation for Hepatology</li> <li>• Appointment of band 8a specialist nurse for straight to test colorectal patients</li> </ul> <p>Elective Hub at PRH</p> <ul style="list-style-type: none"> <li>• First all-day paediatric day 14/06/24. Planned all day list twice per month. 33 children planned for surgery across 4 theatres. Play worker available throughout the whole day working with pre &amp; post op children; Overall a very successful day for the Elective Hub</li> <li>• Feedback received from patients is very positive</li> <li>• The lists going through the hub will address the current backlog</li> <li>• Members of the public (previous long serving staff) were invited and attended the opening event on the 10<sup>th</sup> June</li> </ul> <p>Oncology:</p> <p>Talks continue with Clatterbridge regarding colorectal oncology patients. They are regularly updated with the waiting times. Currently all patients wish to be treated at SaTH and do not want to travel to Liverpool</p>
<b>2.</b>	<p><b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b></p> <p>HTP Centre Manager and Matron in post and supporting the Division with ongoing changes to the site - includes public engagement regarding developments and changes to access points for outpatient departments. This will have a particular impact on audiology services due to vibration and noise from the construction site at RSH</p> <p>Surgery:</p> <ul style="list-style-type: none"> <li>• Business case in progress for Urology growth</li> <li>• The Nurse Endoscopists have established a new Barrett's oesophagus clinic reviewing newly diagnosed Barrett's patients. Recruitment of patients follows a referral from the Consultant Gastroenterologists when results are available, and</li> </ul>

the team will see the patient in clinic and arrange their ongoing surveillance. The team will also see patients who are over 75 with co-morbidities and those over 80 to discuss pros and cons of continuing surveillance. The team will recruit this age group when the Barrett's oesophagus surveillance patients are reviewed each month

ENT/Max Fax/Ophthalmology:

- ENT now fully staffed
- ENT theatre utilisation highest in England
- Consultant triage of referrals now in place for the whole of ENT
- Cancer pathway improvement work being undertaken across the specialty
- Ophthalmology department successful early adoption of Eye ERS Cinapsis (Eye E-referral)
- Positive GIRFT feedback on service
- Migration to Medisight due to go live end June 2024
- Additional modules purchased for Medisight enabling Paediatric Ophthalmology and Oculoplastics to utilise Medisight

MSK (Musculoskeletal):

- Suspension of Arthroplasty program at PRH due to upgrade to Ward ventilation system. Another Ward location has now been sourced and plan to restart operations is set for early in July 2024. SATH has been utilising RJAH and mutual aid for patients that meet the criteria to be transferred on for their procedures
- Continuation of the Fracture Liaison Service at PRH has not been approved by ICB therefore patients identified from clinics and ward visits are being advised of further steps to be taken and being referred to their GP for further tests and bone density scans

Feedback from Patient Representative: familiarisation visit to MSK wards PRH (30/5/24).

Positive discussion with the ward managers

- Notice boards and information leaflets
- Lighting and reflections on notice boards
- Roles and responsibilities
- Ward layout
- Reducing falls
- Electronic board update/information

Patient Access:

Digital patient access system Careflow; processes taking longer for staff using the new system. Issues identified and solutions discussed at centre and committee meetings

Haematology:

Lingen Davies installed frosted glass in the haematology day unit following comments from patients that they feel unsteady when looking down through the glass wall to the below floor. All windows were also covered with sun coverings

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 raise money for a wooden Arbor bench. Update- the parents of a young man who recently passed away have agreed to fund raise for this in memory of their son. The order has been placed and the Lingen Davies volunteers will installing it

- Friends and family surveys are completed every day

**Radiotherapy:**

Volunteers have set up a tea/coffee trolley service for all the oncology/radiotherapy patients whilst they are waiting for their treatment and appointments in the Lingen Davies reception area. This is run by Lingen Davies Charity

**ITU at PRH:**

A Skylight has been installed for end of life patients within the department and this was funded by Moira Kay's bereavement fund for the benefit of other patients

<b>3.</b>	<b>Action update from previous meeting (if applicable)</b>
<b>Report by:</b> Michelle Cole	Divisional Director of Nursing
<b>Date:</b> 04/07/20204	



## Public Assurance Forum

### Divisional Update

**Name of Division: Medicine & Emergency Care**

**Name of Divisional Lead: Laura Graham**

**Date: Monday 15<sup>th</sup> July 2024**

**Time: 1.00-4.00pm Location: Microsoft Teams**

#### 1. Key updates from Division

##### **Public Assurance Committee**

Following on from Channel 4's Dispatches programme (24 June 2024), which highlighted the challenging conditions in our urgent and emergency care services at the Royal Shrewsbury Hospital, we want to apologise to those affected in the programme and to everyone in our communities who has been affected by long waiting times, overcrowding and a lack of privacy when accessing emergency care.

Even when we are faced with significant pressures, we must uphold the highest standards of care and we recognise that some of the conditions displayed in the programme did not meet these standards. Across the wider Trust, we are determined to ensure we consistently deliver the care, compassion and dignity we strive for our patients.

As with other hospitals, our Trust is facing significant challenges with urgent and emergency care. We understand our challenges and are investing in our services and making steady improvements as a Trust, as noted in our recent CQC report. However, there is still much more to do; we do not want to be in a position where we are caring for patients on corridors.

We are very sorry that our patients have experienced anything less than the quality care we strive for, and we are determined, working with partners, to improve the care and experience for everyone.

Our colleagues are working incredibly hard to maintain safe services and we are grateful for everything they are doing to support our patients in this difficult working environment. We would also like to thank our patients for their support and understanding during this time.

We understand our challenges and are investing in our services. We are making steady improvements but recognise there is much more we need to do. We have detailed some of the ways we are working to improve care and support a positive experience for patients on our website. You can read the full Trust statement on our website: [Statement from The Shrewsbury and Telford Hospital NHS Trust – SaTH](#)

### **Improvement action plan**

We will fully explore all the feedback in the programme and incorporate the learning into our improvement work. We have an action plan in place, building on the coverage but also on our existing improvement work, and at the heart of it is tailoring our care to maintain a consistently high-quality experience and treat all our patients in a safe and dignified way.

Since the programme, our teams are working to reduce infection risk, increase cover in escalation areas, improve our responsiveness to deteriorating patients, respond quickly to patients in pain, improve our support for immunocompromised patients, and ensure additional housekeeper support. There are many more actions that our teams are leading and we will continue to share progress with you.

2.	<b>Update on any current or future service developments or changes and how are you involving the community in these changes?</b>
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None currently.

3.	<b>Action update from previous meeting (if applicable)</b>
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Not Applicable

<b>Report by:</b>	Hannah Walpole, Deputy Divisional Director of Operations, Medicine & Emergency Care
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<b>Date</b>	08/07/2024
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## Public Assurance Forum – 15 July 2024

<b>Agenda item</b>	2024/31		
<b>Report Title</b>	Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 1 2024/25		
<b>Executive Lead</b>	Julia Clarke, Director of Public Participation		
<b>Report Author</b>	Hannah Morris, Head of Public Participation		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	Our patients and community	√	BAF9
Effective	Our people		
Caring	Our service delivery		<b>Trust Risk Register id:</b>
Responsive	Our governance		
Well Led	Our partners	√	
<b>Consultation Communication</b>			
<b>Executive summary:</b>	<p>1. The Public Assurance Forum’s attention is drawn to the following sections:</p> <ul style="list-style-type: none"> <li>• Engagement approach and engagement activities for Quarter 1 (page 1-4). Please note following the announcement of a General Election on 4<sup>th</sup> July, all engagement related to HTP stop on the 23<sup>rd</sup> May, due to being in pre-election period. All public engagement will recommence on the 5<sup>th</sup> July 2024</li> <li>• Summary of feedback received and actions to date (page 5 – 7)</li> <li>• A forward look of engagement activities planned for Quarter 1 2024/25 (page 7)</li> </ul> <p>2. The risks are:</p> <ul style="list-style-type: none"> <li>• Fail to engage our communities around the Hospitals Transformation Programme, resulting in lack of confidence within our communities.</li> <li>• Fail to deliver statutory duties (s242) to engage with the public.</li> <li>• Staff not having the skills or confidence to engage with our communities.</li> </ul> <p>3. We are have the following actions:</p> <ul style="list-style-type: none"> <li>• An ongoing calendar of events to support public engagement in the HTP. Regular report to the HTP programme Board relating to engagement activity and any feedback and actions needing to be taken</li> <li>• Continue to support our HTP team to ensure they meet their Statutory Duties.</li> <li>• The Public Participation Team are providing support to the HTP team to engage and involve our local communities and their representatives within the Programme.</li> </ul>		

<p><b>Recommendations for PAF:</b></p>	<p>The Public Assurance Forum is asked to:</p> <p><b>NOTE</b> the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 1 2024/25 including:</p> <ul style="list-style-type: none"> <li>• the engagement which has taken place during Quarter 1</li> <li>• feedback received from our local communities and any actions taken as a result of the feedback</li> <li>• The engagement activities planned for Quarter 2 2024/25</li> </ul> <p>This report is provided <b>for information only</b>.</p>
<p><b>Appendices:</b></p>	<p>Appendix 1: Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 1 2024/25</p>

## **1.0 HTP Community Engagement Report (Quarter 1)**

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 1 2024/25.

## **2.0 Engagement Approach and engagement activities for Quarter 1 2024/25.**

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

**Please note following the announcement of a General Election on 4<sup>th</sup> July, all engagement related to HTP stop on the 23<sup>rd</sup> May, due to being in pre-election period. All public engagement will recommence on the 5<sup>th</sup> July 2024**

Table 1 of the paper outlines community engagement activities which took place in Quarter 1 2024/25 in relation the Hospitals Transformation Programme. External community events attended by SaTH in relation to HTP are also highlighted in the table.

Date	Event	Attendees	Outcome
11 April	SALC - HTP presentation to Central Shropshire	6 SALC members (chaired by SALC Chairman Ray Wickson)	HTP presentation followed by questions and useful suggestions
15 April	Public Assurance Forum	26 attendees (external organisations represented)	Positive meeting with good public and divisional representation. Update on HTP given with questions answered
16 April	SALC - HTP Presentation to North Shropshire	6 SALC members (chaired by SALC Chairman Allan Wilson)	HTP presentation positively received
17 April	Market Drayton Health and Wellbeing Festival	Local organisations and the public	Steady stream of public with interest in HTP
17 April	Zebra Access Coffee Morning (Deaf Community meeting)	Zebra, Telford Deaf Community, Royal Association for Deaf People	Attended to learn about process for meetings with the Deaf Community, and met BSL interpreters from Viss. We need to have separate meetings for Deaf and Hard of Hearing communities. Zebra invited us to attend one of their coffee morning meetings to give an HTP presentation.
18 April	Brookside Big Local residents meeting	Approximately 20 local residents	Excellent and productive meeting. Attendees asked numerous and thoughtful questions and left with a new understanding of the project. Made new contacts that will hopefully attend focus groups, etc.
23 April	Telford Health Overview and Scrutiny Committee	Approximately 10 councillors attended	A constructive meeting with some strong feelings aired by councillors. Some good questions asked.
26 April	One Voice (Telford)	Approximately 50 members of the public	Members of the public representing diverse communities in T&W and Shropshire attended. MP Mark Pritchard also in attendance. HTP presentation was well received and followed by numerous questions
30 April	About Health – HTP Update	Approximately 20 members of the public	Approximately 20 members of the public including councillors. Presentation well received.
1 May	Telford Patients First		Shared HTP leaflets with everyone, very pleased to have something to take away and read about the programme
1 May	Telford Diabetes UK		Shared HTP leaflets and responded to questions (signposting to resources)

2 May	Telford College Student Council	Approximately 6 students	They were interested, listened carefully, and asked some good questions.
8 May	Monthly Hospitals Update	14 members of the public	Section on HTP with questions raised and answered
9 May	T&W Chief Officer's Group (Voluntary sector organisations)	Attended by Chief officers from voluntary sector organisations in T&W	Provided a brief hospital update (including HTP) to members and provided a number of leaflets. Will attend next meeting to provide HTP update.
14 May	Shropshire Health Overview and Scrutiny Committee	6 attendees	Very positive meeting about HTP. Some suggestions around communication/engagement and car parking
15 May	Age UK (Shrewsbury office) drop-in	7 members of the public	Low turnout but able to answer individual concerns and issues
16 May	Sight impairment focus group	8 members of the public	An overview of the programme was given and discussion with focus group members around transport and wayfinding at the hospital
18 May	Children's and Young Peoples Focus groups	Approximately 25 children and young people attended	Excellent event with a solid turnout in both age groups (13 7-11 & 10 11-17) and some excellent feedback obtained. Also had some great input from parents.
20 May	NSRAF HTP Presentation	21 Veterans attended	Presentation received with a number of questions. Concern regarding parking at PRH

### **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
Focus groups members have requested specific sessions looking at the following areas: Deaf and hard of hearing, Veterans, Sightloss.	We held a specialist focus group for people who have a sight impairment on 16 <sup>th</sup> May 2024 We are planning a focus group for Veterans on 12 <sup>th</sup> September (TBC). Two sessions are also planned, one for people with a hearing impairment (26 September, TBC) and those who are deaf (3 <sup>rd</sup> October, TBC)
Feedback from our Learning disability and Autism group that having a sensory room within the children's ward could make a difference for our child's experience in hospital	We have relooked at the plans for the children's ward and have reallocated a room within the ward to be a sensory room
Currently there is one bereavement suite in the new build plus the ability to flex a room to provide a second room if required. Is it possible to have two Bereavements suites with the flexibility of a third when required?	We have looked at our plans and following your feedback we have incorporated a second Bereavement suite with the flexibility to have a third if required. The Bereavement

	suites will have their own entrance and will have a lounge area attached
Losing a baby is very difficult, and it can be really challenging if the sound from the post-natal ward can be heard in the bereavement suite – will you soundproof these rooms?	Yes definitely, we will ensure these rooms are well soundproof, as well as the areas around them. We can separate the corridor by the suites from the main ward to ensure that other patients are not using it as a throughway.
Hospital can be really challenging for people with neurodiverse needs, particularly the noise and sound. How will the new build accommodate for our patients who have additional needs	We have worked with our focus groups to look at the designs, we are looking to identify Calm spaces within the new build (areas that have retreat areas, which will reduce acoustic levels and have softer lighting). We will look at having sensory maps throughout the building, which will identify calm spaces, areas which may be busy or quieter areas – this will support our patients and carers navigate the building.
Would it be possible to have fold down seating in the corridors – if you are pregnant or have mobility issues the corridors can be quite a challenge and it would be really helpful to have some seating in these areas?	Yes, we are looking at putting permanent seating and calm areas along our corridors. Hospital corridors can often look quite bland and uninviting spaces – we are planning to put seating along our corridors to make some of them social areas, and other calm areas. It's important that all areas of the new build is designed to support our patients visiting the areas – not just the clinical space.
Can the public be involved in wording and wayfinding – some of the terms such as “crisis rooms” and “SDEC” can be stigmatising or too clinical for patients to know what they mean?	We agree, it is important that both our staff and patients understand the names of different areas. We are working with our clinicians to look at the wording, but we will also be asking our focus groups to get involved and support this piece of work.
Consider more than one main entrance for the new build at RSH, due to the high level of footfall through the entrance to the building	Following feedback AHR have redesigned the front entrance of the new build – there will now be an entrance for emergency care and another for the rest of the building
Consider introducing free parking for community transport as it is often a difficult issue to manage	Links have been provided to community groups with our car parking team (within facilities) to action community vehicles being registered at our hospitals

#### **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 Quarter 2 2024/25 is outlined below. There are many other events that the Public Participation team are attending alone (see Appendix 2)

<b>Date</b>	<b>Event</b>	<b>Required attendees</b>
10 July 2024	Monthly Hospital Update	Public Participation
11 July 2024	MEC & SAC Focus Group	HTP, Public Participation
12 July 2024	W&C Focus Group	HTP, Public Participation

15 July 2024	Public Assurance Forum	HTP, Public Participation, PAF members
18 July 2024	Wellington Market, HTP Drop-in session	HTP, Public Participation
30 July 2024	About Health – HTP Update	HTP, Public Participation
7 August 2024	Telford Patients First	Public Participation
8 August 2024	T&W Chief Officers Group	Public Participation
8 August 2024 (TBC)	Ludlow Market	HTP, Public Participation
14 August 2024	Monthly Hospital Update	Public Participation
2 September 2024	W&C Focus Group	HTP, Public Participation
3 September 2024	MEC & SAC Focus Group	HTP, Public Participation
4 September 2024	Telford Patients First	Public Participation
6 September 2024 (TBC)	Oswestry Market	HTP, Public Participation
7 September 2024	Help Yourself to Health, Whitchurch	Public Participation
11 September 2024	Monthly Hospital Update	Public Participation
12 September 2024	Focus group for Veterans	HTP, Public Participation
12 September 2024	Shawbirch Patient Participation Group	HTP, Public Participation
26 September 2024	Focus Group for the Hard of Hearing	HTP, Public Participation

## **5.0 Recommendations**

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 1 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 2 (2024/25)

Julia Clarke  
**Director of Public Participation**  
 July 2024



# Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 1 2024/25

## 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 Public Assurance Forum of the engagement activity in the previous quarter (April – June 2024).

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
  - Women's and Children's
  - Bespoke focus groups on specific issues e.g. RSH planning application, Travel and Transport, Mental Health, Dementia, Learning Disabilities and Autism, Children and Young People, Visual and Hearing Impairments, Veterans

- **About Health Events** – Held via MS Teams, 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 short A4 booklet is being distributed with a longer form version being developed by the communications team.
- **Community and organisational membership** – SaTH have over 4800 community members and 400 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
- **Monthly Hospital Update** – Hospital Update is held 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 were included with each of the Clinical design 1:50 meetings with the Clinical teams and architects to help examine the plans on a room by room basis.

### **3. ENGAGEMENT ACTIVITY IN Quarter 1 2024/25**

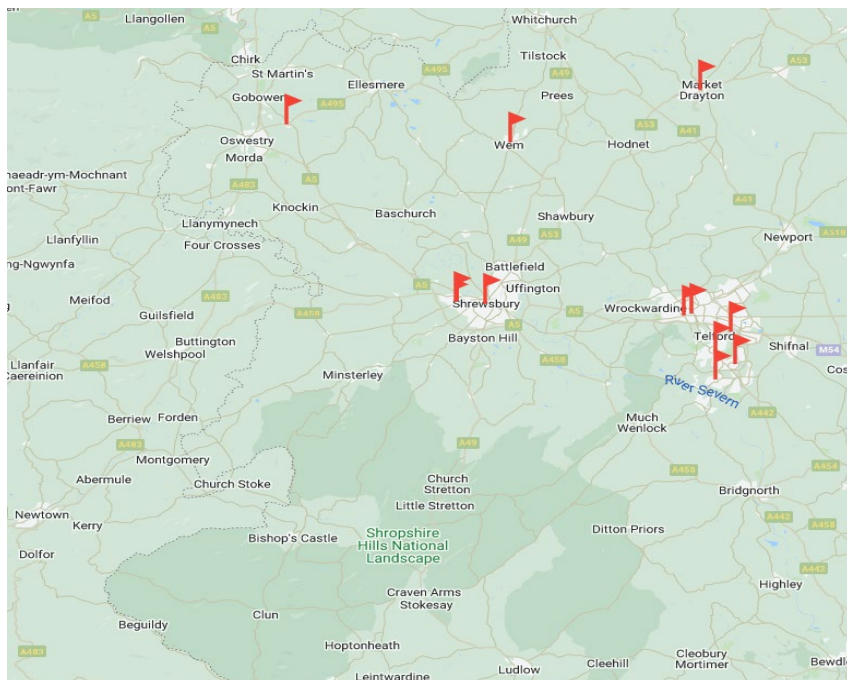
**Following the announcement of a General Election on 4<sup>th</sup> July, all engagement related to HTP stop on the 23<sup>rd</sup> May, due to being in pre-election period. All public engagement will recommence on the 5<sup>th</sup> July 2024.** Engagement activity relating to the Hospitals Transformation Programme in Quarter 1 is outlined below:

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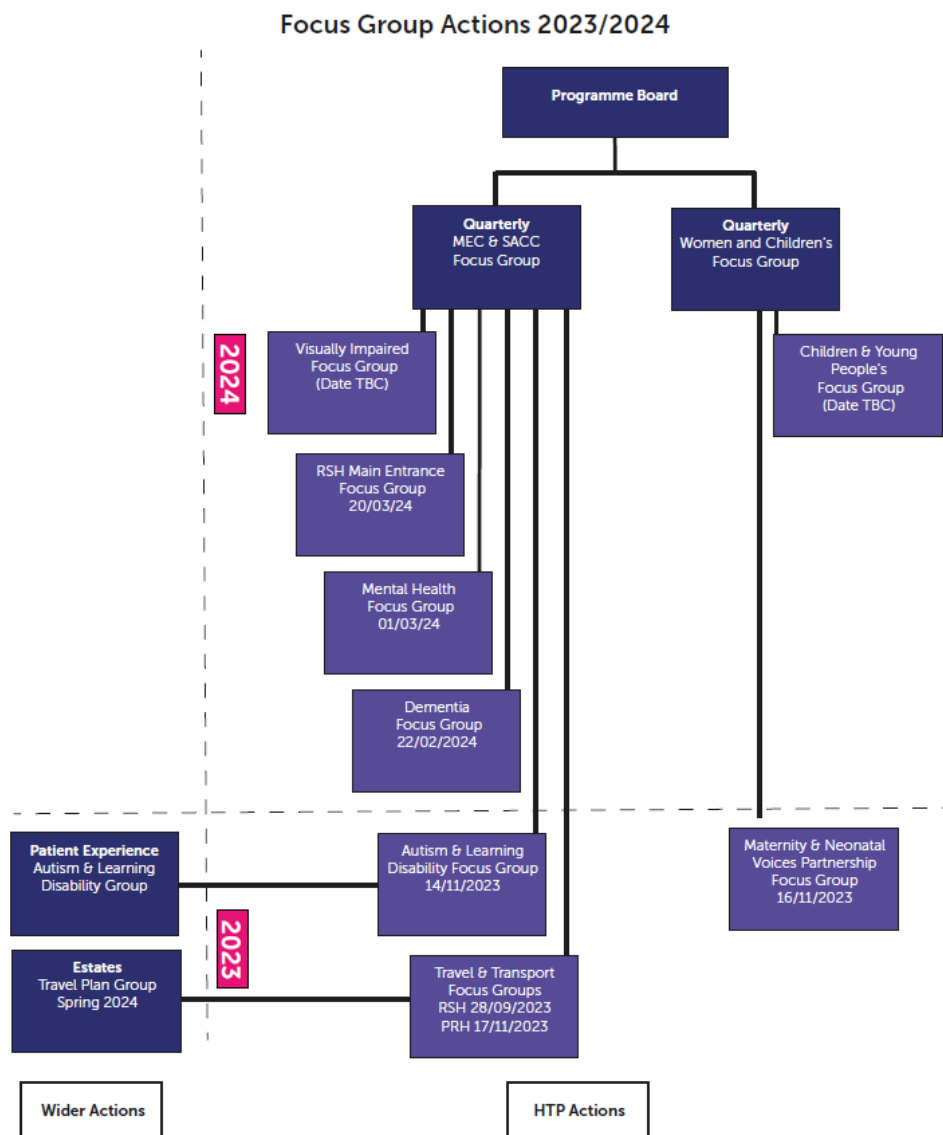
Please see the map below which highlights the areas of the Shropshire, T&W and Powys which were visited in Quarter 1:



### 3. SUMMARY OF FEEDBACK RECEIVED AND ACTIONS TO DATE

From the events we organise and from those we attend in relation to the Hospitals Transformation Programme we receive feedback, suggestions, and questions from our communities. For every public focus group we produce a questions and answers sheet and action log. This information is available on our website: [Hospitals Transformation Programme Focus Groups - SaTH](#)

Feedback from our communities about the Hospitals Transformation Programme is important as the project moves forward in supporting us to develop two thriving hospitals for our local communities. The diagram below outlines the Divisions/department that actions from our focus group action logs have been assigned to this Quarter, including the actions which are outside the remit of the Hospitals Transformation Programme:



Following the feedback from our communities the table below outlines what we have done as a result of the feedback we have received:

You Said	We Did
Focus groups members have requested specific sessions looking at the following areas: Deaf and hard of hearing, Veterans, Sightloss.	We held a specialist focus group for people who have a sight impairment on 16 <sup>th</sup> May 2024 We are planning a focus group for Veterans on 12 <sup>th</sup> September (TBC). Two sessions are also planned, one for people with a hearing impairment (26 September, TBC) and those who are deaf (3 <sup>rd</sup> October, TBC)
Feedback from our Learning disability and Autism group that having a sensory room within the children's ward could make a difference for our child's experience in hospital	We have relooked at the plans for the children's ward and have reallocated a room within the ward to be a sensory room
Currently there is one bereavement suite in the new build plus the ability to flex a room to provide a second room if required. Is it possible to have two Bereavements suites with the flexibility of a third when required?	We have looked at our plans and following your feedback we have incorporated a second Bereavement suite with the flexibility to have a third if required. The Bereavement suites will have their own entrance and will have a lounge area attached
Losing a baby is very difficult, and it can be really challenging if the sound from the post-natal ward can be heard in the bereavement suite – will you soundproof these rooms?	Yes definitely, we will ensure these rooms are well soundproof, as well as the areas around them. We can separate the corridor by the suites from the main ward to ensure that other patients are not using it as a throughway.
Hospital can be really challenging for people with neurodiverse needs, particularly the noise and sound. How will the new build accommodate for our patients who have additional needs	We have worked with our focus groups to look at the designs, we are looking to identify Calm spaces within the new build (areas that have retreat areas, which will reduce acoustic levels and have softer lighting). We will look at having sensory maps throughout the building, which will identify calm spaces, areas which may be busy or quieter areas – this will support our patients and carers navigate the building.
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Can the public be involved in wording and wayfinding – some of the terms such as “crisis rooms” and “SDEC” can be stigmatising or too clinical for patients to know what they mean?	We agree, it is important that both our staff and patients understand the names of different areas. We are working with our clinicians to look at the wording, but we will also be asking our focus groups to get involved and support this piece of work.
Consider more than one main entrance for the new build at RSH, due to the high level of footfall through the entrance to the building	Following feedback AHR have redesigned the front entrance of the new build – there will now be an entrance for emergency care and another for the rest of the building
Consider introducing free parking for community transport as it is often a difficult issue to manage	Links have been provided to community groups with our car parking team (within facilities) to action community vehicles being registered at our hospitals

Feedback providing a communal/open area for post-natal/ante-natal families where they can have a cup of tea or chat because it can quite isolating if in hospital	AHR will look to see what can be achieved in communal spaces with the maternity inpatient floor
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#### 4. FORWARD LOOK

A forward look of current engagement Activity in Quarter 2 (July-September 2024) relating to the Hospitals Transformation Programme with HTP team involvement as well as Public Participation Team is outlined below in **Table 3**. A full list of all known activity including events attended only by Public Participation team is in Appendix 2

Date	Event	Required attendees
10 July 2024	Monthly Hospital Update	Public Participation
11 July 2024	MEC & SAC Focus Group	HTP, Public Participation
12 July 2024	W&C Focus Group	HTP, Public Participation
15 July 2024	Public Assurance Forum	HTP, Public Participation, PAF members
18 July 2024	Wellington Market, HTP Drop-in session	HTP, Public Participation
30 July 2024	About Health – HTP Update	HTP, Public Participation
7 August 2024	Telford Patients First	Public Participation
8 August 2024	T&W Chief Officers Group	Public Participation
8 August 2024 (TBC)	Ludlow Market	HTP, Public Participation
14 August 2024	Monthly Hospital Update	Public Participation
2 September 2024	W&C Focus Group	HTP, Public Participation
3 September 2024	MEC & SAC Focus Group	HTP, Public Participation
4 September 2024	Telford Patients First	Public Participation
6 September 2024 (TBC)	Oswestry Market	HTP, Public Participation
7 September 2024	Help Yourself to Health, Whitchurch	Public Participation
11 September 2024	Monthly Hospital Update	Public Participation
12 September 2024	Focus group for Veterans	HTP, Public Participation
12 September 2024	Shawbirch Patient Participation Group	HTP, Public Participation
26 September 2024	Focus Group for the Hard of Hearing	HTP, Public Participation

#### 5. RECOMMENDATIONS

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 1 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 2 (2024/25)

**6. APPENDIX 1 – Outstanding actions from previous focus groups**

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

**ACTION LOG FROM MEC & SAC ACTION LOG**

Action No	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
<b>MEC &amp; SAC - 8th March 2024</b>						
15	08/03/2024	Lydia Hughes (HTP Communications) to liaise with HTP, Estates and Patient Experience to look at mapping car parks to patients’ hospital locations.	Lydia Hughes			<b>IN PROGRESS</b>
17	08/03/2024	Ruth Smith (SaTH Patient Experience) to discuss signage in the wayfinding exercise meetings for the Patient & Carers Experience Panel Report which then goes into the Quality & Safety Overview Committee, who then reports to the board, with a view to be taken through to Quality Operations Committee (QOC) so that it could then go on as a recommendation to the board.	Ruth Smith			<b>IN PROGRESS</b>

Action No	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
<b>MEC &amp; SAC - 5th December 2023</b>						
14	05/12/2023	AHR will agree signage with clinicians first and the circulate to focus group members to ensure the meaning is clear from the name. Members can take back to their groups or organisation for their perspective so that we can end up with the most universally acceptable one.	Gareth Banks	31/01/2024	Agreed signage will be circulated to focus group members when it is available.	<b>IN PROGRESS</b>

**ACTION LOG FROM W&C’S ACTION LOG**

Action No	Date of meeting	Action	Lead Officer	Timescale/ Deadline	Comment/ Feedback from Lead Officer	Action
<b>W&amp;C 5th March 2024</b>						
16	05/03/2024	Chloe Northover to provide images of the new plans from the presentations by the end of April to be placed on a board within the paediatric unit and the atrium.	Chloe Northover	07/06/2024		<b>ONGOING</b>



## Appendix 2

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

DATE	EVENT	VENUE	TIME
<b>06/07/24</b>	B/castle Carnival	<i>Bishops Castle Park</i>	<i>10:00-16:00</i>
<b>07/07/24</b>	<i>Hollinswood Fun Day</i>	<i>Hollinswood Green</i>	<i>10:00-16:00</i>
<b>10/07/24</b>	<i>Monthly Hospital Update</i>	<i>MS Teams</i>	<i>11:00 - 12:00</i>
<b>10/07/24</b>	<i>EOLC Volunteers and Knitters</i>	<i>Dining Area, Shropshire Education &amp; Conference Centre (SECC),</i>	<i>10:30 - 11:30</i>
<b>11/07/24</b>	VTC C3 Support Session 3	<i>SERRI- RSH</i>	<i>1800-1930</i>
<b>11/07/24</b>	<i>MEC &amp; SAC Focus Group</i>	<i>SECC/MS Teams – Hybrid</i>	<i>10:00 - 12:00</i>
<b>07/06/24</b>	<i>W&amp;C Focus Group</i>	<i>SECC/MS Teams – Hybrid</i>	<i>10:00 - 12:00</i>
<b>15/07/24</b>	<i>Public Assurance Forum</i>	<i>MS Teams</i>	<i>13:00-16:00</i>
<b>18/07/24</b>	<i>Wellington Market HTP Drop-in</i>	<i>Wellington Market</i>	<i>10:00-14:00 (TBC)</i>
<b>30/07/24</b>	<i>About Health – HTP Update</i>	<i>MS Teams – live</i>	<i>18:30 – 19:30</i>
<b>03/08/24</b>	<i>Clun Carnival</i>	<i>Clun Park</i>	<i>09:30-17:00</i>
<b>07/08/24</b>	<i>Telford Patients First</i>	<i>Dawley Town Hall</i>	<i>14:00 - 16:00</i>
<b>08/08/24</b>	T&W Chief Officer's Group (Voluntary sector organisations)	MS Teams	14:00 - 16:00
<b>14/08/24</b>	<i>Monthly Hospital Update</i>	<i>MS Teams</i>	<i>11:00 - 12:00</i>
<b>18/08/24</b>	<i>Street party outside The Armoury</i>	<i>The Armoury</i>	<i>TBC</i>
<b>02/09/24</b>	<i>W&amp;C Focus Group</i>	<i>SECC/MS Teams – Hybrid</i>	<i>10:00 - 12:00</i>
<b>03/09/24</b>	<i>MEC &amp; SAC Focus Group</i>	<i>SECC/MS Teams – Hybrid</i>	<i>10:00 - 12:00</i>
<b>04/09/24</b>	<i>Telford Patients First</i>	<i>Dawley Town Hall</i>	<i>14:00 - 16:00</i>
<b>05/09/24</b>	VTC C3 Support Session 4	<i>SERRI- RSH</i>	<i>1800-1930</i>
<b>07/09/24</b>	Help Yourself to Health	Watergate Centre, Watergate Street, Whitchurch, SY13 1DW	9:00-12:00
<b>11/09/24</b>	<i>Monthly Hospital Update</i>	<i>MS Teams</i>	<i>11:00 - 12:00</i>
<b>12/09/24</b>	TBC - Shawbirch PPG	<i>Hybrid, attending via Zoom</i>	<i>18:30-19:30</i>

<b>15/09/24</b>	<i>Lake Vrynwy Half Marathon</i>	<i>Lake Vrynwy</i>	<i>Starts at 11:00, runners need to be at the venue from 08:00.</i>
<b>19/09/24</b>	VTC C3 Support Session 5	<i>SERRI- RSH</i>	<i>1800-1930</i>
<b>19/09/24</b>	Diabetes conference sponsored by SaTH Charity	<i>Shrewsbury Town Football Club, The Croud Meadow, Oteley Rd, Shrewsbury SY2 6ST</i>	<i>09:00 - 16:00</i>
<b>19/09/24</b>	<i>VCSA Board Meeting</i>	<i>Shire Hall Council Chamber</i>	<i>13:30 - 15:30</i>
<b>21/09/24</b>	<i>Charity Abseil from Ward Block</i>	<i>Ward Block - RSH</i>	<i>TBC</i>

## Public Assurance Forum: 15 July 2024

<b>Agenda item</b>	2024/33		
<b>Report Title</b>	Public Participation Department Priorities 2024/25		
<b>Executive Lead</b>	Julia Clarke, Director of Public Participation		
<b>Report Author</b>	Hannah Morris, Head of Public Participation		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	Our patients and community	√	BAF 9
Effective	Our people		
Caring	Our service delivery		<b>Trust Risk Register id:</b>
Responsive	Our governance		
Well Led	Our partners	√	
<b>Consultation Communication</b>	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		
<b>Executive summary:</b>	<p>1. The Forum's attention is drawn to Appendix 1 – Plan on a Page for:</p> <ul style="list-style-type: none"> <li>• Community Engagement</li> <li>• Volunteers</li> <li>• SaTH Charity</li> </ul> <p>2. The key risks are:</p> <ul style="list-style-type: none"> <li>• Fail to deliver the Public Participation Plan, resulting in a lack of confidence for our communities</li> <li>• Fail to deliver statutory duties (s242) to engage with the public, resulting in possible judicial challenge</li> </ul> <p>3. We are have the following actions:</p> <ul style="list-style-type: none"> <li>• A detailed five-year action plan with progress being reviewed at each meeting by the Public Assurance Forum</li> <li>• Continue to support our Divisions to ensure they meet their Statutory Duties.</li> </ul>		
<b>Recommendations for the Public Assurance Forum:</b>	<p>The Public Assurance Forum is asked to:</p> <p><b>NOTE</b> The Activity completed by each of the areas during Quarter 1</p> <p>This report is provided <b>for information only</b>.</p>		

<b>Appendices:</b>	Appendix 1: Plan of a Page for Community Engagement, SaTH Charity and Volunteers
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## **1.0 Introduction**

- 1.1 The Public Participation Plan was developed in partnership with our local communities with over 1000 contributions to identify the main theme. The Plan outlines how we will work with our communities over the next five years and was approved by the Trust Board in October 2021. Following approval of the Plan, an action plan was developed. This 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 2024/25 plan on a page (Appendix 1). This also contains the full suite of Public Participation annual plans (i.e. Community Engagement Volunteers and SaTH Charity) and these will also be presented at the next Trust Board.
- 1.3 Highlights of key achievements from Quarter 1 from each of the areas includes:

### **Volunteers:**

- Our Volunteer to Career programme (VtC) has now been incorporated into business as usual. We are currently running a cohort in Radiotherapy and a fourth cohort is starting in maternity in September.
- Volunteers' Week 2024 was celebrated at the beginning of June. We had our biggest attendance for our annual volunteer thankyou event at the Wroxeter Hotel. The volunteer team also promoted volunteering on the wards and departments and some of our volunteers were on Radio Shropshire, talking about their experiences of volunteering at the Trust.
- The volunteer team promoted volunteering at our recent People's and Young People's Academies.
- Following feedback from our annual volunteer survey, we are now holding monthly coffee and cake catch up with volunteers at both sites. Feedback from our volunteers has been really positive.
- This quarter we have held focus groups for volunteers on our Psychology services, CQC report and a briefing on Chanel 4 A&E programme.
- The volunteer team have continued to active review the volunteer management database system to ensure it is up to date and relevant.
- In relation to our Young Volunteer scheme a list of schools has been created and we are organising meetings to discuss the scheme with interested schools

## Engagement:

- **PLEASE NOTE:** Following the announcement of a General Election on 4<sup>th</sup> July, all public engagement stop on the 23<sup>rd</sup> May, due to being in pre-election period. All public engagement will recommence on the 5<sup>th</sup> July 2024
- Community survey shows overwhelming preference for Facebook, but as 80% of respondents came through a Facebook link, this is of limited value. Further research through face-to-face engagement will be undertaken before finalising the report.
- Contacts with DWP and local authorities refreshed, and information in relation to opportunities to get involved were shared. Further discussion will take place in the autumn.
- Q1 Young People's Academy great success with staff bringing students in from Idsall and North Shropshire College. June People's Academy cancelled because of pre-election period.
- Engagement team providing local intelligence and supported HTP roadshow events. Supporting with links and network contacts for specialist focus groups.
- May and June About Health events were postponed due to being in pre-election period. Full schedule for July onwards and events already in calendar for 2025.
- Engagement team continue to provide SurveyMonkey services for divisions and involved in refresh of Trust survey tools. Work with the divisions to ensure they meet their Section 242 duties - We continue to provide advice to the division around their duties to engage and involve the public around potential service changes.

## SaTH Charity:

- The SaTH Charity Thank you daisy campaign was launched in June. 300 nominations were received, and all nominees will receive a daisy and personal thank you card containing their nomination the week commencing 1<sup>st</sup> July (this links with the Trust Values Week and the NHS Birthday on the 5<sup>th</sup> July). The daisies will be given out to nominated staff on both hospital sites (3<sup>rd</sup>-5<sup>th</sup> July)
- Approval was given by the Executive Team for the Charity to organise an Abseil down the ward block at RSH. The Abseil will be our first joint fundraiser with Lingen Davies and League of Friends.
- Web pages and flyers have been developed for the Abseil and individuals can sign up to take part in this fundraiser.
- Quarterly Charity supporters' email has been developed and sent to supporters.
- NHS Charities Together conference was attended and provided great networking opportunities and lots of ideas for the charity were generated.
- New funding request process has been developed with League of Friends which is seeing improvement in the process and the speed in which requests are approved.
- SaTH Charity communications and engagement post extended for 2 years.

## 2 Recommendations

The meeting is asked to:

NOTE the current activity in Quarter 1 2024/25 across the Public Participation Team against the Public Participation action plan.

Julia Clarke

**Director of Public Participation**

July 2024



**Stakeholder Groups**

**A. Public (incl. patients)**

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

**B. Local Business and Organisations**

SaTH provides health care for the workers of local businesses, many will have employees who either or their family are patients at SaTH. Supporting SaTH Charity is likely to be popular with employees. SaTH Charity is keen to engage, encouraging fundraising and their support.

**C. Staff**

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

**D. Existing charitable organisations providing support**

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

**E. Volunteers**

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

**Charity Team**

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

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

**Strategic Aims**

To raise funds that provide medical equipment, patient and visitor wellbeing support and workforce training not meeting criteria for funding through normal NHS channels.

To provide engagement opportunities for local people, business's and organisations to recognise the Trust's value to our local community.

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

To appeal to corporate and community organisations wishing to provide fundraising support and which aligns to the Trust's strategic objectives.

To encourage divisional utilisation of funds to support identified needs and ensuring all approved applications align to need and delivering best value and benefit to the Trust's patients.

To raise awareness of the Trust's activities with target groups & stakeholders to encourage engagement, and development of the SaTH Charity brand.

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

**Desired Outcomes**

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

Key Risks / Benefits	L	C	LxC	Mitigation
5. Fundraising income falls below target of 3yr rolling average +5%	2	4	8	Activity targets and reports monitored through CFC to identify any variance and take action
6. SATH Charity team capability	2	3	6	The Charity Policy clearly outlines duties, delegation and monitoring with training
8. SATH Charity team capacity & succession planning	2	3	6	Annual review to CFC of team function and comparison with NHS CT data. Secure fixed term funding for Charity Comms and engagement post.

Q1 April – May – June	Q2 July – August – Sep	Q3 Oct – Nov – Dec	Q4 Jan – Feb – March	General Notes Update Q1 activity:
<ul style="list-style-type: none"> <li>Prepare the SaTH Charity "Thank you daisy" campaign to raise awareness to staff of SaTH Charity.</li> <li>Gain approval for the first SaTH Charity abseil as a major fundraiser and profile builder. Gain support from Lingen Davies and the League of Friends to make it a joint event.</li> <li>Launch webpages and booking process to sign up 130 supporters of the Abseil</li> <li>Quarterly Charity Supporters email to be sent</li> <li>Attend and engage with NHS Charities Together National Conference</li> <li>Develop funding process support for LoF and Lingen Davies</li> <li>Secure fixed term contract for Charity Comms &amp; Engagement post</li> <li>Development of positive news and engagement stories 12</li> </ul>	<ul style="list-style-type: none"> <li>Promote SaTH Charity Abseil as a fundraiser and profile builder with staff and supporters</li> <li>Submit draft copy of the Annual Report for review by CFC.</li> <li>Promote our Lake Vrynwy Half Marathon Runners</li> <li>Development of positive news and engagement stories 12</li> <li>Awareness campaign on Staff Lottery Sign Ups and summer promotion of Small Things Fund</li> <li>Seek to gain approval of the Communications and Marketing post initially funded through NHS CT</li> <li>Promotion of 'Small Change Big Difference' Scheme</li> <li>Quarterly Supporters email to be sent</li> <li>Hold SaTH Charity Abseil event</li> <li>Develop fundraising visibility plan</li> <li>Increase corporate supporters</li> </ul>	<ul style="list-style-type: none"> <li>Focus on Legacy giving, consider a campaign of some description.</li> <li>Quarterly Supporters email to be sent</li> <li>Development of positive news and engagement stories 12</li> <li>Clarify how fund plans will be developed for 2024/2025</li> <li>Winter promotion of small things fund</li> <li>Finalise the annual report with accounts</li> <li>Hold workshops for fund advisors, divisional directors and finance leads</li> <li>When developed support the Charity's Trustees in implementing the charity's fundraising strategy</li> </ul>	<ul style="list-style-type: none"> <li>Quarterly supporters email</li> <li>Development of positive news and engagement stories</li> <li>To support staff through the Small Things Fund</li> <li>Raise the profile of the charity through actions on the Public Participation Plan</li> <li>Research options for a multi charity event in 2025</li> <li>Review all marketing and media</li> </ul>	<ul style="list-style-type: none"> <li>The SaTH Charity Thank you daisy campaign was launched in June. 300 nominations were received and all nominees will receive a daisy and personal thank you card containing their nomination WC 01/07/2024</li> <li>Approval gained for the Abseil and it will be our first joint fundraiser with Lingen Davies and League of Friends.</li> <li>Web pages and flyers created Abseil was launched WC 24/06/2024.</li> <li>Charity supporters email sent.</li> <li>NHS CT conference was attended and provided great networking opportunities and cross fertilisation of ideas.</li> <li>New funding request process in place with League of Friends which is seeing improvement in the speed of approvals.</li> <li>SaTH Charity communications and engagement post extended for 2 years.</li> </ul>

## 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.
- **Children and Young People** Focussing on areas experiencing Health Inequalities
- **Seldom Heard Groups and their advocates.** 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 2024/2025



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

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

Key Risks / Benefits	L	C	LxC	Mitigated L&C
Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities	2	4	8	A detailed Action Plan and yearly plan on a page will be drawn up and submitted quarterly to the Public Assurance Forum (PAF)
Fail to deliver our statutory duties (S242) to engage with the public	3	4	12	Continue to support our Divisions to ensure they meet their statutory duties. Update PAF on engagement relating to service changes
Failure to continue to involve communities during the building stage of HTP could result in challenge	2	5	10	Full programme until 2027 and ongoing attendance/ events planned until 2027

Q1	Q2	Q3	Q4	General Notes
April—May—June 2024	Jul-Aug-Sep-2024	Oct—Nov—Dec-2024	Jan—Feb—March-2025	Quarter 1 Update cont.
<ol style="list-style-type: none"> <li>1. Recruit Fixed term Community Engagement Facilitator to lead work with Children and Young People</li> <li>2. Plan major events to attend over the next 12 months</li> <li>3. Publish Community Survey report and review/refresh digital communication channels</li> <li>4. Meet with DWP and local authority teams to explore development of People's Academy</li> <li>5. Deliver People's Academy and Young People's Academy days</li> <li>6. Provide support for Hospitals Transformation Programme</li> <li>7. Deliver About Health events</li> <li>8. Work with the divisions to ensure they meet their Section 242 duties.</li> </ol>	<ol style="list-style-type: none"> <li>1. Attend community events to engage local population and recruit community members/ promote HTP involvement opportunities</li> <li>2. Develop an action plan for engaging with CYP and identify areas of need and targeted engagement</li> <li>3. Develop Learning Disability Academy for delivery in Q3</li> <li>4. Attend Freshers' events at colleges/universities across Shrops, T&amp;W and mid-Wales</li> <li>5. Provide update on refreshed digital engagement for Public Assurance Forum</li> <li>6. Develop and deliver People's Academy and Young People's Academy days</li> <li>7. Attend events during Disability Pride month (July) to raise profile of SaTH Involvement with community support groups</li> <li>8. Provide support for Hospitals Transformation Programme</li> <li>9. Deliver About Health events</li> <li>10. Work with the divisions to ensure they meet their Section 242 duties.</li> <li>11. Research and develop Engagement action plan for Children and Young People. <b>Purpose:</b> to create a sustainable CYP Forum (in Q2/3).</li> </ol>	<ol style="list-style-type: none"> <li>1. Deliver LD People's Academy</li> <li>2. Develop a Children's and Young People's Forum</li> <li>3. Restart engagement with Gypsy and Traveller communities across Shrops, T&amp;W, mid-Wales after summer break.</li> <li>4. Outreach with refugees/ asylum seekers to promote membership, volunteer and employment opportunities</li> <li>5. Create campaign to promote community membership through rural faith networks to align with Interfaith Week and About Health event. (Powys and Shrops)</li> <li>6. Identify additional networking opportunities.</li> <li>7. Deliver People's Academy and Young People's Academy days</li> <li>8. Provide support for Hospitals Transformation Programme</li> <li>9. Deliver About Health events</li> <li>10. Work with the divisions to ensure they meet their Section 242 duties.</li> <li>11. Review engagement with those communities which may be socially excluded and identify key areas of engagement for the next Quarter</li> </ol>	<ol style="list-style-type: none"> <li>1. Develop spring/summer engagement calendar of external events</li> <li>2. Confirm annual About Health plan and create publicity for distribution</li> <li>3. Review and develop the People's Academy for 2025</li> <li>4. Review engagement with Seldom Heard communities and develop an action plan for 25/26</li> <li>5. Develop community survey for 25/26</li> <li>6. Deliver People's Academy and Young People's Academy days</li> <li>7. Provide support for Hospitals Transformation Programme</li> <li>8. Deliver About Health events</li> <li>9. Work with the divisions to ensure they meet their Section 242 duties.</li> </ol> <p><b>Quarter 1 Update</b></p> <ul style="list-style-type: none"> <li>• Victoria Okwudi joined us at the beginning of June. Induction has gone well and we are excited about the opportunities for CYP engagement she brings.</li> <li>• Following our pre-election hiatus, we have revisited our engagement events and have been able to cover the areas we have missed in June.</li> </ul>	<ul style="list-style-type: none"> <li>• Survey shows overwhelming preference for Facebook, but as 80% of respondents came through a Facebook link, this is of limited value. Further research through face to face engagement before finalising the report.</li> <li>• Contacts with DWP and local authorities refreshed and information shared. Further discussion in the autumn</li> <li>• Q1 Young People's Academy great success with staff bringing students in from Idsall and North Shropshire College. June People's Academy cancelled because of pre-election period.</li> <li>• Engagement team providing local intelligence for and capacity at HTP roadshow events. Supporting with network contacts for specialist focus groups.</li> <li>• May and June About Health events withdrawn during pre-election period. Full schedule for July onwards and events already in calendar for 2025.</li> <li>• Engagement team continue to provide SurveyMonkey services for divisions and involved in refresh of Trust survey tools.</li> </ul>



# SaTH Volunteer Development & Action Plan

## April 2024 to March 2025

V1 25/03/2024



The Shrewsbury and Telford Hospital  
NHS Trust

### Stakeholder Groups

#### A. Volunteers

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

#### B. Staff

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

#### C. Public

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

#### D. Schools, Organisations and Local Business.

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

#### E. Other Volunteer Organisations.

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

#### Programme

The Volunteer Team is based in 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

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

Q1 April – May – June	Q2 July – August – Sep	Q3 Oct – Nov – Dec	Q4 Jan – Feb – March	General Notes Progress against Q1
<ul style="list-style-type: none"> <li>Progress with the Volunteer to Career Programme in Radiotherapy and Midwifery</li> <li>Deliver Volunteers' Week 2023</li> <li>Promote volunteering through the Trust's Peoples Academy</li> <li>Monthly coffee and cake catch up with volunteers</li> <li>2 x Focus Group on selected area</li> <li>Active database review</li> <li>Establish a calendar of engagement events with local schools and colleges to ensure a good intake for the Youth Programme and Volunteer to Career Programme</li> </ul>	<ul style="list-style-type: none"> <li>Produce a draft of the 5 year plan for volunteering</li> <li>Engage with schools and colleges with on and off site presentations regarding volunteering</li> <li>Review and update website content and social media exposure</li> <li>Review Better Impact content (files, templates etc.) to ensure it is current.</li> <li>Active database review</li> <li>2 x Focus Group on selected area</li> <li>Launch 2024 September Youth Volunteer Programme</li> <li>Promote volunteering through the Trust's Peoples Academy</li> <li>Monthly coffee and cake catch up with volunteers</li> <li>Interviewing, processing and training for the new cohort of Youth Programme volunteers</li> <li>Review roles and role descriptions on Better Impact and update where necessary</li> </ul>	<ul style="list-style-type: none"> <li>Interviewing, processing and training for the new cohort of Youth Programme volunteers</li> <li>Plan and sent volunteers annual survey</li> <li>Promote volunteering through the Trust's Peoples Academy</li> <li>Support Trust Awards volunteer recognition event</li> <li>Volunteer Christmas campaign</li> <li>Monthly coffee and cake catch up with volunteers</li> <li>2 x Focus Group on selected area</li> <li>Active database review</li> </ul>	<ul style="list-style-type: none"> <li>Start planning of a Hybrid Volunteer to career programme that works not just for one specific area</li> <li>Volunteer annual survey feedback and focus group</li> <li>Develop a plan on a page for 2025/2026</li> <li>Plan Volunteers' Week 2024</li> <li>Review Better Impact as our management platform and implement updates</li> <li>2 x Focus Group on selected area</li> <li>Second in take for Youth Programme to open in February</li> <li>Promote volunteering through the Trust's Peoples Academy</li> <li>Monthly coffee and cake catch up with volunteers</li> <li>2 x Focus Group on selected area</li> <li>Active database review</li> </ul>	<ul style="list-style-type: none"> <li>VtC in Radiotherapy is up and running and maternity dates are also booked.</li> <li>Volunteers' Week 2024 was our biggest attendance yet for a volunteer week celebration—pre-election period meant social media was not as good as we had hoped.</li> <li>Talks were held but the volunteer team at the people's academis</li> <li>Monthly coffee and cake catch up with volunteers going well with nice feedback from volunteers</li> <li>Focus groups were held on Psychology services, CQC report and a briefing on A&amp;E programme</li> <li>Active database review is always ongoing.</li> <li>A list of schools has been created and meetings are in the process of being set up</li> </ul>



## Public Assurance Forum Meeting 15 July 2024

<b>Agenda item</b>	2024/32		
<b>Report Title</b>	Strategy and Partnership Update		
<b>Executive Lead</b>	Nigel Lee, Director of Strategy & Partnerships		
<b>Report Author</b>	Carla Bickley, Associate Director of Strategy & Partnerships		
<b>CQC Domain:</b>	<b>Link to Strategic Goal:</b>		<b>Link to BAF / risk:</b>
Safe	√	Our patients and community	BAF1, BAF2, BAF3, BAF4, BAF6, BAF7, BAF8, BAF9, BAF10, BAF11, BAF12, BAF13, BAF14, BAF15
Effective	√	Our people	
Caring	√	Our service delivery	<b>Trust Risk Register id:</b>
Responsive	√	Our governance	
Well Led	√	Our partners	
<b>Consultation Communication</b>			
<b>Executive summary:</b>	<p>Significant work is in progress both in SATH and across the Integrated Care System on the development of the strategies and plans. Key issues to note include:</p> <ul style="list-style-type: none"> <li>- Revised ICB governance structure in place, with key new committees that SATH attend as members.</li> <li>- ICB Management of change is progressing, with some new ICB executives.</li> <li>- Developments in Neighbourhood working and Local Care Transformation Programme and Long Term conditions plans that are key dependencies with HTP.</li> </ul>		
<b>Recommendations for the Committee:</b>	<p>The Committee is asked to note the report.</p> <p>This report is provided <b>for information only</b>.</p>		
<b>Appendices:</b>	None		

## 1.0 **Introduction**

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

## 2. **Integrated Care System (ICS)**

Some highlights this quarter include:

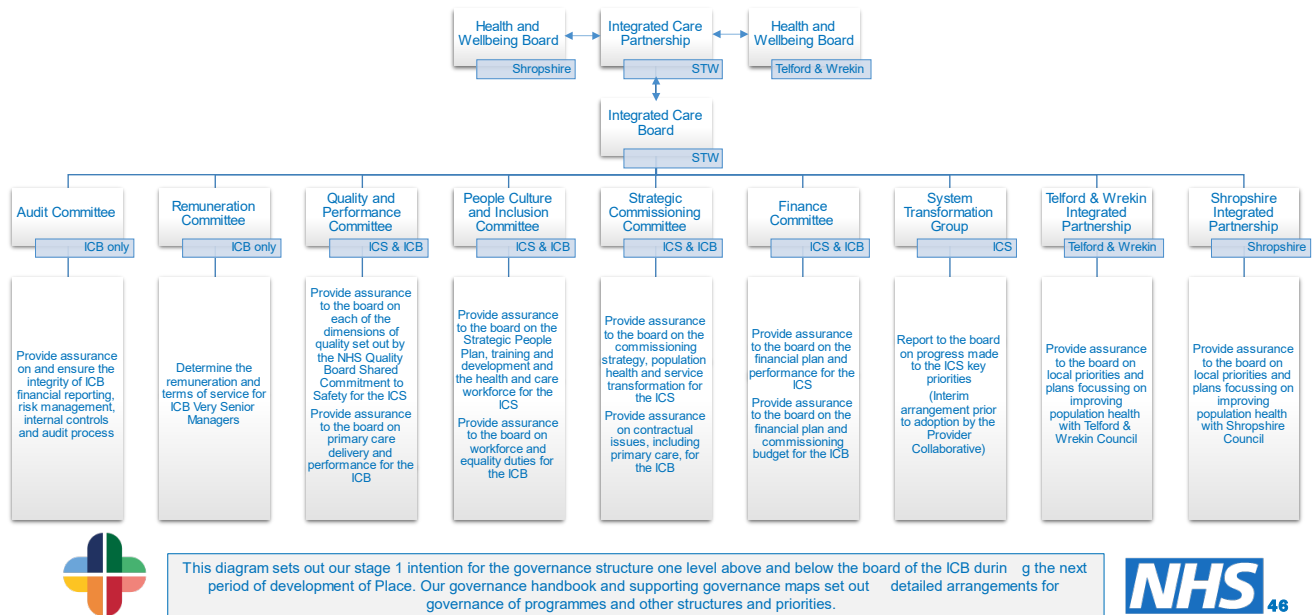
- Focus on Cancer
- STW launched the Talking Therapies service and single point of access for people struggling with anxiety, depression or post-traumatic stress disorder (PTSD) in the county.
- Special Educational Needs and Disability Experience Survey was launched.
- A public consultation about building two new swimming pools, and enhancing fitness and leisure opportunities at Shrewsbury Sports Village was launched by Shropshire Council.
- Quality Improvement Network continues to grow and now has over 400 members across both integrated care systems. The Network is hosted and facilitated by organisations across both the Staffordshire and Stoke on Trent Integrated Care System and STW ICS. This Network is open to all service users, carers and staff – anyone interested in improving services together, through a Quality Improvement approach. All enquiries for joining the Network are asked to register at <https://forms.office.com/e/jNkLPjKbwa>.
- Stress awareness month took place
- International Nursing Celebrations took place across all providers
- Robert Jones and Agnes Hunt Orthopaedic Hospital launched a new Nursing and Allied Health Professionals Strategy
- “With You” opened a new drug and alcohol facility in Shrewsbury
- Telford & Wrekin Council have funded Fit 4 All, falls prevention exercise specialists, to deliver a new community-based programme called Moving On.
- Run4Health Community is an England Athletics Affiliated Club based in Shrewsbury. It is made up of a group of enthusiastic, friendly runners who are all qualified to be able to coach and lead people who would like to work towards doing a 5k together. If you are interested in finding out more, join the Facebook page #run4health community where updates are posted. Alternatively, please email the club secretary, Suzy on [membership.run4health@hotmail.com](mailto:membership.run4health@hotmail.com).
- LGBT+ people in the county, aged 50 - 100+, were invited to join SAND in some discussions to identify questions around particular themes
- Online workshops to shape a digital platform for depression and mood disorders has launched as part of the Midlands Mental Health mission, multimillion-pound venture funded by the government, to speed up development of treatments for mental ill health. If you are interested in joining the Mission’s Digital Platform project, please email: [c.r.searle@bham.ac.uk](mailto:c.r.searle@bham.ac.uk).
- Drowning Prevention Week 2024 took place in June. Further information is available at #DrowningPreventionWeek #DPW #EnjoyWaterSafely #RLSSUK.

## 2.1 NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board

A summary of this quarter's topics included: -

- Revised Governance Structures have been approved and implemented with key new committees that SATH attend as members as detailed below.

### Board Governance Structure- Our Stage 1 Intention



- ICB Management of Change commenced and is continuing to progress with the appointment of some new ICB executives
- An ICB development session was held at end of May, which covered Health Inequalities, Rural Proofing in Healthcare and EDI. The aim is to encompass the rural proofing research in a new Rural health and wellbeing strategy being developed (details at Appendix 1).
- Work continues on developing a framework for system-wide action on Long term conditions. A strategic document was produced earlier in 2024. There is significant potential to align the work to the ambitions of the Local Care Transformation Programme, where the focus on pathways, supported by development of Integrated Neighbourhood teams, is fundamental.

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

Shropshire Health and Wellbeing Board

Areas discussed included:

- Joint Strategic Needs Assessment Update - focus on Children and Young People JSNA and Youth Survey
- CYP Mental Health Transformation Plan
- CYP Social Prescribing

- Shropshire Food Poverty Alliance Report
- Shaping Places
- Health Protection Update

Shropshire Council are also jointly developing the 'Marches Forward Partnership', with leaders and CEOs from 4 Councils either side of the Welsh Border (Shropshire, Hereford & Worcestershire, Monmouthshire and Powys). Opportunities to align work on health, employment, energy and other major programmes are being discussed.

Telford Health and Wellbeing Board

- Updates included in TWIPP

### **2.3 Shropshire, Telford and Wrekin Integrated Place Partnership Boards (SHIPP TWIPP)**

A summary of this quarters topics included:

SHIPP

- Pharmacy First
- Healthwatch Diabetes Report
- Children's Practice Oversight - Neglect Screening Tool and GCP2
- Local Care Neighbourhood working
- Domestic Abuse in Shropshire
- Better Care Fund - annual report template and BCF update
- SHIPP Strategic Plan including Local Care and Neighbourhood Working Subgroup
- Smoking Cessation Service Update
- Shropshire Council CQC inspection

TWIPP

- CYP Social, Emotional and Mental Health delivery / BEEU review update
- Best Start in Life update
- STW ICB Governance Update
- Women's Health Hubs
- Special Educational Needs and Disabilities (SEND) update including: SEND & Alternative Provision Strategy., Ofsted & CQC Inspection March 2023 - outcomes and work so far, West Midlands SEND and AP Change Programme
- Learning Disability Strategy implementation update
- Children & Young People Mental Health Services review
- Local Care Transformation Programme update
- TWIPP Neighbourhood Working Accelerator Group update
- ICB Management of Change and Structure update
- Drug & Alcohol Strategy implementation update
- All-Age Carers Strategy Consultation update
- Telford and Wrekin Council CQC inspection

### **3. SATH Workstreams**

### **3.1 Provider Collaboratives**

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

- Focus in the Committees in Common covering the NHS provider collaborative has been on areas of development that do not duplicate action and reporting that would be covered in existing system programmes.
- N8 Pathology Network Board met in early June, signifying an important next step in network maturity.
- Collaboration with UHNM continues to progress focussing on maxillofacial, gynae, cardiology, microbiology, urology and pathology. A fuller report is planned for the Trust Board.
- A workshop was held with Powys Teaching Health Board in April to review future opportunities in developing our partnership working and pathway development. Further updates to follow.

### **3.2 Internal Strategies**

We continue to develop NHS Impact (Improving Patient Care Together) programme of work with updates reported via the getting to good programme; one of the 5 main sections refers to vision and strategy development and engagement. Strategy sessions continue to raise awareness via the STEP and leadership programmes and work continues to align and embed our Trust strategy into the operational planning cycle.

The Trust People Strategy has been signed off, communication/briefing sessions planned with the final version to be uploaded onto our website. We are currently in the process of reviewing the Equality, Diversity and Inclusion Strategy.

Other strategy development includes:

- The Trust Communications and Engagement Strategy is currently under review.
- The Trust is commencing work to develop a data strategy.
- Estates strategy to be reviewed.
- Risk management strategy is currently being reviewed.
- The quality strategy is due for revision.

Annual report prepared, which includes information relating to the Trust's legal responsibilities pertaining to health inequalities.

## **4. Recommendation**

The Committee is asked to NOTE the report.

Carla Bickley  
Associate Director Strategy and Partnership  
July 2024



## Public Assurance Forum – 15 July 2024

<b>Agenda item</b>	2024/34		
<b>Report Title</b>	Quarter 1 Public Participation Report		
<b>Executive Lead</b>	Julia Clarke, Director of Public Participation		
<b>Report Author</b>	Hannah Morris, Head of Public Participation		
<b>CQC Domain:</b>			
	<b>Link to Strategic Goal:</b>	<b>Link to BAF / risk:</b>	
Safe	Our patients and community	√	BAF9
Effective	Our people		
Caring	Our service delivery		<b>Trust Risk Register id:</b>
Responsive	Our governance		
Well Led	Our partners	√	
<b>Consultation Communication</b>			
<b>Executive summary:</b>	<p>1. The Public Assurance Forum's attention is drawn to the following sections:</p> <ul style="list-style-type: none"> <li>• Community Engagement (slides 5-16)</li> <li>• Volunteers (slides 17-20)</li> <li>• SaTH Charity (slides 21-28)</li> </ul> <p>2. The risks are:</p> <ul style="list-style-type: none"> <li>• Fail to deliver the Public Participation Plan, resulting lack of confidence of our communities</li> <li>• Fail to deliver statutory duties (s242) to engage with the public</li> </ul> <p>3. We are have the following actions:</p> <ul style="list-style-type: none"> <li>• A detailed five-year action plan with progress being reviewed at each meeting by the Public Assurance Forum</li> <li>• Continue to support our Divisions to ensure they meet their Statutory Duties.</li> </ul>		
<b>Recommendations for the Public Assurance Forum:</b>	<p>The Public Assurance Forum is asked to:</p> <p>NOTE the current activity in Quarter 1 across the Public Participation Team. This report is provided <b>for information only</b>.</p>		
<b>Appendices:</b>	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 5-16 in accompanying presentation)**

**Please note, following the announcement of a General Election on 4<sup>th</sup> July, all public engagement was stopped on the 23<sup>rd</sup> May, in line with Cabinet Office guidelines. All public engagement will recommence on the 5<sup>th</sup> July 2024**

The accompanying slides contain more information on:

- 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 (4926) and organisations (423) continue to increase. (Slide 7 details)
- 2.2 Our Social Inclusion Facilitator has been making stronger links with a number of Seldom Heard Groups this Quarter focusing on homelessness and rough sleeping, veterans, building links with our hard of hearing and deaf communities and attending Shropshire Council's Joint Strategic Needs Assessment events in Wem and Market Drayton (Slide 8).
- 2.3 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), focus groups for patients with specific condition/groups e.g. children and young people, mental illness, dementia etc. All focus groups presentations are published along with Q&As and action logs (after they've been reviewed by the attendees). We also hold quarterly HTP About Health Events with a presentation from the HTP team and an opportunity to discuss and ask questions, which are recorded and available on our website. (See slides 9-15) For more information please see our website: [HTP Focus Groups - SaTH](#)
- 2.4 There were no questions following the Trust Board meeting this quarter (slide 16)

## **3.0 Volunteers (Slides 17-20)**

- 3.1 We currently have 304 volunteers, who have given over 7669 hours of volunteer time in Quarter 4 across a wide range of activities (see Slide 14). There are over 30

different role descriptions across all areas on the Trust including non-clinical support roles

- 3.2 The first week in June was National Volunteers week and there were a range of events and activities that took place this year to celebrate our volunteers, including a Thank You event at the Wroxeter Hotel and two of our volunteers going on Radio Shropshire to talk about their volunteering experience (slide 19).
- 3.3 This quarter our third cohort of volunteers started the Volunteer to Career programme within Radiology at the Royal Shrewsbury Hospital. A fourth cohort is being planned in Maternity for September (slide 20).

#### **4.0 SaTH Charity (Slides 21-28)**

- 4.1 Income for the 3 months of Q1 2024 was £182,619 and expenditure for this period was £66,989. (Slide 21)
- 4.2 To date we have 1463 SaTH Charity Supporters and 927 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 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 and are on track in delivering a project to increase awareness and promote SaTH Charity (Slide 23).
- 4.4 In Quarter 1 the charity approved 77 charitable fund requests across 19 different funds. Some of the items of expenditure in Quarter 1 are shown on Slide 22. It illustrates the benefit that can be created through fundraising and donations made to SaTH Charity.
- 4.5 Staff and supporters continue to raise money and awareness of SaTH Charity, and highlights from Quarter 1 are shown in slides 24-27, including a staff charity football match, our charity ambassador raising money by holding a bingo night at the Armoury in Shrewsbury, and improvements made to our critical care garden following fundraising by a family.
- 4.6 The SaTH Charity Abseil from the RSH ward block is being planned for September 2024. With our onsite charity partners Lingen Davies and the League of Friends we are coming together to raise funds to improve the health care of local people through this unique charity abseil.

#### **5.0 Q2 Forward Plan (summarised slides 29-31)**

##### **5.1 General activity**

- 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 (e.g Sensory and Auditory impairment, veterans)

- A Young People’s Academy and a People’s Academy to start in Q2
- To continue to support staff wellbeing through SaTH Charity
- A charity Abseil off the Ward block at RSH in partnership with our other onsite charities – Lingen Davies and League of Friends
- Attendance at community events to engage with the public

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

## COMMUNITY ENGAGEMENT MEETINGS

Date	Time	Event
Wednesday 10 July	11:00 – 12:00	Monthly Hospital Update
Tuesday 30 July	18:30 – 19:30	About Health – Hospitals Transformation Programme Update
Wednesday 14 August	11:00 – 12:00	Monthly Hospital Update
Date to be confirmed	18:30 – 19:30	About Health – Patient Safety System (PSIRF) update

## HOSPITAL TRANSFORMATION PROGRAMME FOCUS GROUPS

Hospitals Transformation Focus Group			
Date	Time	Event	Booking
Thursday 11 <sup>th</sup> July	10:00 – 12:00	Medicine and Emergency Care/Surgery, Anaesthetics and Cancer Focus Group	Via email
Friday 12 <sup>th</sup> July	10:00 – 12:00	Women’s and Children’s Focus Group	Via email

## 7. Recommendations

The meeting is asked to:

NOTE the current activity in Quarter 1 across the Public Participation Team

Julia Clarke  
**Director of Public Participation**  
 July 2024

# Public Participation Report Quarter 1 (April – June 2024)

Julia Clarke – Director of Public Participation



# Highlights of Public Participation – Q1

## COMMUNITY ENGAGEMENT (for details see slides 5 – 16)

- The SaTH Public Assurance Forum, which provides independent assurance on our engagement met on the 15 July 2024 and the highlights of this meeting are outlined in slides 5-6
- 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 (4926) and organisations (423) continue to increase
- **The community engagement team continued to attend a number of external events, in April and May, however all public engagement at the end of May were cancelled in line with Cabinet Office guidelines for the pre-election period. Where possible events and meetings have been rearranged for July.**
- Over the past Quarter, the Public Participation team have supported 24 HTP events with the public. Please note that due to being in pre-election period, all community engagement ceased at the end of May 2024. Where possible engagement events have been rearranged in July.
- Our Social Inclusion Facilitator has been making stronger links with a number of seldom heard groups. This work aligns with our Trust and system focus on Health Inequalities (CORE20PLUS5) and EDI
- There were no questions following the public Trust Board meetings this quarter



# Highlights of Public Participation – Q1

## VOLUNTEERS (for details see slides 17 – 20)

- We have 304 active volunteers within the Trust who have provided 7669 hours of their time this quarter across 30+ clinical and non-clinical roles.
- **Volunteer's week** – the first week in June was National Volunteers week and there were a range of events and activities that took place this year to celebrate our volunteers, including a Thank You event at the Wroxeter Hotel and two of our volunteers going on Radio Shropshire to talk about their volunteering experience.
- **New Cohort of Volunteer to Career Started** The third cohort for Volunteer to Career has now started in Radiotherapy
- **We have held a number of focus group for our volunteer this quarter including:**
  - **CQC Briefing** – Volunteers were given a dedicated CQC briefing from Hayley Flavell.
  - **Volunteer Psychology Services** – on 4<sup>th</sup> June we held a focus group with Dr Cat O'Callaghan
  - **Briefing about Dispatched Programme**– Volunteers were given a dedicated ED briefing from Hayley Flavell.



# Highlights of Public Participation – Q1

## SATH CHARITY (for details see slides 21 – 28)

- Income for the 3 months March – May 2024 was **£182,619** compared to **£107,020** in the same period last year. Expenditure for the same period was **£66,989** compared to **£73,341** in 2023.
- In Quarter 1 the charity approved 77 charitable fund requests across 19 different funds
- 1463 people are registered as SaTH Charity supporters (this includes staff and members of the public)
- Following a successful £30K grant from NHS Charities Together, we have appointed a marketing and communications officer and are on track in delivering a project to increase awareness and promote SaTH Charity.
- Our supporters continue to fundraise for SaTH Charity in Quarter 1 some of which are highlighted within this report.



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

# COMMUNITY ENGAGEMENT (1): Public Assurance Forum 15 July 2024

- The Public Assurance Forum (PAF) met on 15<sup>th</sup> July 2024,
- Key Items that were discussed at the Forum included:



# COMMUNITY ENGAGEMENT (2): Public Assurance Forum 15 July 2024



# 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 4200+ members and organisations
- **Monthly Hospital Update (previously Community Cascade)** – this is delivered once a month and focuses on current news and provides a Q&A opportunity
- **About Health Events**– There is an ongoing series of virtual health events for staff and the public.

The community engagement team continued to attend a number of external events, in April and May, however all public engagement at the end of May has been cancelled in line with Cabinet Office guidelines for the pre-election period. Where possible events and meetings have been rearranged for July.



## Community Members

Total at 30/06/24 **4926** ↑

Joined in Q1 **120**



## Organisations

Total at 30/06/24 **423** ↑

Joined in Q1 **9**



## Community Events

Held in Q1 **4**

Attended in Q1 **43**

# COMMUNITY ENGAGEMENT – Social Inclusion

- In April we were at the Market Drayton Health & Wellbeing Festival, we were again made aware of transport issues facing patients and carers in this area and we connected a local bereavement support group (Jay's Bereavement) with our End of Life and Patient Experience Teams.
- As part of our outreach with the homeless community, we have been hearing about experiences of hospital discharge and visited the Telford After Care Team (TACT) to find out more. They have invited us to meet their Addiction Recovery Chat (ARC) group where many of the service users have direct experience. We have a further visit planned to Shrewsbury Ark and will pass feedback received to our Patient Experience team to progress.
- In April we attended a meeting of Zebra Access in Telford to find out how we can best engage the Deaf Community. We got lots of feedback on how to meaningfully engage with this community.

We have been attending Shropshire Council's Joint Strategic Needs Assessment consultation events across the county and attended a meeting in Wem and Market Drayton this Quarter. These events help us to build a picture of Health Inequalities across the county to support future engagement.

In May, Southeast Community Connector's meeting was held at the Halo Centre in Highley. Over twenty community organisations attended, and we gave out information on a variety of topics, including the Hospital Transformation Project.



# Getting involved with HTP

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

- **Quarterly focus groups** which are aligned to our clinical workstreams. Workstream focus groups have been planned over the next two years which will inform the plans as they develop towards implementation. We hold the focus groups every 3 months, and members can attend in person or via MS Teams. Two focus groups were held in early March for Medicine and Emergency Care with Surgery, Anaesthetics and Cancer and another focus group for Women & Children's services
- We are holding a series of specialised focus groups based upon the feedback we received from our focus group members and local communities. This quarter we have held focus groups relating to HTP on Dementia, Mental Health and the new RSH Front Entrance.
- **Q&As and action logs** from our focus groups are published in the public domain and can be found here with the Q&As from the focus groups 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** - The next About Health event is on the evening of **30 July 2024 at 6.30pm**

# HTP Engagement Map – Q1 2024/2025

- Please note, following the announcement of a General Election on 4<sup>th</sup> July, all engagement related to HTP stop on the 23<sup>rd</sup> May, due to being in pre-election period. All public engagement will recommence on the 5<sup>th</sup> July 2024
- The map displays the 14 events we have attended in Quarter 1 (April – June 2024) and discussed HTP with the public.
- In Quarter 1 we have attended 10 online meetings/events; often these meetings cover large geographical areas across T&W, Shropshire and Powys.
- A bespoke focus group was held for children and young people in May, and over 30 children/young people attended



# HTP Engagement – Quarter 1

In Q1 2024/25 we attended the following events :

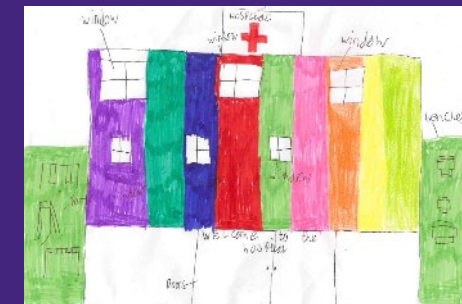
Date	Event	Required attendees
4 April 2024	HTP drop-in event, Wem Town Hall	HTP, Public Participation
11 April 2024	SALC- HTP presentation to Central Shropshire	HTP, Public Participation
15 April 2024	Public Assurance Forum	HTP, Public Participation, PAF members
16 April 2024	SALC- HTP presentation to North Shropshire	HTP, Public Participation
17 April 2024	Market Drayton Health and Wellbeing Festival	HTP, Public Participation
18 April 2024	Brookside Big Local Resident Meeting	HTP, Public Participation
23 April 2024	Telford HOSC presentation	HTP, Public Participation
26 April 2024	One Voice Telford	HTP, Public Participation
30 April 2024	About Health Event – HTP	HTP, Public Participation
15 May 2024	Age UK, HTP drop in event	HTP, Public Participation
15 May 2024	Whittington Parish Council Annual Public meeting	HTP, Public Participation
18 May 2024	Children’s and Young People’s HTP Focus groups	HTP, Public Participation
20 May 2024	NSRAF (Vetrans) HTP presentation	HTP, Public Participation
23 May 2024	Young People’s Academy	HTP, Public Participation



Aaron Hyslop, Adam Ellis-Morgan and Rachel Webster at Age UK Shrewsbury

# HTP Children & Young People's Focus Groups

Two specialist HTP focus groups for children and young people was held on 18th May – for primary and secondary aged children. The sessions were well attended, and lots of ideas and feedback has been captured in artwork, craft, lego, playmobil, and many post-it notes that will inform design principles for the new children's ward at RSH.



# Upcoming HTP Engagement & Focus groups

We are entering an exciting phase for the programme as we design the detailed patient pathways. We are committed to engaging and working closely with our local communities, patients and colleagues to ensure we improve the experience for all the communities we serve.

The next Focus Groups:

- Medicine and Emergency Care/Surgery, Anaesthetics and Cancer Focus Group on 11th July at 10:00am (Hybrid meeting)
- Women's and Children's Focus group on 12th July at 10:30am (Hybrid meeting)
- Specialist focus group: Auditory Impairment, September/October 2024 TBC

Our next HTP About Health event will be held on MS Teams on July 30th at 6.30pm (Via Microsoft Teams)

Drop-in sessions or meetings are being planned throughout Shropshire, Telford & Wrekin, and Powys, which will provide the opportunity for members of the public to find out more about the programme; dates now confirmed for:


18th July, Wellington Market, Telford  
TBC, Mayfair Community Centre, Church  
Stretton

If you would like us to attend an existing meeting or join you at an event, please email: [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)




# You Said, We Did

- We have been working closely with patients, colleagues, and the public to help inform our plans and designs. Some examples of this are:



We will now have a second Bereavement suite in the designs of the new Women and Children's facilities




Considering 'Calm Spaces' within the new build which provide quieter areas for visitors with neurodiverse needs




Providing a sensory maps on each floor which help identify quieter areas for visitors with neurodiverse needs



Front entrance redesign into the new building with two separate entrances following public feedback



Incorporating a sensory room for children to support those with learning disabilities and autism



Ongoing work to develop clear wayfinding and signage around the new facilities

# Additional engagement routes

Event & Date	Subject
Hospitals Update meeting	Monthly Trust News Update including update on HTP
Monthly newsletter email update - sent to our 4900+ community members	Update from Public Participation team including HTP update and details on how to get involved
Three weekly 1:50 HTP Clinical design meetings in ED, acute medicine, critical care, maternity & children's services – Public Assurance Forum member representatives on each group	Detailed design discussions with architects and clinical teams
Quarterly Public Assurance Forum (next one October 2024) with representatives from organisations across health & social care in Shropshire, Telford & Wrekin & Mid-Wales	Presentation from HTP team with Q&As
SaTH Academies (Different academies offered to adults, young people, adults with learning disabilities and long-term unemployed in conjunction with employment agencies)	Presentation from HTP team with Q&As <a href="#">The People's Academy at SaTH</a>
SaTH website and intranet	Webpages which support public engagement and Latest HTP meetings/feedback <a href="#">Public Participation - SaTH</a>

# 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 1 **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 **304** active volunteers at the Trust.
- **Volunteer's week** – the first week in June was National Volunteers week and there were a range of events and activities that took place this year to celebrate our volunteers, including a Thank You event at the Wroxeter Hotel and two of our volunteers going on Radio Shropshire to talk about their volunteering experience.
- **Gearing up for new data collection** – the length and breadth of NHS Volunteers across the country has been an unknown – due to this data never being collected on a national level. As of April 2024, the SaTH will now collect data about its volunteers and submit to NHS E's national database. There are 18 metrics to submit on a quarterly basis
- **New Cohort of Volunteer to Career Started** The third cohort for Volunteer to Career has now started in Radiotherapy
- **Volunteers supported with the big switch over to Careflow on the weekend of 19<sup>th</sup> April.** We had 10 volunteers attend the hospitals over the switch over weekend to support the event

## Quarter 1

New applications received

119

Volunteers completed the application process

80

Total Active volunteers

304

Total hours

7669

# VOLUNTEERS - Volunteers' Highlights

- **Test period for 'Find and Apply'** – there is a new national website for applying for NHS volunteering. The team will be testing out the new system throughout June
- **One of our volunteers within Maternity nominated SaTH Charity** to receive a donation from their workplace, Enterprise Mobility. The nomination was successful and SaTH Charity has been awarded £2500 which will go towards maternity services.
- **We have held a number of focus group for our volunteer this quarter including:**
  - **CQC Briefing** – Volunteers were given a dedicated CQC briefing from Hayley Flavell. There were 56 people in the meeting which is a great show of interest from the volunteers
  - **Volunteer Psychology Services** – on 4<sup>th</sup> June we held a focus group with Dr Cat O'Callaghan who spoke about the psychological services which were available to volunteers
  - **Briefing about Dispatched Programme**– Volunteers were given a dedicated ED briefing from Hayley Flavell. There were over people in the meeting which is a great show of interest from the volunteers



Hand Hygiene Assessment  
at VtC Welcome Event

# Volunteer Thank You Event 2024

100 people joined the celebration event held at Wroxeter Hotel on 29 May 2024 to mark the start of volunteer week. This was a great event to thank our volunteers, with many getting their 1,2,5, 10 and 15 years service badges.

We were also joined by Hayley Flavell, Teresa Boughey, Clair Young, Andrea Granger, Pat Aldred and Glen Mason who came to thank volunteers for their contribution.



# Volunteer to Career (VtC)



a Helpforce programme

**Volunteer to Career**

Vounteering for your future

**NHS**

The Shrewsbury and  
Telford Hospital  
NHS Trust

## Cohort 3 – Radiotherapy launched April 2024

The aim of the clinical led pathway is to provide volunteers with career support and interventions including career conversations, mentoring, guidance on career pathways, employability support and mock interviews and skills. Alongside this the volunteers also get the chance to volunteer for 50+ hours within Radiotherapy at the Royal Shrewsbury Hospital over a 6 month period.

- The individuals in Cohort 3 have now begun their volunteering in the department and have already given over 100 hours of time between them.
- 9 individuals have begun with one still at the on boarding stage.
- Feedback from staff and patients in the department has been really positive and everyone is seeing the benefit of having them around.
- Rachel Armstrong delivered the first of the employability support sessions which was based on communication and difficult conversations- the next one is on June 13 and is being led by the AHP PEF's and will be a hands on learning session.
- We are going to launch Cohort 4, back in Maternity, in September due to a high level of interest.



# SaTH CHARITY - Highlights

- Income for the 3 months March – May 2024 was **£182,619** compared to **£107,020** in the same period last year. Expenditure for the same period was **£66,989** compared to **£73,341** in 2023.

## During this period SaTH Charity had:

- 87 monetary donation entries registered on the charity database across 24 different funds
- 29 donations were 'In Memory' donations
- 927 members of staff are now playing the staff lottery
- 1,463 people are registered as a supporter/donor/fundraiser (this includes staff and members of the public)
- SaTH Charity had 86 requests during the quarter for support from SaTH Charity, 28 of which were to the staff Small Things Fund.



Shrewsbury and  
Telford Hospital  
Charity



# SaTH CHARITY - Expenditure

In the three months March to May 2024 there were **77** approved requests for charitable funds across **19** different funds. Examples of approved funding included:

- A sinus navigation kit for Ear Nose and Throat enabling greater clarity during procedures in theatres. £6,417
- Improvements to the Critical Care Garden, new slabbed area, additional seating, gazebo and a slope enabling patients during rehab to experience fresh air whilst bed bound. Their family can join them. £12,570
- Providing outdoor seating for pregnant patients adjacent to the Women and Childrens centre whilst waiting for transport. Plus, additional areas £3,355
- Recliner chairs to support patients who may be waiting for discharge or receiving treatment. £4,210
- Furniture for the Critical Care Family Room, this included comfortable chairs and sofa bed enabling family members to stay overnight to support a loved one. £4,026



Mark uses the medical day unit every Friday for 10 hours and will do for the rest of his life. Prior to the charity funded recliners Mark used a basic chair which was not comfortable for long periods.

# NHS CT Development Grant

The NHS CT funded grant to develop the SaTH Charity brand and visibility in the community is progressing well.

The main element of the grant is the funding of a Charity Communications Officer.

Key points from the project in Quarter 1 include:

- The SaTH Charity NHS Thank You daisy nomination form closed with nearly 300 nominations made. The team will be handing these out to the nominees during values week (Wednesday to Friday).
- Charity Abseil from RSH Ward Block has been approved and working with the two other onsite charities (Lingen Davies and League of Friends) to raise money for patients
- Completion of the web page and booking page for the charity abseil in September.
- Launching the abseil to staff via Chatterbox, 10 people have signed up so far. Further work is being done with our partners Lingen Davies and the League of Friends to create articles and social media posts to promote the event.
- **Due to the election period, there has been no social media scheduled or any articles submitted to the press.**

	Month 10 Jun-24
<b>Month 3</b>	
• Identify key areas for messaging to include, needs of charity fundraising, corporate supporters and legacy giving to feed into the digital campaign.	On going
• Review existing database to identify aligned corporate supporters	On going
<b>Month 4 - 12</b>	
Work to the Job Description	On going
Focus on the deliverables of the project	On going
Respond to additional incoming enquiries and opportunities based on the planned activity	On going
Develop created relationships	On going
Deliver the agreed hard copy promotional materials	On going
Maintain the agreed level of Social Media activity	On going
Attendance at agreed engagement events	On going
Report monthly on objectives achieved compared to plan	Completed
Consolidate activities.	On going
Send out a follow up survey to see if we have achieved a 10% target in an increase in brand awareness. To be completed by month 5	

# SaTH Charity Fundraising - Staff

The annual SaTH Charity Football Tournament took place on Sunday 19 May, with 14 teams and over 140 staff taking part. The tournament raised £4,800 for the Dementia Appeal. In addition, the benefit of team building for depts and the improvement of staff morale across the Trust should be recognised.

The event was well attended with around 600 supporters attending over the day. The trophy and awards were presented by Teresa Boughey, Chair of the Charitable Funds Committee. A special trophy was awarded this year for the 'Biggest Team Donation' which Haven't Jota Clue team won for raising a total of £1,192.

## Impact Statement:

*"We are so grateful to Mark Rawlings (porter and organiser) and the players for choosing the Dementia Care Appeal, the money raised will make a real difference to our patients and enable us to provide more support."*

**Karen Breese, Dementia Care Clinical Specialist**



Pictured: All 14 teams before kick-off who took part in the tournament

# SaTH Charity Fundraising

The Critical Care Garden at RSH has reopened after extensive work to improve access for patients, thanks to fundraising of William Dodd's family for SaTH Charity.

William spent 11 weeks on the ITU ward battling an illness. His family raised over £6,500 last year with the aim of improving the garden for critically ill patients to provide them with the opportunity to get outside in the fresh air.



## Impact Statement

*Dr Mowatt, Clinical Director of Critical Care, said: "It's incredible when a family's first instinct after a tragic loss is to react by raising money to benefit others...The whole project has been inspirational for us all and we are hugely grateful."*



**I support SaTH**

Dawn Williams · 15 h · 🌐

I worked a shift yesterday at RSH, and as I was walking from the restaurant to the treatment centre I stopped by the windows that look into the new outdoor area by HDU. There was a team of staff taking a patient outside under the gazebo.

Everyone had a part to play in getting him outside including pushing the oxygen cylinder.

I watched them manoeuvre the gentleman with such care and precision so he could have a moment to breath in the fresh air and look at the beautiful garden in bloom.

The man caught my eye as i watched, I stood in the corridor, smiled and waved at him, and he put his thumb up to me and smiled back.

It genuinely brought tears to my eyes.

The care and compassion during that moment was outstanding.

What a privilege to be able to do that for the patients 🥰

👍❤️🥰 393

9 comments · 10 shares

# SaTH Charity Fundraising

The Copthorne Cickers have donated another £6,000 to SaTH Charity's Cardiology Department. The group was formed in 1992 by a group of patients who had spent time together in the Royal Shrewsbury Hospital's Coronary Care Ward and Rehabilitation Department. They all wished to remain in contact, at the same time the British Heart Foundation (BFH) wanted to increase support for heart patients after time in hospital. Since forming 32 years ago the group has fundraised nearly £60,000 for the RSH Cardiac and Rehab Units.

## Impact Statement:

*Tom Phelps Centre Manager for Cardiology, Cardiorespiratory, Diabetes & Endocrinology, said: "We are so grateful for all the support we've received from the Copthorne Cickers since 1992, their ongoing dedication to raising money to improve the experience for other patients is admirable and we wish them well with their social group."*



Pictured: Pictured receiving the cheque is Tom Phelps Centre Manager for Cardiology, Cardiorespiratory, Diabetes & Endocrinology,

# SaTH Charity Fundraising

Our Charity Ambassador – Sally Jamieson and The Armoury ran a bingo event at the end of April and raised £900. The Armoury said this is the largest amount of money they had raised in one evening since it opened. The money raised will go towards a digital weight and height machine for the Children’s Unit at PRH. This device reduces an additional process which can for some children be quite stressful.

Sally and Jay (the manager of The Armoury) had collected prizes from local businesses and ran a raffle alongside the bingo. Both Sally and The Armoury are keen to run another event and are looking to schedule another night of bingo at the beginning of July and a possible street party in August, dates and details to be confirmed.

## Impact Statement:

*“We are so grateful to Sally Jamieson and The Armoury for raising so much money for the Children’s Unit, we know this money will assist the team in helping our young patients when they are on the unit and may be anxious.”*

**Julia Clarke, Director of Public Participation**



Pictured with the cheque is the team from The Armoury, Sally Jamieson and Julia Clarke.

# SaTH Charity Abseil

## “Off The Block”

The SaTH Charity-led charity abseil was approved. With our onsite partners Lingen Davies and the League of Friends we have come together to raise funds to improve the health care of local people through this unique charity abseil.

100 Participants can choose which of the three charities they wish to support and if they choose SaTH Charity they can support any of our 64 funds.

### Impact Statement:

This is the first time the three onsite charities have come together to fundraise and support each other. Early meetings have helped to create positive relationships and importantly will demonstrate to all that we are committed to supporting the health care of local people in Shropshire, Telford & Wrekin and Mid-Wales

**“OFF THE BLOCK”**  
**CHARITY ABSEIL**  
**21 SEPTEMBER 2024**

Fundraising has reached new heights! Take on our Ward Block abseil challenge and fundraise for our patients.

You can register here:  
<https://bit.ly/3xEuMsa>

For more information email:  
[sath.charity@nhs.net](mailto:sath.charity@nhs.net)

Lingen Davies Cancer Fund  
The League of Friends

# PUBLIC PARTICIPATION - Forward Plan

- The Public Assurance Forum to meet on 14 October 2024 (last met 15<sup>th</sup> July 2024)
- 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 (e.g Sensory and Auditory impairment, veterans)
- A Young People's Academy and a People's Academy to start in Q2
- To continue to support staff wellbeing through SaTH Charity
- A charity Abseil off the Ward block at RSH in partnership with our other onsite charities – Lingen Davies and League of Friends
- Attendance at community events to engage with the public





# Dates for your diary

Date	Time	Event	Booking
Please note: All SaTH engagement activity is currently paused and will resume following the General Election on Thursday 04 July 2024			
Wednesday 10 July	11:00 – 12:00	Monthly Hospital Update	
Tuesday 30 July	18:30 – 19:30	About Health – Hospitals Transformation Programme Update	
Wednesday 14 August	11:00 – 12:00	Monthly Hospital Update	
Date to be confirmed	18:30 – 19:30	About Health – Patient Safety System (PSIRF) update	

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

Hospitals Transformation Focus Group			
Date	Time	Event	Booking
Thursday 11 <sup>th</sup> July	10:00 – 12:00	Medicine and Emergency Care/Surgery, Anaesthetics and Cancer Focus Group	Via email
Friday 12 <sup>th</sup> July	10:00 – 12:00	Women’s and Children’s Focus Group	Via email

If you are interested in joining a Focus Group please email [sath.engagement@nhs.net](mailto:sath.engagement@nhs.net)

# People's Academy Dates for 2024



THE YOUNG PEOPLE'S  
**ACADEMY**

Young People's Academy	
Date	Location
Wednesday 24 July	PRH Education Centre
Wednesday 30 October	SECC



THE PEOPLE'S **ACADEMY**

People's Academy	
Date	Location
Wednesday 25 September	PRH Education Centre
Wednesday 27 November	SECC

**Public Assurance Forum meetings 2024**

**Monday 14<sup>th</sup> October 13.00-16.00**