

AGENDA

Public Assurance Forum

Date: Monday 13th January 2025

Time: 1pm – 4pm

Location: Microsoft Teams

OPENING MATTERS AND PROCEDURAL ITEMS

| Item No. | Agenda Item | Paper No / Verbal | Lead | Require Action | Time |
|----------|--|-----------------------------|---|------------------------------------|-------|
| 2025/01 | Welcome and apologies | Verbal | Co-Chairs | For noting | 13:00 |
| 2025/02 | Minutes of previous meeting | Paper 1 | Co-Chairs | For noting | 13:05 |
| 2025/03 | Matters Arising/Actions | Paper 2 | Co-Chairs | For approval | 13:10 |
| 2025/04 | Terms of Reference | Verbal | Co-Chairs | For approval | 13:20 |
| 2025/05 | Partner's updates | Paper 3 | Forum Members | For approval | 13:30 |
| 2025/06 | SaTH Divisional updates on key issues | Paper 4 | Divisions | For information | 14:00 |
| 2025/07 | Digital Transformation Programme update | Verbal | Sally Orrell Digital (Programme Comms and Engagement Manager) | For information | 14:35 |
| 2025/08 | Update on HTP: <ul style="list-style-type: none"> • Proposed HTP About Health Public update January 2025 • HTP Programme Board Engagement Report | Presentation Paper 5 | HTP team Hannah Morris (Director of Public Participation) | For approval For discussion | 14:50 |
| 2025/09 | SATH Strategy & Partnership update | Paper 6 | Carla Bickley (Associate Director of Strategy & | For discussion | 15:30 |

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| | | | Partnership) | | |
| 2025/10 | Supplementary Information Pack i. Public Participation Plan: 2024/25 Plan on a page Update | Papers 7-8 | Divisions Hannah Morris | For information – to address any comments /queries | 15:45 |
| 2025/11 | Any Other Business | Verbal | Chair | | 15:55 |
| | Dates for the Forum for 2025 and close of meeting | Paper 9 | Chair | To note | 16:00 |

Public Assurance Forum

Held on Monday 14th October 2024
13:00 – 16:00hrs via MS Teams

MINUTES

Present:

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| Cllr Joy Jones (part meeting) | Powys County Councillor and Chair of Newtown Health Forum (Co-Chair) |
| Julia Clarke | Director of Public Participation (Deputy Chair) |
| Kate Ballinger | Community Engagement Facilitator |
| Kara Blackwell (part meeting) | Deputy Chief Nurse |
| Michelle Cole | Divisional Director of Nursing- SAC Division |
| Linda Cox | VCSA Deputy |
| Emily Hinkinson | Centre Manager |
| Nigel Lee | Director of Strategy & Partnerships |
| Dianne Lloyd (part meeting) | Acting Deputy Divisional Director of Operations – Clinical Support Services |
| Sean McCarthy | Armed Forces Outreach Support Coordinator - Deputy |
| Hannah Morris | SATH Head of Public Participation |
| Jane Randall-Smith | Llais Representative |
| Inese Robotham (part meeting) | Assistant Chief Executive |
| Graham Shepherd | Shropshire Patient Group Representative |
| Zain Siddiqui (part meeting) | Deputy Director of Operations - W&C Division |
| Hannah Warpole (part meeting) | Deputy Divisional Director of Operations – MEC Division |

In attendance:

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| Rachel Fitzhenry | Senior Administrator (Minute taker) |
| Mary Aubrey (part meeting) | Programme Director – Getting to Good |
| Emma-Jane Beattie | Emergency Planning Manager |
| Hayley Flavell (part meeting) | Director of Nursing |
| Tom Jones (part meeting) | HTP Implementation Lead |
| Sarah Orrell (part meeting) | Digital Programme Communications and Engagement Manager |
| Helen Troalen (part meeting) | Director of Finance and Lead Executive for Operational Planning |
| Rachel Webster (part meeting) | HTP Nursing, Midwifery and AHP Lead |

| Item No. | Agenda Item |
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| 2024/37 | Welcome and Introduction |
| | <p>Julia Clarke opened the meeting by welcoming the group to the MS Teams meeting.</p> <p>Julia Clarke informed the group, David Brown (former Co-Chair of the Public Assurance Forum for over 3 years) has now stepped down from his role. Thank you to David Brown for all his support and it was noted that the group would not be in this current position without David's support. The role will be replaced with another Co Chair to work alongside Cllr Joy Jones, which is currently in process. The group will be informed once the role has been filled.</p> <p>[Update received after meeting: Professor Trevor Purt (SaTH NED) is now the new Co-Chair for the Public Assurance Forum].</p> |
| 2024/38 | Minutes of previous meeting (15th July 2024) |
| | The Minutes of the previous meeting on 15 th July 2024 were approved as an accurate reading. |
| 2024/39 | Matters Arising/Actions |
| | Separate Actions sheet attached. |
| 2024/40 | Modular Wards |
| | <p>The meeting received an update on Modular Wards from Inese Robotham (Assistant CEO).</p> <p>Inese Robotham left the meeting.</p> |
| 2024/41 | Operational Plan |
| | <p>Helen Troalen gave a brief update on the Operational Plan, paper provided:</p> <p>The Trust has developed an annual operating plan in line with NHS England policy and guidance. The plan outlines the activity that the Trust will commit to during 2024/25, the performance targets that this capacity will deliver, the workforce required to deliver this activity and the overall cost ensuring this is within an affordable financial envelope.</p> <p>The Activity Plan, the Workforce Plan and the Financial Plan all triangulate and have been approved by NHS England.</p> <p>Performance of the Annual Operating Plan is reported on in the public domain through the Integrated Performance Report which is presented to the Board of Directors at the public Trust Board. Assurance on the reported outcomes is gained through the committees of the Board of Directors such as the Quality and Safety Assurance Committee, the Performance Assurance Committee and the Finance Assurance Committee.</p> <p>Helen Troalen informed the group it takes a while to get operating plans agreed as its different from local government because we are led by NHSE guidance. The plan was split between five objectives:</p> <ol style="list-style-type: none"> 1. Quality Improvements & Safety Impacts 2. Elective Services 3. Delivery of Diagnostic & Cancer Services 4. Delivery of Emergency and Urgent Care Standards |

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| | <p>5. How Resources are Used</p> <p>In terms of enablers the focus is ‘The People Promise’ which is an NHS initiative to ensure that our staff feel included and engaged delivering their very best at work.</p> <p>The Estates plan is now moving on due to the approval of the Hospital Transformation Programme (HTP), which allows the wider estates plan to move forward. The Digital plan focuses on the electronic patient record and how that can progress, there is also the Workforce and Travel plan for 2024/25.</p> <p>Julia Clarke informed the group the developing & implementing and sustainable travel plan is now included in the Operational Plan reflecting a lot of feedback that has been given through our engagement around the HTP.</p> <p>Helen Troalen informed the group a lot of the planning is done ahead of the start of the year across Shropshire and That the SaTH planning process has been launched for 2025/26 a few weeks ago.</p> <p>Helen Troalen left the meeting.</p> |
| 2024/42 | Partner’s updates |
| | <p>iii) Llais Jane Randall-Smith gave a brief update on Llais:</p> <p>The team will be doing local engagement in Newtown in early 2025. There have been issues raised with travel times and arrangements. People need more engagement when it comes to patients traveling to the Trust and appointments times. It would be useful for the bookings team to consider patients who are travelling far distances to the Trust, as sometimes appointments are very early in the morning or late at night. There has recently been a lot of upset with people around appointment cancellations, with patients arriving at the hospital and then receiving a text to say the appointment has been cancelled.</p> <p>Kate Ballinger has informed the group if people have any issues with their appointment times, they need to call the bookings team and they will do their best to arrange a time that works for the patient.</p> <p>Cllr Joy Jones informed Kate, people have done this, and it is then logged as a cancellation.</p> <p>ACTION: Nigel Lee to liaise with Ned Hobbs (Chief Operating Officer) about considering appointment times for people who travel a far distance to the Trust. Also, the issue around what appointments should be logged as a cancellation, due to timings.</p> <p>ii) Shropshire Armed Forces Outreach Sean McCarthy gave a brief update on the Shropshire Armed Force Outreach Service:</p> <p>There is a collaborative group across the health sector who support the veterans and serving personnel. In terms of engagement with the armed forces, organisations such as SaTH, Shropshire Community Health NHS Trust (Shropcom), Shropshire Doctors Co-operative Ltd (Shropdoc) and the Integrated Care Board (ICB) have come together. There is now one meeting where we discuss patients experience, their journeys either in primary or secondary care from an armed forces perspective which Nigel Lee chairs.</p> |

Sean McCarthy informed the group we have been dealing with the local authority partnering with SaTH colleagues, The Robert Jones and Agnes Hunt Orthopaedic Hospital (RJAH) and the Integrated Care Board (ICB) to deliver a 12-month pilot called 'Good Boost', which is around Musculoskeletal (MSK) issues. It has been rolled out across Oswestry, Shrewsbury and Ludlow Leisure centre. It is a water-based programme where we are taking referrals directly from physiotherapists and health professionals within health setting, and people can also self-refer. It's partly picking up on some of the waiting list issues that we have in MSK for people that can be dealt with by accessing low level activities through AI generated systems. It is a tablet that people use to put in what their conditions are and what they can and can't do, it then tailors a programme to them. We can have up to 10 people per session, all doing 10 different sets of activities. We have good attendance and it's working well with many sessions fully booked.

We are now piloting 'Bump Boost' at the Quarry Swimming Centre, which is specifically for pregnant ladies where this type of activity is relevant for them going through pregnancy.

Work is being done with a company who delivered ESCAPE-pain training with the team. We will soon be rolling out some ESCAPE-pain management sessions in Shrewsbury, Market Drayton and Oswestry.

iii) Shropshire Patient Group

Graham Shepherd gave a brief update on the Shropshire Patient Group, paper provided:

Members across the County are now attending the events which the Public Participation Team is providing on the HTP progress. Other members are participating on various Focus groups.

Our member is still involved with the Outpatient programme (Not part of HTP)

The MEC&SAC focus group was attended and the About Health meeting which has currently focused on HTP issues.

There has been the opportunity to discuss in more detail, certain issues with staff. Including the significant operation to close the Outpatients front door and redirect patients through three new alternative entrances, the major one being via the Treatment Centre located at the rear of the hospital, which is now acting as the Hospital Main Entrance. Other accesses are via Ward Block and the gym entrance off Evolution Road.

Major repositioning of roads, car parking, walkways and extensive new direction signs have been introduced. Building a complete major extension, while continuing to run a fully functional hospital will be a challenge, with safety of the public and staff crucial. It will also be awkward for the contractors having to work in proximity with the public.

There has been involvement with members of the team in some of these areas, and under very difficult working conditions, it feels that they have delivered a safe and acceptable outcome.

Internally, ensuring that patients are transferred quickly and safely from entrances 1 and 2, back to the outpatient area has caused some issues. These are predominantly due to the distances from entrances 1 and 2.

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| | <p>Before closing, the clinics were located adjacent to the entrance, but are now around 250 meters distance, which presents frail and elderly, together with people with walking difficulties serious issues without adequate assistance. Unfortunately, there has been a series of wheelchair shortages at both locations, frequently running out!! Staff and volunteers have worked hard to cope with this situation, but it still exists.</p> <p>HTP members have revisited the situation, with patient involvement, and additional wheelchairs being purchased, but it is likely that it will be at least two months from opening, before this comes into effect. Unfortunately, lack of wheelchairs has been an issue throughout the hospital for several years, there is no confidence that this will totally resolve the situation. Wheelchairs are not allocated by department!</p> <p>Significant work has been undertaken by HPT members to provide additional signage and information assisting people to clearly navigate the corridors. These signs will now include the distance to clinical locations together with anticipated times required. There will also be coloured floor signs at appropriate interceptions. The times/distances will also assist patients arriving to determine if they need assistance.</p> <p>Julia Clarke confirmed the extra distant the patients now need to travel to the clinics from the entrance has been raised at the very highest level and the Chief Executive has been involved with this. The orders are all placed to reduce the problems (extra wheelchairs, new signage etc), and Facilities are trying to expedite these., Julia thanked Graham and the volunteers who have been steadfast in continuing to raise this concern. All the different teams that are involved in this now are satisfied that when all the orders come in and all the repairs are done, there will be sufficient wheelchairs and drop-down seats in corridors.</p> |
| 2024/43 | SaTH Divisional Updates on Key Issues |
| | <p>i) Women & Children's - Key updates on current, future developments and changes from the Division, paper provided:</p> <ul style="list-style-type: none"> • Focus groups with young people have been held as part of the Hospital Transformation Programme, gathering valuable feedback on issues such as meals and ward activities in the paediatric ward. • Ongoing collaboration with the Maternity & Neonatal Voices Partnership continues. • Engagement through focus groups for Hospital Transformation Programme planning was paused during the pre-election period. <p>Julia Clarke informed the group the Public Participation team have a meeting planned with key leads in the children's department to establish closer working links.</p> <p>ii) Patient Experience - Kara Blackwell gave the key updates on current, future developments and changes from the Division, paper provided:</p> <ul style="list-style-type: none"> • <u>Learning Disability and Autism Patient Experience Group:</u> Continuing to recruit to our new Learning Disability and Autism Group, to enable patients and families to share their experience and help us work to improve services provided using their experience of care. • <u>Alcohol Liaison Services:</u> |

Current pilot in relation to Alcohol Liaison Service provision showing real progress in improving the care of our patients with alcohol related issues and addressing health inequalities. We are working with Public Health in Shropshire around a business case for provision of service.

- Equality Delivery System 2022 (EDS2022) Domain 1: Better Outcomes for All:

In relation to this year's EDS 2022, focus group sessions are being planned for November 2024. Three services will present evidence and be reviewed and scored with patient, staff and external organisational representation. Invitations will be sent out in October to key stakeholders representing groups who are negatively impacted by health inequalities. The action plans from the services reviewed in 23/24 will be shared to ensure transparency on progress from the last EDS 2022.

Julia Clarke informed the group the Learning Disability and Autism Patient Experience Group was developed as an outcome following an HTP focus groups. We are very grateful that Kara Blackwell and Ruth Smith (Head of Patient Experience) have picked this up as this should now improve the experience for all patients and carers.

iii) Clinical Support Services - Dianne Lloyd gave the key updates on current, future developments and changes from the Division, paper provided:

- Patient engagement and involvement:

- The Clinical Support Services Division Patient Experience Group continues to meet every month. We are delighted to report that we now have five patient representatives, and our meetings are also attended by the Lead Chaplin who also champions the patients' voice.
- At the last meeting the group received a presentation on "Gather" which is an inter-active tool that pulls together the themes from the Friends and Family Test to provide reports, allow analysis and create action plans and provide feedback to patients in a "you said, we did" style. Therapies, Radiology and Phlebotomy are very keen to start using Gather and will be taking this forward.

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

- Pharmacy Advice Sheet:

We are looking for patient representatives from our group to join a review led by the Trust's Service Improvement Team into the use of this advice sheet and it's wording.

- Community Diagnostics Centre, Hollinswood House, Telford:

The CDC is now routinely benefiting from approx. 500 patients a month providing their feedback, the vast majority of which is very positive. 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 in the car park at Hollinswood House and this should be ready for the winter. We are also expecting a return visit by the Experienced Based Design team to review progress with the action plan identified in January, the majority of which has been delivered.

- Replacement Nuclear Medicine Gamma camera at RSH:

Building work to create a new department for the Gamma Camera in the new Evolution Scanning Suite started in August 2023 and took approximately a year

to complete. Patient engagement is ongoing through the CSS Patient Engagement Group, and it is planned to carry out a 15 steps assessment visit / Experienced Based Design survey later this year.

- You Tube video's:

Two videos have recently been posted on You Tube showing the work of two of our services and have been viewed by the Patient Experience Group as well as at Regional / National professional conferences. They include patient feedback which was very positive about both services:

- The Stroke Therapy Team have set up group work to support inpatient rehabilitation. The team were finalists in the Patient Experience Network National Award ceremony on 3rd October 2024 for showcasing their work which sets new standards in healthcare.
- The work of the Pharmacy Discharge Medicines Service which is now 2 years old and supports about 500 patients a month. The service has just been extended to Powys patients.

- "The First 15 Steps" assessment visits:

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

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

- 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)

- In the last month, the teams have visited:

- RSH Inpatient Therapy Gym
- Both mortuaries to look at the areas family and friends can access when they come to visit a loved one

All areas have already put in place some of the "quick win" actions identified by the visiting teams.

The visiting teams were extremely impressed with the care shown to patients / deceased patients and their family and friends and particularly remarked that this care was exemplary in both of our mortuaries.

- Our next plan is to carry out 15 steps visits in:

- Radiology – RSH Treatment Centre MRI and breast scanning.
- Phlebotomy at both sites following moves to new locations due to the construction work involved with the Hospitals Transformation Programme:

Graham Shepherd asked if there was any improvement with delays in discharge and what's the main cause of this, especially concerning when the elderly think that their going home but they're still waiting several hours later.

Dianne Lloyd informed the group the pharmacists can only prescribe the medications that they're told to prescribe. The prescription for discharge needs to be written by the medical team on the wards. Once that is written, the dispensary team within pharmacy have a standard for releasing those medications within a set period (two hours), in most cases that standard is met. There are delays more

around out of hours and weekends. To support out of hours we have now got two automated dispensing cabinets on each site. These cabinets allow a nurse to go to the cabinet, login securely and release packs of medication directly for the nurse. In time and with training we will get more of those cabinets so they will be available to more nursing staff who can do this independently of the pharmacy dispensary service.

Nigel Lee informed the group we're still wanting the fully modern prescribing and medicines administration system. We have not got this yet, but we will be lobbying for it for next year.

Kara Blackwell informed the group we get complaints from patients and their families who think they're going home and they're there several hours later.

ACTION: Kara Blackwell to liaise with Kate Manby (Ward Manager, Discharge Lounge) and to the ward nurses to make sure patients and their families are given clear communication with setting real expectations.

iv) Surgery, Anaesthetics Critical Care & Cancer – Emily Hinkinson gave the key updates on current, future developments and changes from the Division, paper provided:

- Surgery/Gastro:
Business case in progress for Urology growth and the Urology Investigations Unit.
- Oncology:
 - Following the death of a young patient, the parents have sponsored and erected an Oak Arbour outside the Lingen Davies unit in honour of their son. The wood company donated all the oak, and the construction company donated all their hours.
 - A patient is displaying his artwork in the Lingen Davies Centre and has made a pledge that he will donate all these pieces to the Lingen Davies Charity



Michelle Cole informed the group the Triomic 12-month research project will be going live shortly. The project is due to change the current pathway for colorectal patients and they will be seen in a community setting for simple device led investigations as opposed to coming into the hospital for invasive treatments, which is a huge improvement for patients.

There is a new digital tool called MyPreOp which prepares patients mentally and physically for surgery. Patients can have their questions answered online rather than having to wait for their assessment.

Surgery is also doing virtual preop assessments which is relatively new within the organisation. This has made a positive impact for patients with also useful feedback.

Emily Hinkinson and Michelle Cole left the meeting.

v) Medicine & Emergency - Key updates from the division:

- Frailty Assessment Units - Within the first six weeks of opening, nearly 200 patients have been cared for in the units. Early data shows patients are spending fewer hours in an emergency department after arrival (more than three hours) and on average four days less time in hospital overall. An average of 75% of patients are also going back to their own homes and are less reliant on social care for discharge.
- Initial Assessment - Additional triage facilities for children and young people in the Emergency Department at PRH. We have seen an increase in the number of young patients currently being seen at both hospitals within the national target of 15 minutes (the time to initial assessment). Adult triage times have also improved.
- Waiting Times Screens in ED Departments - we are piloting new digital information screens in our ED waiting rooms to help inform patients of the average times they will be waiting to be seen.

Currently no update on current or future service developments and changes.

2024/44

Staffing Levels

Hayley Flavell and Kara Blackwell presented the update on nurse staffing levels, paper provided:

• Agency Reduction:

The Trust has undertaken work to reduce its reliance on agency staff and recruited extensively both in the UK and internationally throughout 2023/24. There has been a significant reduction in agency usage as well as a significant reduction in the higher tier expensive agencies with off framework stopped in all areas except paediatrics/neonates in April 2023 and completely in May 2023

• Vacancies Wards and Emergency Departments (August 2024 & Pipeline):

Vacancy Data showed for August 110 vacancies, this reduced in September (now WTE 84) as there have been 21 newly qualified nurses starting with a further 23 offered roles and currently progressing through recruitment. A further 31 Registered nurses have been offered roles and are progressing through the recruitment process, so these are not all yet included in the substantive numbers

• Staffing Levels

Fill rates for staffing levels on inpatient areas are submitted to NHSE monthly. The overall rates for non-registered and Registered Nurses (RN) are collated. These show that for all registrants (registered nurses and Nursing associates) our fill rates for August (latest Data available) were 92.5% on day shifts and 93.3% on night shifts.

For HCSW this was 98% on Days and 99% on nights, however this includes staffing for 1:1 care of patients so the fill rate against the ward staffing templates is less than this.

• Care Hours Per Patient Day (all Inpatient Areas):

Care Hours Per Patient Day for Total Nursing, Midwifery and AHP staff (CHPPD) is used nationally across the NHS as a measure of workforce deployment and allows for comparison with other Trusts.

Latest data available is for July 2024 with the Trust reported 9.0 in quartile 3 which is lower than last month. When benchmarked against other peer Trusts and nationally, Shrewsbury and Telford Hospital NHS Trust (SaTH) is above peer median of 8.4 and provider median of 8.7.

• Emergency Departments (Vacancies, bank, and agency use over time):

We have successfully recruited to the Emergency Departments:

- There are 21 Registered Nurses vacancies at PRH and 9 at RSH
- We have had success in recruiting to our band 6 nurses with some long-term agency nurses also joining the team.

We are now nearly a full complement of Paediatric nurses running our Paediatric Emergency Departments.

Enhanced Care Team:

The Trust has a team from the healthcare support worker programme (HCSW) who are trained in providing care to patients who have complex needs including dementia patients.

Over the last year a new risk assessment was implemented which has meant that those patients who require an enhanced level of care receive it. Most of the care provided is on our medical wards (where the largest number of patients are cared for, surgery has fewer inpatient beds and less demand for care). The team also provide care to patients in the EDs if required.

Julia Clarke informed the Group the Enhanced Care team is a game changer and make such a big difference. Before we used to rely on bringing in agency, who would just sit there and not always interact with the patients. This approach is so much more enriching for those agitated patients, and it helps deescalate what could otherwise turn into an anxiety provoking-situation for the patient.

Jane Randall-Smith asked about the Emergency Nurse Practitioners (ENP), as they are not showing in the chart and queried whether there is a problem in recruiting them.

Kara Blackwell informed the Group the ENP's are captured within the 2000 nurses. There are training programmes for developing these nurses in relation to their assessment skills and their prescribing and it's also part of the HTP plan to develop Advanced Clinical Practitioners (ACPs) and the teams that work throughout the night within the hospital.

Hayley Flavell informed the Group with the ACP we have a very good cohort across the organisation. There is a lot in ED and many ACP in the Intensive Care Unit (ITU) and in Surgery.

Graham Shepherd asked how many staff the Trust has lost, from either retiring or leaving as 21 is an excellent number of nurses to bring in.

Kara Blackwell informed the group work is being done on retention, flexible working and retire and return (so we're trying to keep the workforce that we've got). We do have attrition, so people that are leaving the organisation has gone down and continues to go down. There is a programme called 'Step Up' for when staff are ready for the next stage, and we have pathways from apprentice Health Care Assistants (HCA) up to a matron and ACPs.

Hayley Flavell informed the group we now have T Level students (T Levels are a two-year qualification for 16–19-year-olds designed in collaboration with employers. Each T Level is equivalent to 3 A Levels, and we have students from

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| | <p>both Shrewsbury and Telford College who we work closely with who are interested in health and social care, and then we offer them placements with us throughout their whole placement which is a two-year course. They come once a week; they go to a specific area so they can get a taste of what the NHS is like. Hopefully they have a good experience and then their next step is either working with us or access to a university degree in terms of health and social. There's a lot going on which is exciting, it's our social responsibility to ensure that we've got opportunities for our local communities.</p> <p>Hayley Flavell and Kara Blackwell left the meeting.</p> |
| 2024/45 | <p>Digital Transformation Programme Update</p> |
| | <p>Sally Orrell (Digital Programme Communications and Engagement Manager) gave a brief presentation on the Digital Transformation Programme Update, paper provided:</p> <ul style="list-style-type: none"> • <u>Patient Engagement Portal – An introduction:</u> <p>What is a Patient Engagement Portal (PEP):</p> <ul style="list-style-type: none"> • A platform that empowers patients with online access to some medical records. • Allows information to be shared across teams and systems at the Trust. <p>Why Now:</p> <ul style="list-style-type: none"> • The Trust have been working on the wider Digital Transformation Programme. • Implementation of the new Patient Administration System (PAS) in April means we are now ready to introduce other supporting systems. <p>How it will help:</p> <ul style="list-style-type: none"> • Once fully released - instant health updates for appointments, results and treatments. • Information is available in different formats for people with language, visual or hearing needs. • Reduces missed appointments through ease of communication. • Direct updates to your information and details at a time that suits you, without having to make phone calls. <ul style="list-style-type: none"> • <u>Patient Engagement Portal – Next Steps:</u> • Patient representatives have been recruited through the Patient and Carer Experience Panel – two reps came forward. • There will be a project initiation meeting later this year which will bring: <ul style="list-style-type: none"> • Timescales for the project • Details on scope and phases <p>Julia Clarke asked earlier in the agenda around patients who must travel long distances to the Trust for appointments, if it was possible to put on a patient record possible later appointments due to travel.</p> <p>Sally Orrell informed the group that would probably fall under the patient category. Not sure if that functionality is within the patient portal, it might be able to be input in the patient alert within Care Flow as we do have booking alerts.</p> <p>ACTION: Sally Orrell to liaise with Josh Pagden (Chief Nursing Information Officer) to discuss GP Practices noting on the patient alerts that a patient would need to travel a long distance to the Trust and for the appointment to be made for a more appropriate time (not too early in the morning or too late in the evening).</p> |

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| | <p>Julia Clarke informed the group the wider digital programme extends over many years, for every quarterly meeting Sally Orrell will give an update to the group which will then appear in the next monthly Cascade on the last Wednesday of each month.</p> <p>Nigel Lee informed the group the digital projects can be relatively focused, for example, the team upgraded some ophthalmology (eye department) software, which took about three to four months, the portal will take longer. Work is also being done on pathology, which is going to take even longer.</p> <p>We have been part of national funding for the last three years under a national digital programme called ‘Frontline Digitisation’, there is confidence that we will get a set of funding for the next three years with the new patient administration system, A&E and the quality monitoring system in both adults and children etc. When we build the plans into next year and beyond, the caveat we would need to apply do not have any guarantees for capital funding from next year and beyond for digital, that is being set out in detail. The digital team set out that programme for next year and beyond, which has been shared widely, nationally and regionally.</p> <p>Sally Orrell left the meeting.</p> |
| 2024/46 | Update on HTP |
| | <p>Rachel Webster and Tom Jones presented the update on HTP and briefed the group on the key areas, paper provided:</p> <p><u>More than a building</u></p> <ul style="list-style-type: none"> • Significant clinical engagement to develop pathways • Workforce modelling and recruitment – already seeing positive improvement in clinical recruitment • Continuing community engagement • Focus on social value with our contractors • Working with charities/ seeking opportunities to improve the experience for patients • Communications campaign as we move closer to implementation <p><u>Latest developments</u></p> <ul style="list-style-type: none"> • In July, we rearranged our entrances into the hospital, so that Outpatients appointments now enter via the Treatment Centre, Ward Block, or a newly created entrance on the West side of the hospital site. • A new road layout is now in place when you enter the site, separating construction traffic. • We have diverted our footpaths around the site, to keep our staff, patients and visitors safe from increased construction activity. • We’ve added additional site safety measures, including lollipop people, pedestrian crossings across the site • We are working with subject matter experts to review our plans and gather feedback for improvements, such as experts in human factors, visual impairments, and disabilities. • We are upgrading our car parking pay machines across the site to be more user friendly, and in areas with higher footfall following our entrance relocations. <p><u>Construction at RSH</u></p> <ul style="list-style-type: none"> • September – Essential roadworks to reinforce Evolution Road (near accommodation blocks) to help manage the additional traffic. |

- September – Opening of Racecourse Lane to allow for traffic to exit the site at peak times.
- October 2024 – Piling rigs will be delivered to RSH to begin piling work to put concrete infrastructure into the ground to support new building.
- November 2024 - Introduction of one-way system at RSH to maintain traffic flow.

Refurbishing and modernising ED

- The first phase of works to expand and modernise our Emergency Department (ED) is well underway within old Ward 29 and 30, which will become resus and a portion of majors. This work should conclude in 2025.
- Work in these areas is scheduled to complete in 2025/26 and includes the new major's area and Urgent Treatment Centre.
- These areas should be completed in 2026/27, including the main public areas of the ED.
- Work on the new Paediatric ED areas should be completed in 2027.

Clinical workstreams

- Within the programme, we have 4 clinical workstreams each with a HTP Centre Manager aligned to each division.
- The team are beginning to work on clinical pathways to deliver new model of care – linking in with internal clinical teams and teams across the system to ensure a joined-up approach.
- The aim is to be 'operationally ready' by 2028 and there are a number of areas we need to get right before we can achieve this including Estates, Travel and Transport, Clinical Pathways, Workforce, and Digital.

CYP artwork competition

- On Thursday 3 October we launched an artwork competition for children and young people across Shropshire, Telford and Wrekin, mid Wales.
- We're asking for artwork submissions for a chance to be featured on the construction hoarding at Royal Shrewsbury Hospital (RSH) and near the main reception at the Princess Royal Hospital (PRH) in Telford.
- Nominations are open until 1 November and the winners will be announced on 15 November.
- More details, and full terms and conditions, can be found on our website: Hospital artwork competition launches for children and young people – SaTH.

Engagement in 2024 so far

The map opposite shows the 70 events we have attended in 2024 between January and September 2024, to discuss HTP. These meetings are important to reach out to our seldom heard communities, who may not attend Trust meetings. In addition, we have attended 38 online events/meetings in this period. Often these meetings cover large geographical areas across Telford & Wrekin, Shropshire and mid Wales.

We have a range of Trust organised HTP events including focus groups, About Health Events, and informal drop-in style sessions, alongside attendance at a range of external events/meetings supporting the Trust in engaging with our local communities.

HTP Programme Board Engagement Report

Julia Clarke gave a brief overview of the HTP Engagement Report, paper provided:

Summary of feedback received and actions to date:

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| | <p>From the events we organise and those we attend in relation to the Hospital 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</p> <p>Feedback from our communities about the Hospital Transformation Programme is important as the project moves forward in supporting us to develop two thriving hospitals for our local communities.</p> <p>Rachel Webster and Tom Jones left the meeting.</p> |
| 2024/47 | <p>SATH Strategy & Partnership Update</p> |
| | <p>Nigel Lee provided a summary of key actions within the SaTH Strategy & Partnership update, paper provided:</p> <p><u>Integrated Care System (ICS):</u></p> <ul style="list-style-type: none"> • Flu, COVID and RSV vaccines are now available. For more information about vaccines, visit: https://www.shropshiretelfordandwrekin.nhs.uk/your-health/where-to-get-advice-and-help/vaccinations/ At the moment the take up is good compared with other systems and the GPs and primary care are a big part in this. • Colleagues, partners, service users and members of the public gathered at the area's Integrated Care Board (ICB) Annual General Meeting (AGM) on Wednesday 25 September. Further information is available on their website. • Colleagues from across the Integrated Care System joined together at the Severn Diabetes Conference held at Shrewsbury Town Football Club on Thursday 19 September. The day was hosted by Dr. Probal Moulik, Consultant Endocrinologist, and the Hummingbird Team, and focused on Type 1 and Type 2 diabetes, complications, obesity and hyperlipidaemia. Further systemwide work is planned for this area of work. <p><u>NHS Shropshire, Telford and Wrekin (STW) Integrated Care Board:</u></p> <ul style="list-style-type: none"> • Ian Bett has been appointed and commenced in post as the new Chief Delivery Officer for the ICB. • Lorna Clarson has been appointed and commenced in post as the new Medical Director for the ICB. • Review and alignment of priorities to the recently published Darzi Report. It's important because it recognises the real challenges that we see in population demand, old estate, old digital infrastructure and the fact that we need to work in a nationally on supporting services in the community, councils and neighbourhood teams. There's a range of things within the report that many Acute Care have been saying for some time. <p><u>Provider Collaboratives:</u></p> <ul style="list-style-type: none"> • Mr Andrew Morgan has been appointed and commenced post in October as the new Chair-in-Common of Shropshire Community Health NHS Trust and The Shrewsbury and Telford Hospital NHS Trust. This is a great opportunity to look at how we strengthen the collaboration and partnership with our Community Trust. <p><u>Internal Strategies:</u></p> <ul style="list-style-type: none"> • In July 2024 we held a board development session pertaining to health inequalities. Much work continues in this area with a programme of work |

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| | <p>currently being established. The Public Participation team have led some useful discussions about how we continue to share the information that we've got with population data and the whole range of data from different communities. There is still plenty to do and there's some real challenges in that, for example waiting lists are still significant and the teams have been working hard to reduce the waiting times.</p> <p><u>Recommendations:</u></p> <ul style="list-style-type: none"> • Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. We lead on work in BAME (Black, Asian and minority ethnic) communities for maternity, who often struggle to get the care that they need. We're doing some support in children with asthma and epilepsy. There is some really important areas there alongside system wide work on healthier weight on smoking and alcohol. |
| 2024/48 | EPRR Core Standards Submission |
| | <p>Emma-Jane Beattie gave a presentation on EPRR Standards Submission, paper provided:</p> <p><u>NHS Emergency Preparedness Resilience and Response:</u></p> <ul style="list-style-type: none"> • Introduction - All NHS-funded organisations must meet the requirements of the Civil Contingencies Act 2004, the NHS Act 2006, the Health and Care Act 2022, the NHS standard contract, the NHS Core Standards for EPRR and NHS England business continuity management framework. • NHSE Core Standards for EPRR - NHS funded services must demonstrate they can effectively respond to major, critical and business continuity incidents whilst maintaining services to patients. The purpose of the EPRR annual assurance process is to assess the preparedness of the NHS, both commissioners and providers, against common NHS EPRR core standards. <p><u>SaTH NHSE Core Standards Submission 2023/24:</u></p> <ul style="list-style-type: none"> • The 2023 EPRR Process resulted in SaTH being assessed as “non-compliant”. • The number of standards Acute Trusts are assessed against 64 Core Standards. • The Deep Dive Investigation this year is Cyber- the trust reported full compliance with 10/11 requirements. <p><u>Timelines:</u></p> <ul style="list-style-type: none"> • 30th August - Submission of all Evidence to NHS Futures 169 pieces of evidence submitted. • 4th November - NHSE & ICB Confirm and Challenge Meeting. • 14th November Annual Report presented to Public Board. • November- LHRP assurance signed off. • Update to board- revised post C&C position to be reported. <p><u>Deep Dive- Cyber:</u></p> <ul style="list-style-type: none"> • Cyber Security & IT related incident preparedness • Cyber Security & IT related incident response arrangements • Resilient Communication during Cyber Security & IT related incidents • Media Strategy • Testing and exercising |

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| | <ul style="list-style-type: none"> • Continuous Improvement • Training Needs Analysis (TNA) • EPRR Training • Business Impact Assessments <p>Emma-Jane Beattie left the meeting.</p> |
| 2024/49 | Supplementary Information Pack |
| | <p>i. Public Participation Plan: 2023/24 Action Plan Update</p> <p>Julia Clarke gave a brief update of the Plan on a Page for Charity, Engagement and the Volunteer teams.</p> <p>ii. Draft Public Participation Quarterly Board Report</p> <p>Julia Clarke informed the Group Back in 2021 we did a huge public engagement exercise around the Public Participation Plan, and we came out with 43 actions that were prioritised. We've delivered 38 of those, but five of them are ongoing. We will incorporate those five ongoing into the engagement plan on a page.</p> |
| 2024/50 | Any Other Business |
| | Nothing noted. |
| | Dates for the Forum 2025 |
| | <p>Monday 13th January - 13:00-16:00</p> <p>Monday 14th April - 13:00-16:00</p> <p>Monday 21st July - 13:00-16:00</p> <p>Monday 13th October - 13:00-16:00</p> |

| PUBLIC ASSURANCE FORUM ACTION LOG | | | | | | |
|--|------------------------|---|---------------------|----------------------------|---|---------------|
| Agenda Item | Date of meeting | Action | Lead Officer | Timescale/ Deadline | Comment/ Feedback from Lead Officer | Action |
| 14th October 2024 | | | | | | |
| 2024/25 | 14/10/2024 | Nigel Lee to liaise with Ned Hobbs (Chief Operating Officer) about considering appointment times for people who travel a far distance to the Trust. Also, the issue around what appointments should be logged as a cancellation, due to timings. | Nigel Lee | 13/01/2025 | Patients have in the past been accommodated outside of scheduled clinic templates when agreed and directed by a clinician, which could have been at the request of the patient or GP although this is rare and usually for urgent referrals. There is not a formal process for GP requests, however if any individual needs are clearly identified in the referral letter and the clinician can support a request, then instructions are shared with the booking team. We do, as standard practice, where possible accommodate any patients on Powys transport between 10am and 3pm to allow for travel time. Areas such as fracture clinic where patient require x-rays, are aware of these patients and prioritise within the clinic. We would certainly seek to accommodate individual requests when requested. If patients arrive late and if for any reason, we couldn't accommodate seeing them that day then their appointment would be rebooked and not recorded as a DNA or cancelation. On occasions where there may be a delay in the message getting to us, the team do retrospectively amend any DNA outcome that may have been recorded and another appointment given. (Response from SaTH Booking Team). | CLOSED |
| 2024/26 | 14/10/2024 | Kara Blackwell to liaise with Kate Manby (Ward Manager, Discharge Lounge) and to the ward nurses to make sure patients and their families are given clear communication with setting real expectations. | Kara Blackwell | 13/01/2025 | This has been discussed but will ensure discussed further as discharge comms does come up as well in complaints and there is ongoing discharge planning improvement work as part of operational improvement work. | CLOSED |
| 2024/27 | 14/10/2024 | Sally Orrell to liaise with Josh Pagden (Chief Nursing Information Officer) to discuss GP Practices noting on the patient alerts that a patient would need to travel a long distance to the Trust and for the appointment to be made for a more appropriate time (not too early in the morning or too late in the evening). | Sally Orrell | 13/01/2025 | Discussed with Josh Pagden, unfortunately the proposed alert would be to subjective and could cause issues with the booking process if unclear, therefore the alert cannot be added at this time. | CLOSED |

**PUBLIC ASSURANCE FORUM
TERMS OF REFERENCE**

Constitution

The aim of the Public Assurance Forum is to bring a public and community perspective to, and scrutiny of processes, decision making and wider work at The Shrewsbury and Telford Hospital NHS Trust. The Public Assurance Forum is an advisory group who are there to ensure that decisions about services and the delivery of care are developed in partnership with our local communities. The Forum will provide constructive challenge and scrutiny of decisions from a patient and public perspective

Membership

The membership of the Public Assurance Forum will be:

| Core Members | Deputies |
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| <ul style="list-style-type: none"> ● Chair – Non-Executive Director Trevor Purt ● Co-Chair - Montgomery Health Forum Councillor Joy Jones ● Deputy Chair – Director of Public Participation Julia Clarke ● Interim Director of Strategy and Partnerships Nigel Lee ● Head of Public Participation Hannah Morris ● Community Engagement Facilitator Kate Ballinger ● Deputy Director of Nursing Kara Blackwell ● Co-Chair of PACE (Patient Representative) Greg Smith ● Divisional Directors or nominated deputy from the four clinical divisions: <ul style="list-style-type: none"> - Clinical Support Services Anna Martin - Medicine and Emergency Care Laura Graham - Surgery, Anaesthetics & Cancer Lisa Challinor - Women & Children Carol McInnes ● Healthwatch Shropshire Vanessa Barrett / Lynn Cawley ● Healthwatch T&W Simon Fogell | <p>Head of Public Participation Hannah Morris</p> <p>Public Participation Facilitator Michael Crawshaw</p> <p>Head of Patient Experience Ruth Smith</p> <p>Clinical Support Services Dianne Lloyd</p> <p>Medicine & Emergency Care Hannah Walpole</p> <p>Surgery, Anaesthetics & Cancer Andrena Weston</p> <p>Women & Children Zain Siddiqui</p> <p>Healthwatch Shropshire Vanessa Barrett / Lynn Cawley</p> <p>Healthwatch T&W Jan Suckling</p> |

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| <ul style="list-style-type: none"> • Llais Andrea Blayney / Jane Randell-Smith • Shropshire Patient Group Graham Shepherd • Telford Chief Officers Group (COG) • Patient First, Telford Lynn Pickavance • Maternity Voices Partnership Angela Loughlin • Shropshire Voluntary and Community Sector Assembly (VCSA) and Age Concern Heather Osborne • Powys Association of Voluntary Organisations (PAVO) Clair Swales • Health and Wellbeing Board Cllr Paul Watling • PODS Parents Carer Forum Jayne Stevens • Challenging Perceptions Carl Bailey • Interfaith Council, Telford Raj Mehta • Shropshire Mental Health Support Clive Ireland • Armed Forces Outreach Sarah Kerr • Telford and Wrekin CVS Debbie Gibbon <p>Members from other nominated groups (following feedback from stakeholders) can be invited to attend to represent the different communities and areas covering Shropshire, T&W and Powys'</p> | <p>Shropshire Patient Group Gillian Sower</p> <p>Patient First, Telford Dave Morgan</p> <p>Shropshire Voluntary and Community Sector Assembly (VCSA) and Age Concern Kevin Moore / Linda Cox</p> <p>Health and Wellbeing Board Kelly Middleton</p> <p>Armed Forces Outreach Sean McCarthy / Caroline Maltby</p> |
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| <ul style="list-style-type: none"> • The appointment of each member of the public/patient groups will be for two/three years. Each organisation will choose which individual will represent their group at the Public Assurance Forum. There will be an opportunity for reappointment and the organisation may choose to nominate a specific role (e.g. Chief Officer so timescales will not apply) • All representatives are expected to attend forum meetings regularly and give feedback, gather views and information. Each organisation should also nominate a Deputy in the event of unavailability of the main representative. • A formal review will be undertaken after one year to evaluate the effectiveness of the |
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Forum and its processes.

- To ensure the autonomy of the Forum, members of the following organisations are not able to become a member, however there may be occasions in which they are invited to attend the Public Assurance Forum regarding a specific issue:
 - Public members of Health Scrutiny committees or the Joint Health Overview and Scrutiny committee (and equivalent in Powys)
 - Political or campaign groups
 - NHS organisations such as ICS, other NHS Trusts
 - Local Authority officers
 - Individual Public members, who are not representing a group or organisation.

Others may attend for specific agenda items as required.

The Committee will be chaired by a nominated Non-Executive Director of the Trust. In the absence of the nominated Chair, the meeting will be chaired by the Deputy Chair. If there are no Chairs available to attend the meeting, then it will be rearranged.

Responsibilities of Members

Stakeholders will nominate the individual that should attend to represent their organisation at the Public Assurance Forum (plus on deputy in the event of unavailability). Public Assurance members must be:

- An active member of the organisation they represent.
- Be able to provide feedback from the Forum to their organisation/community group and vice versa provide the views of their group to the forum.
- Be committed to work collaboratively with the Trust.
- Be prepared to voice their view as a lay representative and contribute to debate within the forum.
- Be mindful of the need for confidentiality in relation to some agenda items that may come to the attention of the Forum.

Questions from the public to be directed to the relevant public organisations. The Trust will promote and direct members of the public to the relevant organisations, with Healthwatch/CHC as the over-arching non-membership organisations that members of the public will be signposted too.

Attendance

Members may appoint suitable deputies to represent them. Deputies must attend when required. It is expected that the organisation will attend for a minimum of 75% of meetings in a year. Attendance will be monitored by an attendance matrix.

Quorum

- A minimum of three members from The Shrewsbury and Telford Hospital NHS Trust and three public representatives.

Frequency of meetings

- The Forum will take place quarterly (or more often, if necessary, at the discretion of the Chair)
- Meeting dates will be agreed on an annual basis and will not be changed without the

permission of the chair.

- Agendas, minutes and papers for the meeting will be distributed no less than seven days before the meeting. Any exceptions to this will require written notification to the chair, and subsequent agreement on distribution arrangements.
- The agenda and papers will be sent to all nominated Deputies as well as nominated core members.
- The agenda and papers will be published on the SaTH Website following a PAF meeting for the public to view.
- Contact details for member organisations will be made available on the SaTH website.

Authority

- The Public Assurance Forum is an advisory body and does not have decision making powers.
- It formally reports to Trust Board quarterly through the Public Assurance Forum Chair as part of the Public Participation quarterly update.
- Members should raise issues of concerns through the Forum in the first instance. The Forum may then decide to refer the issue back to the divisions or department for further consideration. The Chair, deputy Chair and the Public Participation Team are available to provide support to the Forum.
- It is important that Divisions and departments engage with the Public Assurance Forum at an early stage to ensure early and meaningful engagement and to avoid unnecessary delays.
- The Public Assurance Forum have the authority not to assure a document and refer it back to the Division/department with further queries, comments or guidance.

Duties

- To support SaTH to develop ways of engaging and involving the public and local communities.
- To agree members who will be involved in key pieces of work to ensure that the public/community voices have been heard in decision made across SaTH.
- To provide a mechanism for public assurance around decision making processes across the organisation
- To review and support the development of public engagement plans in relation to service changes and developments (Section 242)
- To support the Divisions in developing an ongoing dialogue and engagement plan with its patients, public and local communities.
- The Forum should provide advice and assurance on Division's plans to engage and involve the public and the local communities on their planning and delivery of their services.
- To provide assurance to SaTH that the voices of patients, public and carers are heard and taken into account in relation to service development, changes, strategies and other key documents.
- Enable our Seldom Heard Communities to be listened to and involved with the Forum and for their views to be taken into account.
- To use the expertise of the group members to support making informed decisions and recommendations on engaging our communities in relation to service developments and changes within the Trust.
- To provide assurance that Equality Impact Assessments are integrated and take into consideration the impact upon patients, carers and our local communities.

Reporting

The Committee will routinely receive the following reports:

- Action Plan for the Public Participation Plan
- Public Participation Quarterly Trust Board Update

Administrative arrangements

The Secretarial support will be provided by the Public Participation Team who has responsibility for:

- Keeping a record of matters arising and issues to be carried forward.
- Producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete.
- Producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these are dates and booking appropriate rooms and facilities.
- Producing appropriate support to the Chair and Committee members.
- Providing notice of each meeting and requesting agenda items no later than 7 working days before a meeting.
- Agreeing the agenda with the Chair prior to sending the agenda and papers to members no later than 5 working days before the meeting (urgent business should be agreed with

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| the Chair, prior to the meeting, and the secretary should be notified). | |
| Review | |
| Terms of Reference will be reviewed annually. | |
| Approved: | July 2023 |
| To be reviewed: | July 2025 |

| Public Assurance Forum | |
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| Member Update | |
| <p>Name of Organisation: Shropshire Patient Group</p> <p>Name of Member: Graham Shepherd</p> <p>Date: Monday 13th January 2025</p> <p>Time: 1.00- 4.00pm</p> <p>Location: Microsoft Teams</p> | |
| 1. | <p>Key updates from member organisation</p> <p>Following the relocation of the main entrance to the Treatment Centre, worked with the HTP to further refine the signage, which has now been implemented. Additional wheelchairs have now arrived, but it is still considered by various Volunteers that this is still marginal.</p> <p>Members are also sitting on several Focus groups.</p> <p>The SPG meets monthly with guest speakers from across the various health providers, giving Presentations and discussing their roles. During 2024 the following speakers attended:</p> <ul style="list-style-type: none"> • Janet Grittins –Primary Care Partnership Manager ICB • Gordon Kochane – Public Health Consultant Shropshire Council • Naomi Roche – Women’s Health Hubs – Shropshire Council • Nigel Lee – Director of Strategy and Partnership –SaTH • Katie Bohane – Family Mental Health Service • Tracey Slater and Jennifer – LeDeR – adults with learning difficulties • Rachel Robinson – Director of Public Health - Shropshire Council • Claire Sweeney – Healthy Living Team Manager – Shropshire Community Trust • Sally Orrell - Digital Program Co-ordinator and Engagement Manager ICB • Adrian Riley – Senior Pharmaceutical Advisor CHT • Emma Bayliss – Governance and Patient Experience Lead – CHT • Simon Chapple – Medical Director - Shropdoc |
| 2. | <p>Any items for discussion at the Public Assurance Forum from member organisation</p> |
| 3. | <p>Action update from previous meeting (if applicable)</p> |
| Report by: | Graham Shepherd |
| Date | 03/01/25 |

Public Assurance Forum

Divisional Update

Name of Division: CSS

Name of Divisional Lead: Anna Martin, DDO - CSS

Date: Monday 13th January 2025

Time: 1.00-4.00pm Location: Microsoft Teams

1. Key updates from Division

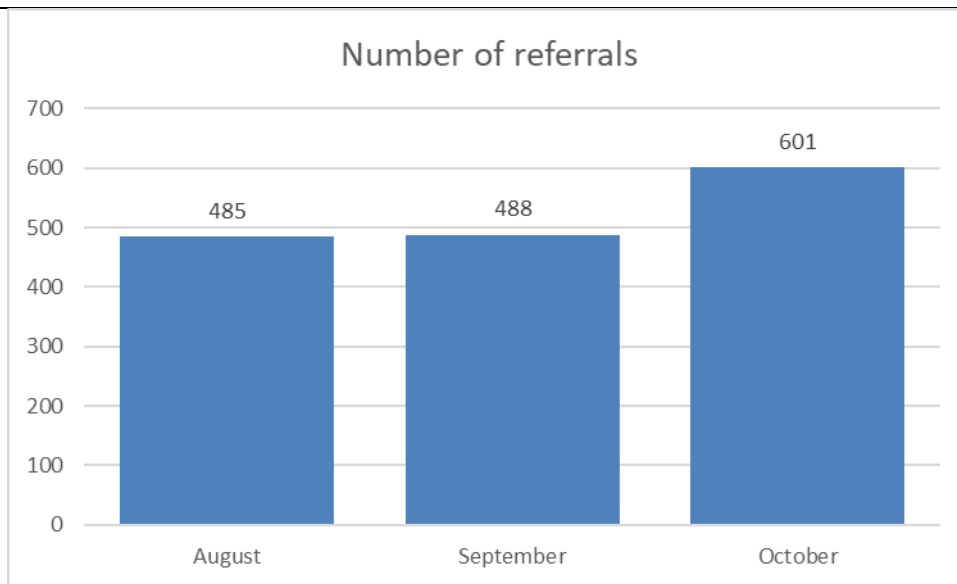
Pathology Accreditation:

- UKAS have conducted assessment visits across all Pathology services at RSH, PRH and RJAH during September and October 2024 as follows: Cellular Pathology, Microbiology and Blood Sciences Surveillance
- The Human Tissue Authority (HTA) made an unannounced routine inspection visit to the SaTH mortuaries – RSH 08/10/24 and PRH 09/10/24. The HTA Feedback meeting was held by the HTA Regulation Manager on 18/10/24 acknowledging the good work carried out by Pathology, Maternity and Estates, with note given to good teamwork in the mortuary and improvements since the last HTA visit.

Biochemistry laboratory equipment A new Managed Service Contract with Roche has been negotiated which will result in the replacement of all of the analysers, beginning with the first analyser being replaced at RSH in January 2025. This will improve service resilience across RSH, PRH and RJAH.

Pharmacy

- **Vacancies** at both sites remain impacting upon performance against standards.
- Installation of **automated cabinets** across both sites is enabling access by trained nursing staff to critical medicines and medicines for discharge both in hours and out of hours.
- **Automated cabinets** for ED PRH and the new RSH ED are in progress.
- **Discharge Medicines Service** has seen it's highest number of referrals to date in October 2024:



- **RSH Outpatient Antimicrobial Service** achieved 2,433 bed days saved in its first year (November 2023 to November 2024) with the majority of patients being either admission avoidance or discharged earlier from SaTH to receive treatment at home or as an outpatient. The service is now looking to expand into PRH and Powys dependent upon successful recruitment.

Radiology

The DM01 standard aims to ensure that 95% of patients do not wait longer than 6 weeks for an appointment in one of our Radiology Departments. System DM01 target is 85%

For the different modalities there plans in place to recover the back log

- MRI - a recovery plan including additional capacity at RSH and a mobile van at PRH which started scanning on the 11th December 2024 aiming to recover DM01 to 85% by March 2025 with no patients waiting over 13 weeks.
- CT - DM01 performance for CT remains better than the national target and the backlog of reporting is being reduced by outsourcing with effect from October 2024 with an aim of eliminating the backlog by the end of March 2025.
- Non-obstetric Ultrasound (NOUS) recovery is being supported by additional insourcing and waiting list initiatives with the aim is to meet the DM01 of 85% by March 2025.

CDC

- MRI, CT and NOUS are now operational 6 days per week with looking to move to 7 day working during 2025/26. This been included in the system CDC plan
- Walk in chest x-rays commenced mid-November with a view to increasing Plain Film activity.
- Recruitment of Phlebotomists - successful appointments made during Oct/Nov to support our Phlebotomy Service.
- Cardiorespiratory moved to CSS 1st December.

Therapies

A new Therapy Centre Manager is due to start in post from early February 2025

- Inpatient therapy staffing remains a challenge in our OT and SLT teams. The national shortage professions of Occupational Therapy and Speech & Language Therapy where there is a continued reliance upon agency staff.

Nutritional Intervention Project supported by SaTH Improvement Hub

Aiming to improve nutrition and hydration and includes:

- Audit of referrals to Dietetics – results due by the end of January 2025.
- Refresh of Nutrition Policy by the Quality Matrons and Nutrition Support Lead Dietitian who came into post in October 2024.
- Review of Patient Information on the Trust website.
- Audit of weighing equipment
- Universal symbols to indicate dietary requirements.
- Completion of Malnutrition Screening Tool (MUST) to be linked to Careflow referral criteria.
- Reintroduction of Protected Mealtimes Policy - completed.

2.

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

Patient engagement and involvement

The Clinical Support Services Division Patient Experience Group continues to meet every month. We are delighted to report that we now have 5 patient representatives, and our meetings are also attended by the Lead Chaplin who also champions the patients' voice.

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

- **Gather** - Therapies, Radiology and Phlebotomy are looking into using "Gather" which is an inter-active tool that pulls together the themes from the Friends and Family Test to provide reports, allow analysis and create action plans and provide feedback to patients in a "you said....we did" style.
- **Community Diagnostics Centre, Hollinswood House, Telford:**
The CDC is now routinely benefiting from approx. 500 patients a month providing their feedback, the vast majority of which is very positive. We are also expecting a return visit by the Experienced Based Design team to review progress with the action plan identified in January, the majority of which has been delivered.

"The First 15 Steps" assessment visits:

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

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

- 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)
- RSH Inpatient Therapy Gym
- Both mortuaries to look at the areas family and friends can access when they come to visit a loved one

All areas have already put in place some of the “quick win” actions identified by the visiting teams.

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

- Radiology
 - RSH Treatment Centre MRI and breast scanning
 - Evolution Scanning Suite, RSH (new Nuclear Medicine unit)
- Phlebotomy at both sites following moves to new locations:
 - 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 moved from Elizabeth House into William Farr House in September and is still settling into its new location however the decision has been taken to carry out the visit now to make sure the patients are getting the best experience, particularly in relation to car parking now that the William Farr House Site has building work and a temporary access road.

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| 3. | Action update from previous meeting (if applicable) |
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| Report by: | Dianne Lloyd, CSS HTP and Project Lead |
| Date | 6 th January |

Public Assurance Forum

Divisional Update

Name of Division: Women & Children

Name of Divisional Lead: Zain Siddiqui

Date: Monday 13th January 2025

Time: 1.00-4.00pm Location: Microsoft Teams

1. **Key updates from Division**

Maternity

- The service continues to face significant challenges due to the unavailability of midwife over 38 WTE affected by a combination of long-term and short-term sickness and parental leave. However, long-term sickness rates have markedly improved, contributing to a positive acuity level of 94% in November—well above the national target of 85%. Importantly, one-to-one care during labour and the supernumerary status of the coordinator have been maintained, which is reassuring.
- Workforce alignment to the nominal role has progressed positively, with the addition of 10 Band 5 midwives in September and a further 3 in October. The service has also successfully recruited 2 additional international midwives through its international recruitment program. To date, 10 international midwives have achieved NMC registration.
- An ANNB Quality Assurance visit was conducted in the department, with no urgent or immediate recommendations identified. Overall, the visit was positive, and the department has received the draft report for factual accuracy. Recommendations from the report will be monitored through appropriate governance processes.
- CNST Year 6 progress is on track, with the service making good strides toward achieving all 10 Safety Actions.
- Maternity Services have been recognised as finalists for the Hero Equality Award at the Trust's Celebratory Awards event, highlighting their dedication to inclusivity and excellence.
- The smoking rate at delivery decreased to 5.4% in November, which is an encouraging improvement toward the target rate of 6%. The Healthy Pregnancy Support Service continues to actively support families, and the implementation of *Saving Babies' Lives Version provision of Nicotine Replacement Therapy to further reduce smoking rates during pregnancy.
- Midwifery-led care remains available at Wrekin MLU and through the homebirth service. In November, there were 4 births at Wrekin MLU and 4 homebirths, with 22 transfers to Consultant-Led Care. A Homebirth Lead Midwife has been appointed to establish a new homebirth team, which will support the homebirth service, the Midwifery-Led Unit, and families opting to birth against advice in the community. The team's official launch is planned for March 2025.
- The midwife-to-birth ratio is currently 1:23, which remains within reassuring levels.

Paediatric Services

- An initial draft of the Paediatric Nursing Workforce briefing paper has been developed to address seasonal variances. It was presented to the Divisional Committee on 29th October 2024 and the Nursing, Midwifery, AHP, and Facilities Workforce meeting on 11th November 2024. The principles were approved, and the paper is now being refined in collaboration with HR colleagues.
- Nurse recruitment remains on trajectory, with five newly qualified registrants completing their supernumerary period. The non-registrant nurse pathway continues to progress successfully, with staff showing enthusiasm for career development at SaTH.
- Nurse staffing remains fragile due to increased short-term seasonal sickness absence. Mitigation measures, including encouraging agency staff to join the Trust bank and NHSP, are in place to ensure safe staffing levels.
- Activity and acuity within paediatric areas fluctuate in line with other regional units. Activity related to children and young people (CYP) with mental health illnesses or eating disorders has been stable during this period.
- External reviews were conducted for Ward 19 and paediatric specialties, including: Paediatric Oncology Peer Review on 17th October 2024, with positive initial feedback. GIRFT Review of Paediatric Diabetes Services on 22nd November 2024, where the national team recognised exceptional participation and representation. The review highlighted workforce needs in medical, youth worker, and psychology roles and the need for collaborative preventative work to address the increasing prevalence of type 1 diabetes. Written feedback is awaited.
- Several colleagues from the Women and Children's Services Division were nominated for this year's Trust Celebratory Awards. Notably, CNS Sister Janice Llewellyn received the Shropshire Star Public Recognition Award for her exceptional support to families in her role as a Children's Oncology and Haematology Nurse.

Neonatal Services

- The Neonatal Matron commenced on 4th November and, alongside the Neonatal Unit Manager, is contributing significantly to service development.
- Generic nursing vacancies are minimal following the appointment of two registrants and two non-registrants. Remaining vacancies are linked to nursing quality posts outlined in the Ockenden business case and are being recruited per the planned trajectory.
- Workforce training to achieve QIS compliance is progressing, with 51% of the generic team and 55.5% of the combined quality, management, and generic team trained. The service remains on schedule to meet the 70% BAPM standard by January 2026, with additional QIS intake capacity under review.
- The Neonatal PACE Group continues to evolve, with the MNVP increasing their support. Recent upgrades include parent flats and plans to refurbish the quiet room, alongside a 15-steps audit.
- Progress on the Neonatal Transformation Workstream (MNTP) is strong, with most actions completed or underway. This includes the recruitment of nursing quality posts and the resolution of the nitric oxide issue with authorisation from the WM Neonatal ODN.
- The West Midlands Neonatal ODN is supporting improved data capture ahead of the Neonatal Badgernet system implementation.
- Positive feedback from the Freedom to Speak Up Team highlights engagement and morale in the neonatal area, now supported by a Freedom to Speak Up Ambassador.
- The West Midlands Neonatal ODN peer review on 2nd December 2024 received highly positive verbal and draft written feedback.

Gynaecology Services

- Senior Nurse Leadership remains challenged with no Gynaecology and Fertility Matron in post. However, the Gynae-Oncology CNS has recently joined the team.
- Nurse staffing remains fragile due to sickness absence and maternity leave, with new staff awaited.
- The Hysteroscopy Transformation Group continues to work on improving service delivery pathways.
- A review of pathways for women with benign conditions has commenced to reduce delays in care.
- Ongoing work on the pessary pathway aims to establish clear collaborative management responsibilities.
- Insourcing efforts continue to reduce long waits and meet 65- and 78-week RTT targets.

Fertility Services

- Nursing and medical staffing is gradually improving following the introduction of some new working practices, reduced nursing team sickness absence and the appointment of nursing staff on a fixed-term basis to cover absence.
- Preparation for the pending HEFA review anticipated in the 2025 is underway.

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| 2. | Update on any current or future service developments or changes and how are you involving the community in these changes? |
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Key activities identified by the division include –

- A single delivery plan has been produced in development with the LMNS, that now includes both the 3-year maternity and neonates delivery plan, alongside the equality and equity action plan, to reduce silo working and duplication.
- Further investment in the asthma and epilepsy pilot projects (aligned with CORE20PLUS5) by the ICB, has resulted in appointment of a lead nurse and other team members in order to progress the individual project aims. The Divisional Team are still awaiting the details of the revised project plan.
- Following the systemwide GIRFT review of Children's and 18-15-year-old diabetes care, significant systemwide preventative work is being planned to address the high prevalence of type 1 diabetes throughout the geographical area
- The Interim Director of Midwifery has identified areas for service improvement with good progress being made with commissioned quality improvement projects in: Maternity Triage, Postnatal Ward, Diabetes Service and Antenatal Clinic
- A review of Community Services has identified areas for efficiency, this will be subject to a management of change due to commence in February 2025. Engagement events are underway with staff groups and collaboration planned with the Maternity and Neonatal Voices Partnerships to support and lead the proposed improvement work.

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| 3. | Action update from previous meeting (if applicable) |
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|-------------------|---------------|
| Report by: | Zain Siddiqui |
| Date | 06/01/2025 |

Public Assurance Forum

Divisional Update

Name of Speciality: Patient Experience

Name of Speciality Lead: Kara Blackwell

Date: 13th January 2025

Time: 14.00-17.00 Location: Microsoft Teams

1. **Key updates from Division**

- **Complaints:**

The Complaints Team have continued to work closely with Divisions to improve the length of time that complaints investigations. Work is ongoing to reduce the backlog of complaints and we have seen a reduction across all Divisions alongside a reduction in the time cases are staying open. We are doing focused work around complaints relating to end of life care.

The Patient Advice and Liaison Service (PALS) weekend service is receiving positive feedback in relation to responding to queries in more timely manner.

- **Learning Disability and Autism Patient Experience Group**

The Group has now met on 2 occasions with good representation from key stakeholders within and external to the Trust. The Head of Patient Experience is continuing to recruit patient/carer representatives to the Group. The Group is planning a 15 Steps for OPD with an LD and autism focus for April 2025.

A new LD and Autism nurse for the Trust will commence in February 2025 with a focus on our LD and autism patient improvement priorities. This person will be a core member of our LD and autism Patient Experience Group and work closely with our LD service commissioned through MPFT who work in the Trust.

- **PLACE**

PLACE programme for 2024 was completed in November 2024. Priorities identified from last year's PLACE reviews for PLACE Group to address included handrails, Patient TVs, Artwork, and Dementia standards and the Group is undertaking work in relation to these.

PLACE assessments for 2024, on each site areas covered included:

- 10 wards
- OPD and Emergency areas
- 3-4 food observations/assessments
- Assessments of communal and external areas

On each assessment there was a manager to facilitate the session along with a member of admin staff who completes the forms and record any actions as

necessary, as well as 2 patient representatives on each assessment. The outcome of the assessment will be released around January/February 2025.

- **Patient Portal**

The Project is in the early stages of introduction but key features of the portal have been presented at the Corporate Patient Experience Group as when in place patients will be able to see upcoming appointments, and summaries following appointment. Personal details such as Next of Kin can be updated on this. A Pre-appointment questionnaires will be able to be sent as well as broadcast messages to patients. Regular updates will continue to be provided at the Group as our Patient representatives are keen to be involved throughout this project.

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

This is a mandatory framework for NHS commissioners and providers nationwide. Its purpose is to assess healthcare access inequalities, as well as the reported impact and experiences of individuals. The system consists of three domains, with Domain 1 concentrating on service delivery.

In November 2024, three stakeholder events were held, offering service users, staff, community groups, and other public stakeholders a chance to evaluate the actions being taken to address inequalities in healthcare access. The services reviewed this year were Dementia Services, Breast Screening and Phlebotomy Services. During these events, evidence related to people's experiences, impacts, and outcomes was shared, and feedback was gathered through facilitated table discussions. This provided valuable insights into areas of success, opportunities for service improvement, and an overall rating for each category. The grading and feedback collected from the group discussions have been shared with the service leads. The services reviewed will now create draft action plans in response to the feedback. The oversight of the collected grades and action plans will be shared with the stakeholders involved in each event, allowing participants to contribute to the actions and planned improvements.

Progress of the actions plans developed by the services reviewed last year were also shared with stakeholders at this year's events.

Experience of Care Strategy

The Experience of Care Strategy was approved by the Quality and Safety Assurance Committee in December 2024. This strategy was developed with patient, family and our local community engagement. The teams are now working on the implementation of the delivery plan accompanying the strategy.

- **Chaplaincy**

The Multi-Faith Room at RSH was opened in July, with the PRH room opening in October 2024. Positive feedback has been received in relation to the redesigned spaces

The number of befriending volunteers supporting visits to patients across the Trust continues to grow. The chaplaincy Team and volunteers are undertaking cancer champions training to provide additional support and signposting for patients.

- **Patient Experience**

Mobile telephone chargers have been introduced within the Emergency Departments at each site and the Maternity Atrium, providing access to charging facilities when people attend the Trust in an unplanned or emergency situation. Take up has been particularly high at PRH.

There has been a significant increase in the number of digital stories being captured from people with lived experience. This feedback is being used in a range of staff training, enabling people sharing their stories to support compassionate training, reflective learning, and reinforce the importance of application in practice.

- **Workforce and Education**

Recruitment initiatives mean that we now have very few Band 5 nursing vacancies across the Trust.

We have worked with Telford colleague around the introduction of apprentice Health care Support Workers into our workforce, enabling an opportunity for our young people living locally to undertake apprentice training. 19 people have been appointed to these posts and will start their 15 month apprenticeships in February 2025 and become HCSW in our Trust in 2026 following successfully completing this training.

2.

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

- Ongoing recruitment of Patient/Family representatives to our LD and autism Group will help with us prioritising improvements based on their feedback so these will have the maximum benefits

3.

Action update from previous meeting (if applicable)

None at this time

Report by:

Kara Blackwell

Date

07/01/2025

Public Assurance Forum

Divisional Update

Name of Division: Medicine and Emergency Care (MEC)

Name of Divisional Lead: Hannah Walpole

Date: Monday 13th January 2025

Time: 1.00-4.00pm Location: Microsoft Teams

1. **Key updates from Division**

Waiting Time Screens in ED

Trial of screens in both our ED's has been concluded with feedback from patients, staff, Patient Experience Team and the UEC Patient and Carer Experience Panel (PaCE) incorporated to refine messaging and communication. Next phase of project is to publish the waiting times on the Trust Website.

Portable Telephone Charging Devices

Introduced in August 2024 within RSH ED and PRH ED/Maternity atrium, the UEC Patient and Carer Experience Panel (PaCE) were updated in December on the rental usage and patient feedback since being introduced. People using devices rated their experience as 5 out of 5 at RSH and 4.3 out of 5 at PRH. Patient feedback includes:

"I was pleasantly surprised to find this in the waiting room. It came in very handy as I had to rush in the late afternoon" (RSH)

"Fast charging and convenient. I wish there were more of these around, I'm forever forgetting to charge my phone" (PRH)

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

Urgent Treatment Centre (UTC)

UTC services at PRH and RSH are currently delivered by an Independent Service Provider however, the Trust will be bringing this service back in house from 1st April 2025. There will be no change to how our communities access UTC services from 1st April 2025, however, we will ensure our community stakeholders are involved in any future plans to further optimise and improve our UTC services.

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| 3. | Action update from previous meeting (if applicable) |
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| Not Applicable |
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| Report by: | Hannah Walpole |
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| Date | 07/01/2024 |
|-------------|------------|

Public Assurance Forum

Divisional Update

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

Name of Divisional Lead: Graeme Kendall / Divisional Lead Nurse

Date: Monday 13th January 2025

Time: 13.00-16.00 Location: Microsoft Teams

1. Key updates from Division

Divisional Patient and Carers Experience Group

The group continues to meet on a regular basis. There is good engagement between the patient representatives and wards/department Matrons and Ward Managers. A Divisional action plan has been formulated and monitored. Standard agenda item of a patient story is presented by Matron/Ward Managers to facilitate shared learning and experience.

A series of familiarisation visits by the Divisional Patient Representatives have been undertaken. To date areas visited are:

- Day Surgery RSH
- Outpatients RSH
- Theatres RSH
- Pre-operative Assessment RSH
- Day Surgery PRH
- MSK Wards RSH
- MSK Wards PRH
- Head & Neck Ward 8 and Outpatients Departments ENT & Maxillofacial and Dental lab PRH
- Telford Elective Surgery Hub (Revisit took place after the opening of the Hub in June)
- Dental Laboratory RSH

Visits to Chemotherapy at RSH scheduled for 28th January 2025 and further visits to SAU/ Ward 37 are in progress.

Working group to review complaints had been established for Ward 4. Outcome from the working group was the establishment of communication sheet to record and aid staff conversations with relatives and carers. After a successful trial, this has now been combined with medicine documentation and will be utilised throughout the hospital.

2022 Inpatient survey released October/November 2023. Divisional action plan was formulated from Ward responses. Actions identified were:

- Admission to hospital
- Inpatient Care and Environment
- Medical Care
- Nursing Care
- Care and Treatment concerns/satisfaction
- Patient Information and documentation
- Family and carers input and experience of services/treatments
- Discharge planning
- Feedback on Care provided and improvements that may be made

The majority of identified actions have now been embedded into the Wards; work is ongoing to monitor progress and ensure improvements are maintained. Currently awaiting publication of the 2023 survey to enable creation of an updated action plan for the Division. There will be

a review of comparative data to ascertain where improvements have been achieved and if any themes have been carried forward from the previous survey.

Hospital Transformation Programme

Consultant Colorectal Surgeon, Miss Kirsten McArdle, has been appointed as the Hospital Transformation Programme (HTP) Clinical Director and joins the HTP team from January 2025. Miss McArdle will join Andrew Evans and Clare Marsh to complement our Divisional HTP team.

MSK (Musculoskeletal)

- Ward 5 elective orthopaedics reopened on 4th November 2024. Following review from an external consultant, sign off was given by Infection Prevention Control and Executives, with mitigation in place. To date 63 joint replacements have been performed, with 24% of patients being discharged on day one and a further patient going home on the same day of surgery. The national percentage for day one discharge is 15%
- Lower Limb Consultant replacement; new Consultant in place for 1 year fixed term
- Due to waiting list management, orthopaedics number of theatres has been reduced. The resumption of full theatre capacity has not yet been achieved due to staffing

Surgery, Gastro

- New Urology Consultant and Colorectal consultant both in post and settling in well
- TRIOMIC 12-month research project due to go live Q4 due to works delays. The project will change the current pathway and patients will be seen in a community setting for a simple device-led investigation, with the overall aim to reduce invasive investigations whilst also providing a faster diagnosis (cancer and non-cancer). Colorectal Surgeon Mr Jon Lacy-Colson is leading on this on behalf of SaTH. The project will also reduce first appointment via routine referral to treatment (currently 52+ weeks) and optimise colorectal consultant workforce

Oncology, Haematology, Radiotherapy

- Haematologist specialist has started in haematology, and we have a substantive haematologist starting on the 6th January 2025
- We have a substantive clinical oncologist starting on the 17th January 2025 who will cover Urology, Head and Neck and skin
- Additional funding received to support our urology backlog – sourced a locum 3 days a week to help improve waiting times

Theatres, Anaesthetics, Critical Care

- Critical Care – successful staff away days held, supporting the learning and development of the team including the sharing of good practice and developing relationships with other services such as the Organ Donation Team and the Adult Critical Care Co-ordination and Transfer Service (ACCOTS)
- Theatres – began implementation of a new Inventory Management System to improve stock management and tracking

Head and Neck

- Continuing to hold additional clinics on weekends to reduce the waiting time for patients, these have been a real success with a reduction in long waiters
- Providing additional theatre capacity during the week and weekends with the support of external insourcing company. This is reducing the backlog of long waiting patients
- Out to advert for x2 NHS Locum Consultant Oral and Maxillofacial Surgeons following recent resignations

- OMFS (oral and maxillofacial surgery) cancer is extremely fragile, Royal Wolverhampton are supporting by providing additional outpatient capacity for first Out Patient Appointment for patients on the urgent suspected cancer pathway

Ophthalmology

- Urgent Eye Clinic remains challenged for capacity due to an increase in demand and reduced capacity in the community minor eye care service
- Following a tender process Paragon are now providing additional follow up capacity at weekends for patients awaiting glaucoma review. This will reduce the number of patients who are overdue their glaucoma review

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

Accommodation application form completed for Proposed Paediatric recovery area to be relocated to the vacancy High Dependency Unit (HDU) to support the clinical model. Application form to be taken to clinical space allocation group on 20th January 2025.

HTP team have been allocated Business Intelligence support to support each Division with bed modelling and process mapping.

Capital planning papers for both the transfer of trauma services from PRH to RSH and for proposed Chemotherapy Day Centre are completed and ready to take to the next capital planning meeting to support feasibility studies.

HTP workstream meetings have now started within the Division and have already taken place with Theatre, Trauma & Orthopaedic and Head & Neck Centres. Meetings are essential for engagement process and gaining both clinical and operational buy in from our centre teams.

Meetings have been planned for the Theatre and Critical Care teams clinical teams to meet with pendant suppliers to determine most suitable pendants for their areas (ITU and obstetric theatres).

HTP teams continue to engage with our services users around the country. Divisional HTP team also update PACE monthly meeting.

MSK

- Mutual Aid – Approval has been given to use Outpatient Network, an insourcing provider to clear the backlog of long waiting breach patients in December. This is in line with the NHSE national target of no 65-week breaches. A further proposal to use Outpatient Network between January and March 2025 to support the 52-week target, has been put forward
- FLS (fracture liaison service) – Resubmission of business case to the ICB following “system wide” discussion around inequity in service provision for Telford & Wrekin patients
- TEMS (Telford Musculoskeletal Services) – In line with the cessation of TEMS and the move for all patients to go through MSST, the TEMS waiting list will transfer to SATH. The date for this to happen has not yet been agreed as we need to understand the activity numbers involved and ensure the workforce resource to accompany this work is approved and in place
- Trauma HTP – The centre continues to work towards single site trauma with an active working group now in place

Surgery, Gastro

- Business case in progress for Urology growth and the Urology Investigations Unit
- Engagement with GPs by way of a monthly forum to update on Colorectal TRIOMIC

Oncology, Haematology, Radiotherapy

- Business case in progress through the various panels for fragile services within the centre
- A local company donated a 6ft Christmas tree to be displayed outside of the Lingen Davies Centre
- The artwork that is being displayed within the centre was featured in the Shropshire monthly magazine
- The patient information panel have been involved with all Careflow patient template appointment letters
- All PIFU (Patient Initiated Follow Up) leaflets have gone through the patient information panel
- Lingen Davies Charity are providing water bottles for all radiotherapy patients

Patient Access

- The Patient Experience Panel have supported updating our patient letters for those attending the RSH site. There is now an additional information sheet with advice to arrive early as well as parking instructions and a map of the site. The information provided is within national reading age standards
- National Validation is a request from NHSE where patients waiting over 12 weeks for their treatment are contacted, usually via text to confirm if they still require their appointment or procedure. The trust took part in the National Validation Sprint and was completed showing an average of 4% reduction in waiting list size across all 10 providers that took part, compared to 1.2% across England
- The Booking and Scheduling teams telephone lines reopened to previous times of 8am to 6pm Monday to Friday. The outgoing message has been reviewed and now includes instruction to contact via email if the patient would prefer

3. Action update from previous meeting (if applicable)

No previous actions noted

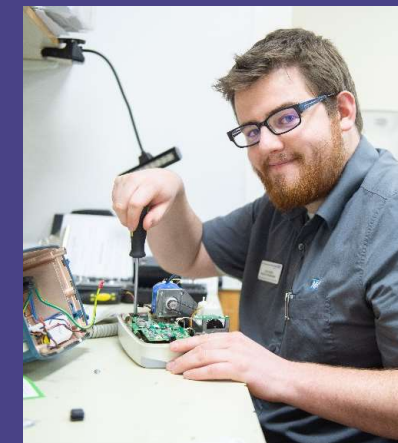
Report by

Centre Managers / Divisional Lead Nurses

Date3rd January 2025

Hospitals Transformation Programme: Public Assurance Forum

13 January 2025



HOSPITALS
TRANSFORMATION
PROGRAMME



HIGHER QUALITY,
SAFER CARE



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OUTCOMES



BETTER
ACCESS



A GREAT PLACE
TO WORK

Why are we here?



- Where are we in the process?
- Latest developments
- Your feedback
- How can you get involved?
- Questions

Rachel Webster, HTP Nursing, Midwifery and AHP Lead

Tom Jones, HTP Implementation Lead

**HOSPITALS
TRANSFORMATION
PROGRAMME**



HIGHER QUALITY,
SAFER CARE



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A GREAT PLACE
TO WORK

A reminder...



The Shrewsbury and
Telford Hospital
NHS Trust



Integrated
Care System
Shropshire, Telford and Wrekin

The clinical model



RSH will specialise in emergency care and will have:

- A modern, purpose-built Emergency Department
- A critical care unit
- Consultant led maternity care
- Children's inpatient services
- Emergency Medical Specialist Services, including Cardiology, Stroke, Respiratory and Acute Medicine
- Emergency and trauma surgery
- Head and neck inpatient services
- Radiotherapy and inpatient and day cancer care and treatment

Both sites will continue to provide a number of services, which include:

- Adult and Children's outpatients
- Urgent care services and medical SDEC
- Diagnostics, imaging services including X-ray
- Frail and elderly care services

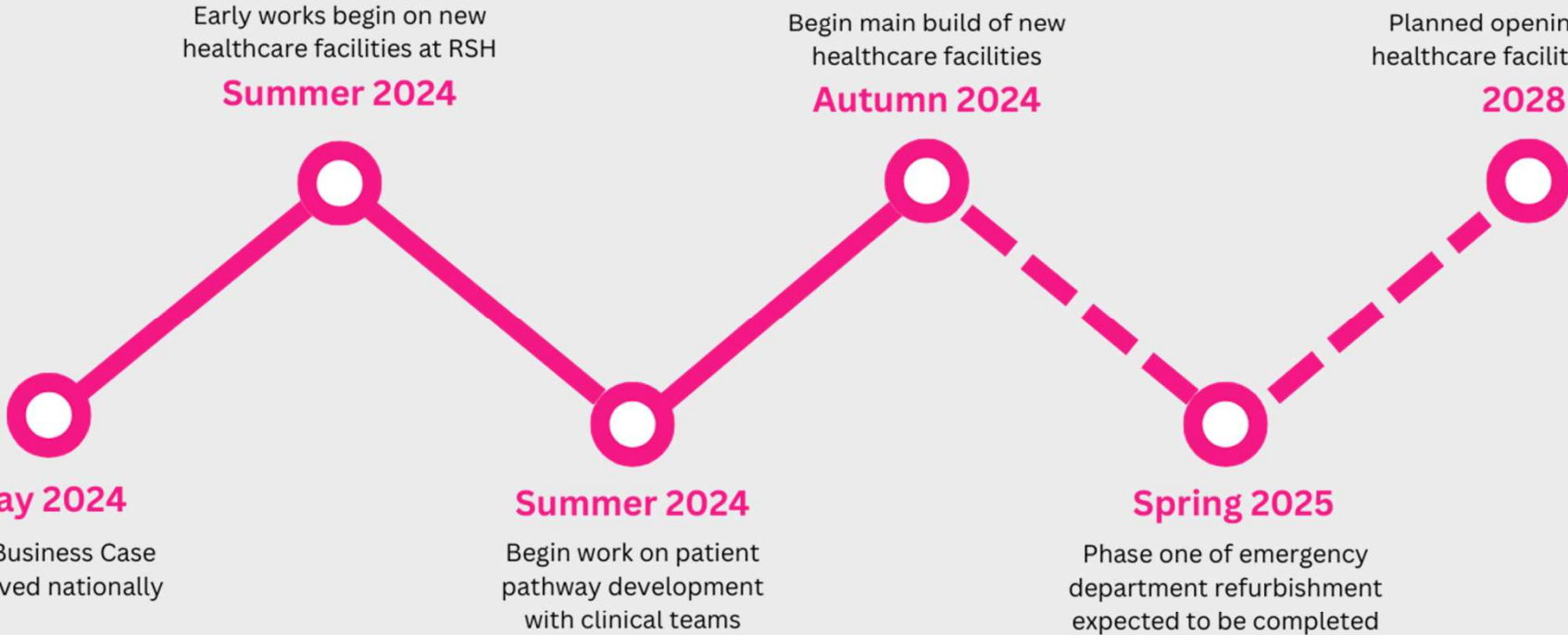


PRH will specialise in planned care and will have:

- 24/7 urgent care services
- Diagnostic endoscopy
- Planned inpatient surgery and medical and surgical emergency patients on a planned pathway of care
- Day case surgery
- Midwife led maternity unit
- Enhanced rehab facilities and therapy led wards
- Cancer treatment day unit – aligned to HTP
- Respiratory treatment centre – future opportunity



Where are we in the process?



**HOSPITALS
TRANSFORMATION
PROGRAMME**



Latest developments

More than a building

- Significant clinical engagement to develop pathways
- Workforce modelling and recruitment – already seeing positive improvement in clinical recruitment
- Continuing community engagement with our communities
- Focus on social value with our contractors
- Working with other organisations / seeking opportunities to improve the experience for patients
- Communications campaign as we move closer to implementation
- Ongoing staff engagement to keep workforce informed
- Working with Community colleagues on wider transformation plans



Beyond 2028 – future planning

Delivering our clinical model (£312m)

- Emergency Centre RSH
- Planned Care Centre PRH
- New clinical model - more modern facilities

Enhancing services

- Carbon Zero
- Community diagnostics

Our plans for the future

- Ward improvements
- Theatre improvements
- Cancer Centre and Respiratory Centre at PRH

Building our success

To make our vision of two thriving hospitals a reality, we need a number of different projects that are aligned to HTP to support the agreed clinical model, both within our communities and at our hospitals. This includes:

- **Planned care hub** – opened at PRH in June 2024
- **Community Diagnostic Centre in Hollinswood House, Telford** – completed its final phase of services opening in June 2024
- **Options 3 and 4 of the HTP business case** – this includes additional services of the clinical model and other aspirations, such as a cancer treatment day centre and respiratory centre at Princess Royal Hospital (PRH), additional new wards and ward developments, theatre refurbishment, integrated health and wellbeing services.

The HTP funding provides a strong starting point to realise our vision and address our most significant challenges. We are continuing to look for further opportunities to secure additional capital funding and work with charitable partners to deliver the full transformational objectives of the FBC (options 3 and 4).



Workstreams



Pathway development

Pathway development for planned and unplanned care is in progress. Examples of work in progress now include trauma, cancer treatment day centre, respiratory assessment, lung cancer and cardiology.



Estate requirements

Estate requirements are being developed for specialties with an initial focus on cross Divisional agreement of the estate allocations confirmed at the Accommodation Control Group.



Modelling & Audit

There is modelling and audit work being undertaken, including continuation of admission space analysis, theatre allocation by specialty and site, and workforce requirements.



Joint working

The HTP clinical workstream are working closely with the digital team to ensure joint working and shared system-wide objectives.

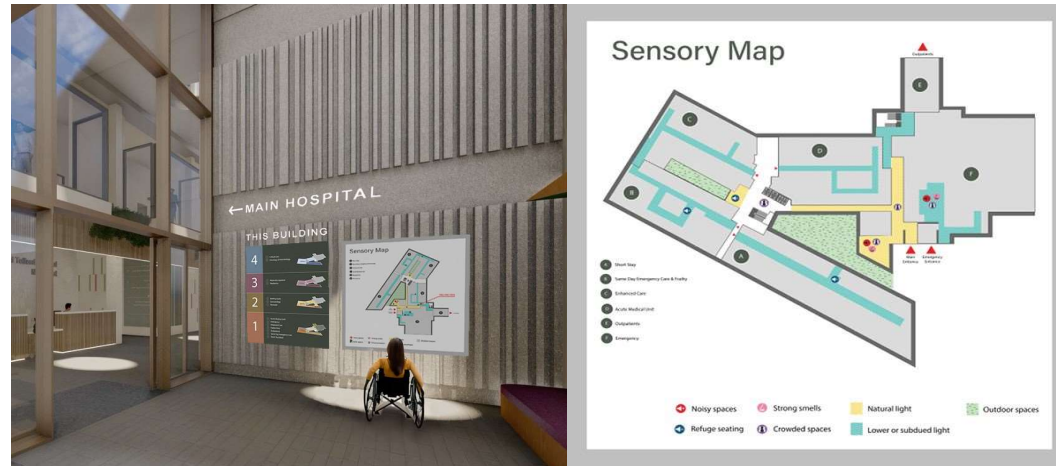


Indicative designs following our engagement

Enhanced wayfinding design

“Consider signage which will help people identify quiet areas early on upon arrival”

“A sensory tactile map at the entrance and at various points would be helpful with supporting navigation. Somewhere to sit nearby as you might spend a while looking at it.”



SENSORY MAP:

A sensory map at the entrance, and at major wayfinding decision points are clear acknowledgements of the difficulties faced by neurodivergent and people with impaired sight and mobility.

“Calm Space” provision in the architectural, interior design and art program, are indicated as retreats from crowded areas, and can be used as stopping off points.



RSH construction progress



- A **new road layout** is now in place, which includes a one-way system on parts of the hospital site. This is to protect drivers from the large number of wide construction vehicles that will be on site.
- We've created an **additional exit off the hospital**, which is open during peak hours (4pm-6.30pm), Monday-Friday.
- We have begun the site set up to safely **demolish Elizabeth House**, which was previously used as the blood test location at RSH. Once demolition has taken place, the site will become the new energy centre to house the generators for the new healthcare facilities.
- On Saturday 14 December we had the **crane delivered to the HTP construction site**. This milestone will allow the construction team to progress with the foundations for the new healthcare facilities. The second crane will arrive onsite in March 2025.
- Works are continuing to progress with **construction in our Emergency Department at RSH**, where we expect the first phase to complete in Spring 2025. Construction will then progress into other areas within the department.



RSH construction progress



Colleagues from IHP delivering Christmas presents to the Chaplaincy team to give to patients with few visitors on Christmas day at both our hospitals



Piling work progress



Basement level dig progress



The first of two cranes has arrived on the construction site



Urgent care provision at both sites

Both hospitals will have Urgent Treatment Centres (UTC)'s available 24 hours a day, 7 days a week. Patients in the UTC will receive faster access to the right clinicians, as they will be separate to emergency admissions.

RSH will be a standard UTC, patients being streamed into this service upon arrival at the “front door”

PRH will provide more functionality than the NHS England defined standard UTC. This will include a frailty service and Medical Same Day Emergency Care (SDEC). Additionally, resus room retained and suitably trained professional to be able to quickly and safely stabilise a patient that needs to be transferred to a different hospital



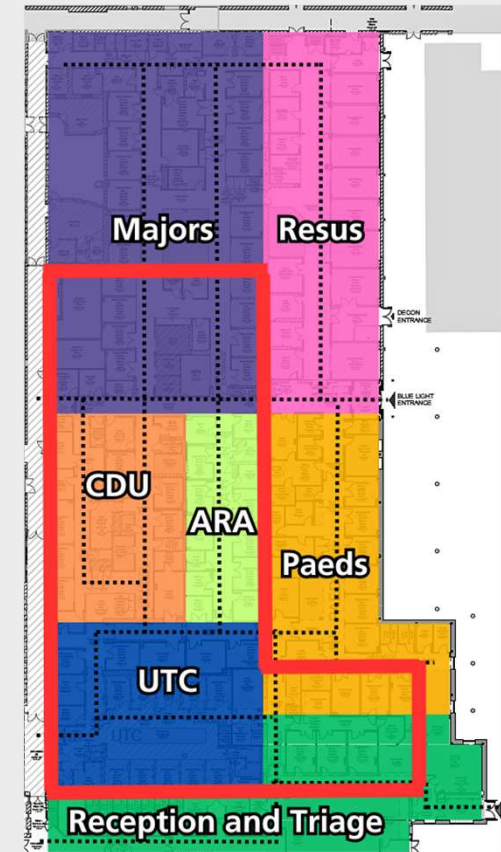
Emergency Department

Phased work continues in RSH Emergency Department.

The planned division of space is illustrated and labelled on the picture opposite.

The solid red line denotes the footprint of the existing ED.

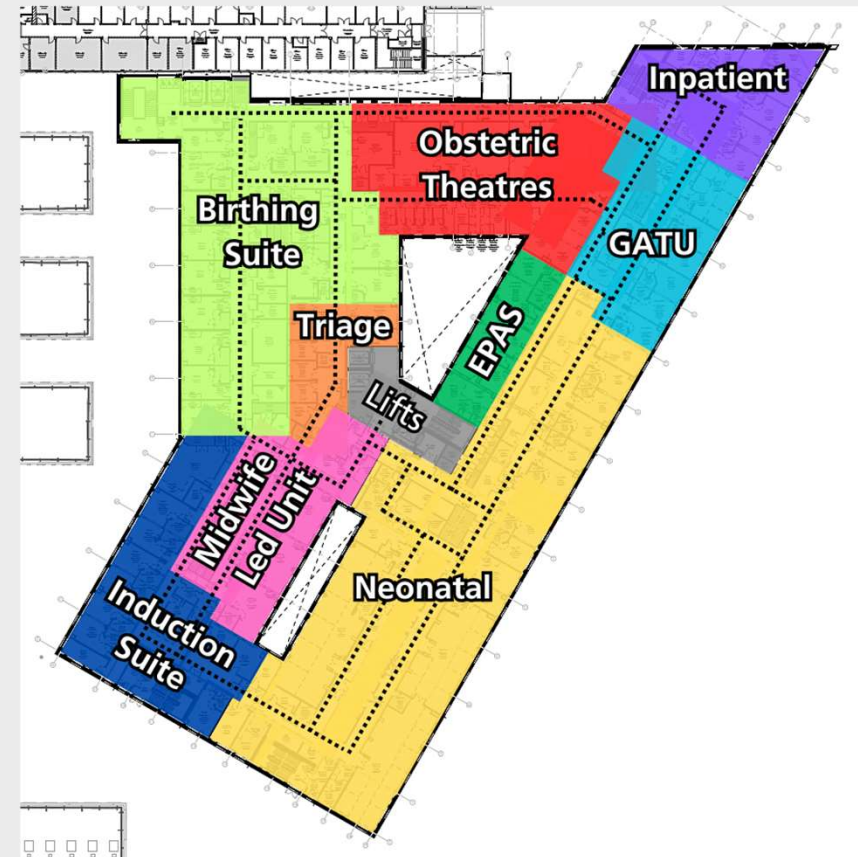
Equipment registers have been completed, and procurement is underway for the first phase of the Emergency Department refurbishment and expansion which encompasses the new Resus and part of Majors.



First Floor - overview

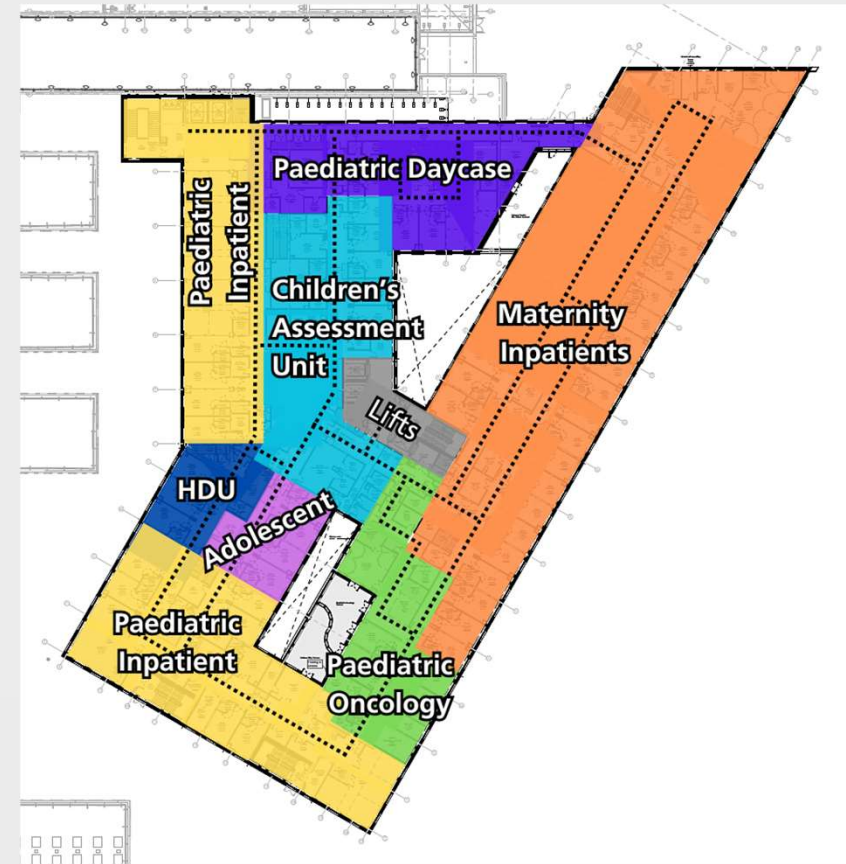
This graphic shows the first floor of the new building at RSH and will help to give an indication of how the new space will be apportioned amongst departments.

The theatres are two Obstetric theatres with a space ready for conversion to a third, if required in the future.



Second Floor - overview

This graphic shows the second floor of the new building at RSH and will help to give an indication of how the new space will be apportioned amongst departments.



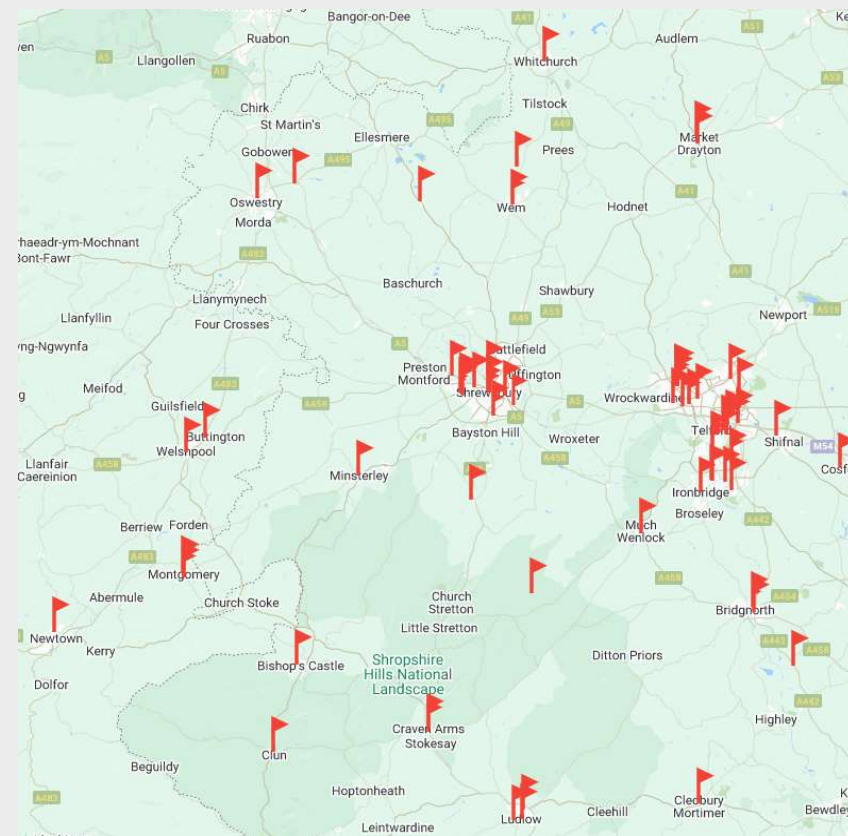
Recent engagement

Engagement in 2024

Year in review



- In 2024 we hosted or attended 143 events to deliver HTP messaging, 97 in person and 46 online. These meetings are important to reach out to our seldom heard communities, who may not attend Trust meetings.
- We held 18 focus groups including 8 quarterly (MEC&SACC and W&C) as well as 10 considering special interests. These were attended by 224 members of the public.
- We arranged 14 informational drop-ins across our region where we greeted and informed at least 344 members of the public about the programme.



HOSPITALS
TRANSFORMATION
PROGRAMME



HIGHER QUALITY,
SAFER CARE



IMPROVED
OUTCOMES



BETTER
ACCESS




A GREAT PLACE
TO WORK


Working closely with our communities


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

 Focus Group output guided new signage pack now installed in RSH; including walking times, floor vinyls, and wall mounted signs

 Claire Parker, Director of Partnership and PLACE for the ICB, updated the MEC&SACC focus group on the Local Care Transformation Programme

 Deaf and Hard of Hearing communities reported causes of anxiety in our hospitals for which reassurance and clarity has been provided

 Winter edition of HTP leaflet is being designed to include detail on Option 3 and 4 of the plans, to explain the full ambition of the programme.

 Considering 'Calm Spaces', sensory maps, and a sensory room within the new build for visitors with neurodiverse needs

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



BETTER, SAFER
CARE

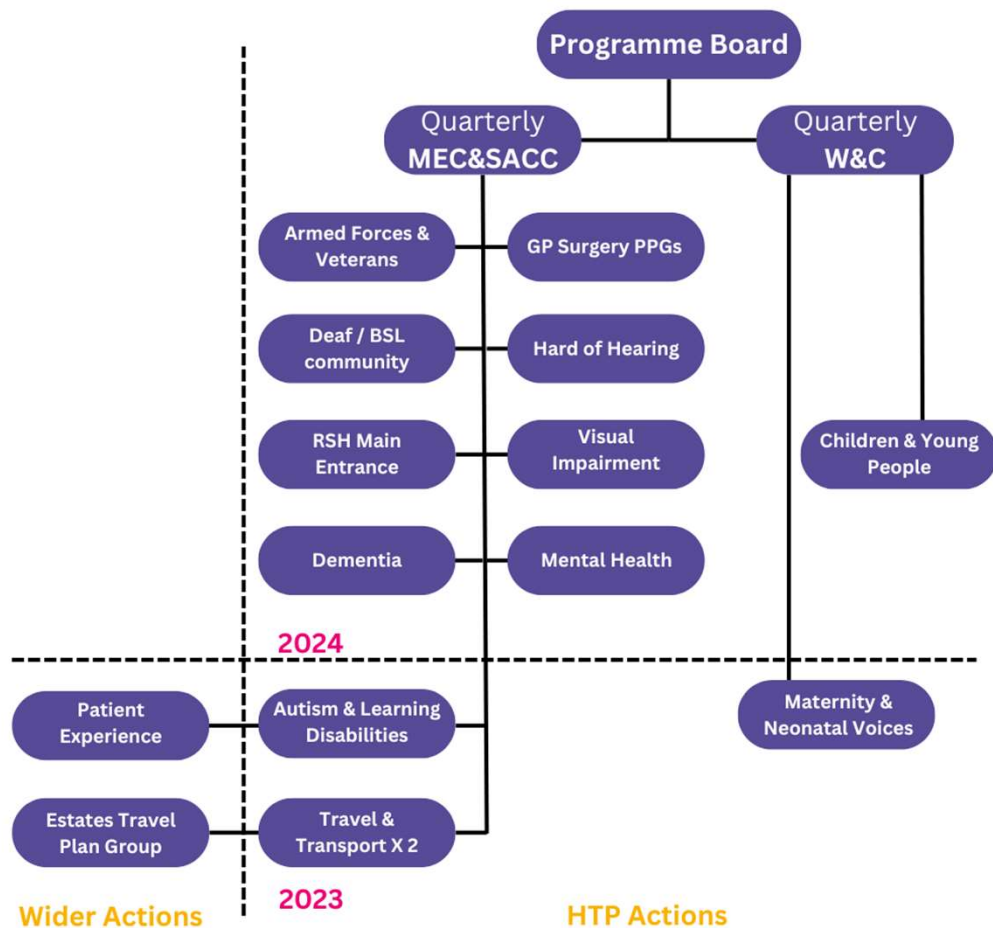


IMPROVED
OUTCOMES



SHORTER
WAITING TIMES

Focus Group Actions 2023/2024



Process for focus group actions

- Speciality focus groups are additional sessions on topics that warrant further exploration for the HTP project
- All the speciality focus group actions are fed back into the quarterly focus groups as detailed in opposite diagram
- Actions from quarterly focus groups are fed into the Programme Board



How can you remain involved?



The Shrewsbury and
Telford Hospital
NHS Trust



Integrated
Care System
Shropshire, Telford and Wrekin

Upcoming Public Involvement



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. **All focus groups have the presentation, Q&As and action logs uploaded onto our website for complete transparency**

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

General engagement sessions

About Health – HTP

January 28th, 18:30-19:30

Focus group sessions

Women & Children's

4th March, 10am-12noon

MEC&SACC

6th March, 10am-12noon



BETTER, SAFER
CARE



IMPROVED
OUTCOMES



SHORTER
WAITING TIMES



HOSPITAL TRANSFORMATION PROGRAMME

Additional engagement routes



| Event & Date | Subject |
|--|---|
| Monthly Hospital Update – MS Teams | Monthly Trust News Update including update on HTP |
| Monthly newsletter email update - sent to our 5000+ community members | Update from Public Participation team including HTP update and details on how to get involved |
| Quarterly About Health online updates | One hour MS Teams online presentation for public from HTP team with Q&As |
| Quarterly Public Assurance Forum (next one April 2025) 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 The People's Academy at SaTH |
| SaTH website and intranet | Webpages which support public engagement and Latest HTP meetings/feedback Public Participation - SaTH |



BETTER, SAFER CARE



IMPROVED OUTCOMES



SHORTER WAITING TIMES



HOSPITAL TRANSFORMATION PROGRAMME

Thank you for joining us...



- If you sign up to become a community member sath.engagement@nhs.net we will keep you updated on how you can get involved and updated on the programme through our monthly update.
- Any further questions, please email: sath.engagement@nhs.net

HOSPITALS
TRANSFORMATION
PROGRAMME



HIGHER QUALITY,
SAFER CARE



IMPROVED
OUTCOMES



BETTER
ACCESS



A GREAT PLACE
TO WORK

Questions



The Shrewsbury and
Telford Hospital
NHS Trust



Integrated
Care System
Shropshire, Telford and Wrekin

Public Assurance Forum – 13 January 2025

| | | | |
|-----------------------------------|--|---|--------------------------------|
| Agenda item | 2025/08 | | |
| Report Title | Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 3 2024/25 | | |
| Executive Lead | Julia Clarke, Director of Public Participation | | |
| Report Author | Hannah Morris, Head of Public Participation | | |
| | | | |
| CQC Domain: | Link to Strategic Goal: | | Link to BAF / risk: |
| Safe | Our patients and community | √ | BAF9 |
| Effective | Our people | | |
| Caring | Our service delivery | | Trust Risk Register id: |
| Responsive | Our governance | | |
| Well Led | Our partners | √ | |
| | | | |
| Consultation Communication | | | |
| | | | |
| Executive summary: | <p>1. The Public Assurance Forum’s attention is drawn to the following sections:</p> <ul style="list-style-type: none"> • Engagement approach and engagement activities for Quarter 3 (page 1-5) • Summary of feedback received and actions to date (page 5 – 7) • A forward look of engagement activities planned for Quarter 4 2024/25 (page 7) <p>2. The risks are:</p> <ul style="list-style-type: none"> • Fail to engage our communities around the Hospitals Transformation Programme, resulting in lack of confidence within our communities. • Fail to deliver statutory duties (s242) to engage with the public. • Staff not having the skills or confidence to engage with our communities. <p>3. We are have the following actions:</p> <ul style="list-style-type: none"> • An ongoing calendar of events to support public engagement in the HTP. Regular report to the HTP programme Board relating to engagement activity and any feedback and actions needing to be taken • Continue to support our HTP team to ensure they meet their Statutory Duties. • The Public Participation Team are providing support to the HTP team to engage and involve our local communities and their representatives within the Programme. | | |

| | |
|--|---|
| <p>Recommendations for PAF:</p> | <p>The Public Assurance Forum is asked to:</p> <p>NOTE the current public engagement activity in relation to the Hospitals Transformation Programme in Quarter 3 2024/25 including:</p> <ul style="list-style-type: none"> • the engagement which has taken place during Quarter 3 • feedback received from our local communities and any actions taken as a result of the feedback • The engagement activities planned for Quarter 4 2024/25 <p>This report is provided for information only.</p> |
| <p>Appendices:</p> | <p>Appendix 1: Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 3 2024/25</p> |

1.0 HTP Community Engagement Report (Quarter 3)

Plans to transform our hospital services in Shropshire, Telford & Wrekin and mid-Wales are now well underway. As part of our statutory duties (under Section 242 of the Health and Social Care Act) and our ongoing commitment to engage and involve our local communities and patients, we have developed a range of regular events to support public engagement with the Hospitals Transformation Programme. This report has been prepared to inform the Public Assurance Forum of the engagement activity in the Quarter 3 2024/25.

2.0 Engagement Approach and engagement activities for Quarter 3 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
- Monthly Hospital Update meetings

Table 1 of the paper outlines community engagement activities which took place in Quarter 3 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 |
|------------|---|--|--|
| 1 October | Craven Arms JSNA Consultation Results | Various local organisations | Discussions around HTP and booklets given out |
| 1 October | Wem Rural Parish Council | 7 local councillors in attendance | Presentation on HTP given. Questions about discharges, staff recruitment, and organisational malaise. |
| 2 October | Powys Health & Wellbeing Network meeting | Various local organisations in attendance | Provided information on HTP and gave out HTP leaflets for GP practices |
| 3 October | Hard of Hearing Focus Group | 6 members of the Hard of Hearing community | Presentation and discussion on HTP |
| 4 October | Cleobury Mortimer JSNA Consultation | Local Councillors and representatives from community and statutory organisations | Local councillors interested in HTP. At both Craven Arms and Cleobury Mortimer we were able to provide information on HTP by distributing the information booklet and giving out contact information. |
| 7 October | BP Checks T& W Public Health | Various members of the public | Conversations around HTP with local people and centre visitors. Gave out 8 copies of HTP information leaflet and left copies at reception. |
| 8 October | Volunteer RSH Entrances Focus Group | 9 Volunteers | Very useful meeting with a great deal of feedback from volunteers about improving experience within RSH while the HTP works are ongoing. Wayfinding and wheelchairs main subjects |
| 10 October | Traveller site, Granville site, Donnington, Telford | 5 families | Most families had heard that A&E is closing in Telford and were relieved to hear more accurate information about the HTP programme |
| 11 October | Wem Health Event | Popular event for members of the public and community organisations | Lots of conversations and interest in HTP Focus Groups. Handed out HTP leaflets |
| 11 October | Much Wenlock Market information stand | Members of the public | Talked to quite a few locals people including local councillor who took a picture. Handed out 15 HTP leaflets, people were generally quite informed and supportive. |
| 14 October | Farming Fit, Welshpool | Local community members | Spoke about and provided information on HTP and listened to the experience and concerns of this seldom heard rural group |
| 14 October | Veterans Café - Dawley | Telford Veterans | Several conversations around HTP, some very negative due to misinformation about the provision of services in the future. Were able to provide clarification and hand out booklets with clear information. |

| Date | Event | Attendees | Outcome |
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| 14 October | Community Resource AGM & Networking Event | Representation of rural communities and voluntary organisations | AGM event was a networking opportunity to talk to other organisations and have discussions with the Lord Lieutenant of Shropshire as well as the new Chair of Community Resource, who were all given information about HTP. |
| 17 October | Armed Forces / Veterans focus group | 10 people attended (face to face and virtually) | Useful conversations that tied together a number of pieces of ongoing work across the system, with some useful suggestions for HTP. |
| 18 October | Montgomery Health Day | 60 members of the public | Good conversations about HTP and how individuals and organisations can get involved. HTP leaflets handed out |
| 22 October | Volunteer Coffee and Catch up, Telford | 10 volunteers | Conversations about HTP from Aaron - there is still a lot of misunderstanding about the transformation for Telford residents. |
| 24 October | GP Patient Participation Group HTP Update (Hybrid) | 4 attendees | There was a great deal of discussion, some of it outside the scope of HTP but many questions were answered and attendees felt it was a useful meeting. |
| 24 October | GP Patient Participation Group HTP Update (online) | 4 attendees | Very little engagement from participants but did receive comments from attendee thanking for good presentation and request to join quarterly focus groups. |
| 29 October | Community Open Day, Donnington, Telford | Public information day with a range of Voluntary & Community Sector organisations. | Discussions about HTP and interest in HTP booklets (which were given out). |
| 29 October | About Health – HTP Update | 10 members of the public attended. | Positive feedback from Telford Patient Group and a number of issues raised about travelling from WFH to RSH Outpatients. Signposted to Louise Keiley (SaTH Head of Facilities).. |
| 30 October | Young People's Academy | 35 Young people attended | Presentation on HTP and leaflets handed out |
| 6 November | Telford Patients First | Representatives from local PPG's | A template patient letter that has been simplified and sent out with information on changes to the RSH site to support patients getting to their appointment - positive implications for ongoing HTP changes. |
| 7 November | Shropshire Voluntary & Community Sector Assembly AGM | Well attended with 30+ organisations | Contributed to VCSA objective setting workshops and gave HTP leaflets to two attending County Councillors |
| 12 November | Blood Pressure Checks by T& W Public Health | Various members of the public | Spoke about HTP to a variety of people including local social prescriber from Mind Telford. gave out information on HTP and focus groups. |

| Date | Event | Attendees | Outcome |
|-------------|--|---|---|
| 14 November | T&W Chief Officer's Group (Voluntary sector organisations) | 22 attendees from different voluntary organisations in Telford. | Brief update on SaTH and HTP. Circulated Autumn booklet. |
| 19 November | Telford Mental Health Forum | 14 attendees | Shared details of upcoming HTP Focus groups, People's Academy and About Health events |
| 21 November | Shropshire Rural Support | +20 farmers | Good conversations with about 20 farmers and their families. Gave out copies of HTP leaflet, very positive. Agreed to go back in 2025. |
| 22 November | Dementia Information Event (Carers Rights Day) | Various members of the public | Busy event, lots of signposting and conversations about HTP |
| 26 November | HTP Telford Town Centre information stand | +50 Telford residents | Busy day with meaningful conversations with ~50 Telford residents and handed out similar numbers of leaflets. People generally receptive and prepared to listen even when doubting the project based on media coverage. |
| 27 November | Monthly Hospital Update | 6 members of the public | Update on HTP provided at the meeting |
| 3 December | MEC & SAC Focus Group | 4 attended in person, 9 online. | Presentation from Claire Parker was well received, and there was a good amount of discussion about services in the community and relation to HTP. |
| 4 December | South East Shropshire Community Connectors | Various members of local voluntary organisations | Provided an update on HTP |
| 5 December | W&C Focus Group | 4 attendees online | A few questions but positive feedback on ICB presentation in MEC&SAC as well as continued emphasis on neurodiverse considerations in HTP |
| 11 December | Volunteer Coffee and Catch up, Telford | 9 volunteers attended | Provided information on HTP and handed out HTP leaflets |

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 |
|---|--|
| Would a representative from the ICB be able to attend a future focus group to update on the Local Community Transformation Programme and how this will support HTP? | Claire Parker (Director of Partnership and PLACE, ICB) attended December's MEC & SACC to discuss the Local Care Transformation Programme. This was well received by participants. Shropshire Community Trust Deputy Chief Operating Officer will attend future meetings. |

| | |
|---|--|
| <p>(From the deaf and hard of hearing focus group)</p> <ul style="list-style-type: none"> • In the new building at RSH will there be integrated hearing loops in place? • When I visit the hospital, I get quite worried about using the toilet facilities, as I will be unaware if any fire alarms are going off. Will the new building have visual alarms as well as auditory alarms? | <ul style="list-style-type: none"> • Within the new building there will be fixed desk mounted induction loop systems at; 11 at Reception Desks 31 at Staff Bases The Lifts Specification also provides for induction loops. • All our toilets, both staff and visitor ones, have smoke detection and combined alarm units, we are currently undergoing an upgrade, and the new detectors have will also have flashing red strobes as well as sounders. |
| <p>Can we receive regular updates about the Hospitals Transformation Programme?</p> | <p>A quarterly HTP information booklet has been produced and is taken to all engagement events. An Autumn edition was developed in Quarter 3 and is now available.</p> |
| <p>Can we have more internal signage to support wayfinding to outpatient's clinics from the new entrances?</p> | <p>An internal signage review has taken place with patient representatives and volunteers and considerable updates have been made to new signage. This includes walking distance times to clinics from specific areas and floor signage. There has been positive feedback about this additional signage from patient representatives and volunteers. Additional wheelchairs have also been provided</p> |

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 3 2024/25 is outlined below. There are many other events that the Public Participation team are attending alone (see Appendix 2)

| Date | Event | Required attendees |
|-------------|-------------------------------------|---------------------------|
| 08/01/25 | Wellington Probus Club | HTP, Public Participation |
| 14/01/25 | About Health – Travel and transport | Public Participation |
| 28/01/25 | About Health – HTP Update | HTP, Public Participation |
| 29/01/25 | Hospital Monthly Update | Public Participation |
| 26/02/25 | Hospital Monthly Update | Public Participation |
| 04/03/25 | W&C Focus Group | HTP, Public Participation |
| 06/03/25 | MEC & SAC Focus Group | HTP, Public Participation |

5.0 Recommendations

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 3 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 4 (2024/25)

Julia Clarke

Director of Public Participation

January 2025

Hospitals Transformation Programme Engagement Report from Public Participation Team (Community Engagement) – Quarter 3 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 2012) and our ongoing commitment to engage and involve our local communities and patients, we have developed a range of regular events to support public engagement with the Hospitals Transformation Programme. This report has been prepared to inform the Public Assurance Forum of the engagement activity in the previous Quarter 3 (October - December 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 ensure the lived experience of patients and staff are used to inform the programme by using inclusive, representative, and accessible involvement approaches.
- To work across the local health and care system to support the development of relationships and to support partners in communicating the changes that are happening and the benefits this will bring to all communities.
- To ensure communications are consistent, timely, responsive, accessible, and proactive.

Whilst SaTH is leading on the HTP communication and engagement, the objectives are supported by our partners across the sector. This has been strengthened by a presentation by the ICB Director of Partnerships and Place attending the Medicine & Emergency Care and Surgery, Anaesthetics, Critical Care & Cancer (MEC&SACCC) HTP focus group in December to update on wider transformation plans and agreement from Shropshire Community Trust that the Deputy Chief Operating Officer would attend future MEC&SACCC focus group meetings from March 2025 onwards.

2. ENGAGEMENT APPROACH

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

- **Public Focus Groups** - Focus groups are held quarterly with all the presentations published on the Public Participation pages of the SaTH website along with all Questions and Answers and Action logs for full transparency, website: [Hospitals](#)

Transformation Programme Focus Groups – SaTH. The focus groups are aligned to the clinical workstreams within the HTP programme

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

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

- the RSH planning application
- Two focus groups for RSH and PRH Travel and Transport
- Mental Health
- Dementia
- Learning Disabilities and Autism
- Children and Young People
- Visual and Hearing Impairments
- Veterans

- **HTP About Health Events** – Held via MS Teams, these are quarterly events which are accessible to members of the public and staff with the HTP presenting on latest developments across SaTH with an opportunity for members of the public to ask questions. These are recorded and the recording is published on the website.

- **Public Assurance Forum (PAF)** – PAF receives a quarterly update from the HTP. PAF is an advisory group who bring a public and community perspective to, and scrutiny of processes, decision making and wider work at SaTH. The Forum meets quarterly, and all external members represent community organisations across our catchment areas and are able to identify and help us link with our wider communities. Feedback from PAF is included in the Public Participation Report which is presented at Public Board meetings so there is a direct link from our communities to the Trust Board

- **Attending community meetings** – Through our links with community organisations we attend a wide range of community meetings to provide an update on the HTP and other developments at SaTH. This includes local Parish Councils and other organisations who serve local communities.

- **Community Events** – The Public Participation Team regularly attend external events to link with our local communities, this includes seldom-heard groups and communities. Providing information on the Hospitals Transformation Programme is also important, currently a short A4 booklet is distributed with an updated version prepared each quarter.

- **Community and organisational membership** – SaTH have over 4800 community members and 400 organisational members, who each receive a regular email newsletter update (#GetInvolved) from SaTH, which includes information on HTP and ways to get involved with the programme e.g. focus groups and About Health Events. It also includes news updates and public messages.

- **Monthly Hospital Update** – Hospital Update is a monthly Teams meeting which provides an update to our local communities on news at SaTH (including a regular update on HTP). The presentation is published and there is an opportunity for members of the public to ask questions

3. ENGAGEMENT ACTIVITY IN Quarter 3 2024/25

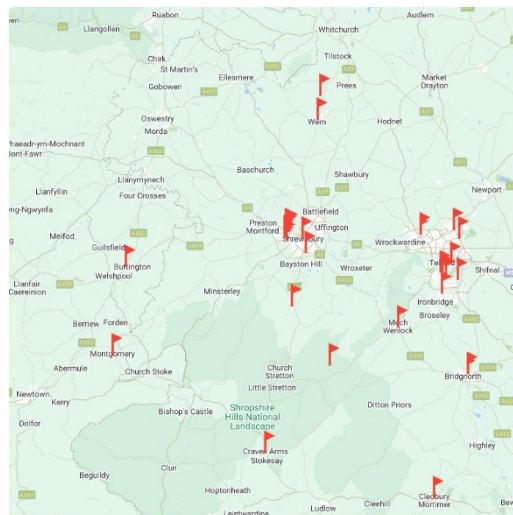
Engagement activity relating to the Hospitals Transformation Programme in Quarter 3 is outlined below:

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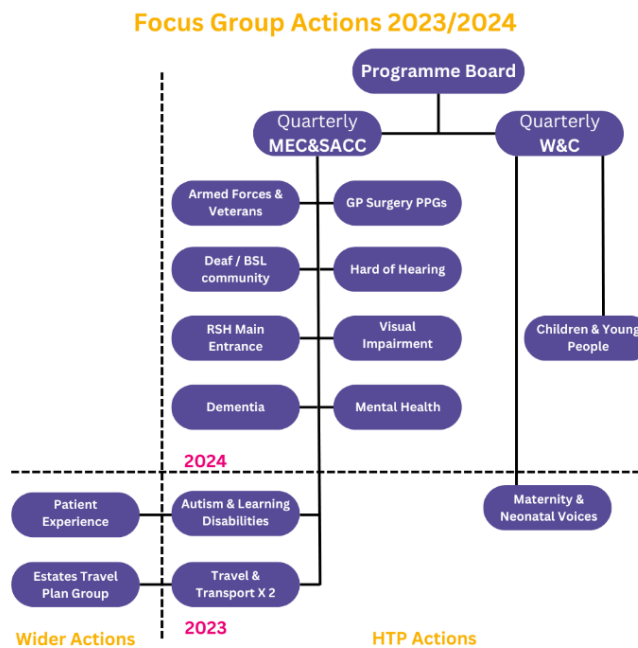
Please see the map below which highlights the areas of the Shropshire, T&W and Powys which were visited in Quarter 3:



3. SUMMARY OF FEEDBACK RECEIVED AND ACTIONS TO DATE

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

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



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 |
|---|--|
| Would a representative from the ICB be able to attend a future focus group to update on the Local Community Transformation Programme and how this will support HTP? | Claire Parker (Director of Partnership and PLACE, ICB) attended December's MEC & SACC to discuss the Local Care Transformation Programme. This was well received by participants. Shropshire Community Trust Deputy Chief Operating Officer will attend future meetings. |
| (From the deaf and hard of hearing focus group) <ul style="list-style-type: none"> In the new building at RSH will there be integrated hearing loops in place? | <ul style="list-style-type: none"> Within the new building there will be fixed desk mounted induction loop systems at: <ul style="list-style-type: none"> 11 at Reception Desks 31 at Staff Bases The Lifts Specification also provides for induction loops. |

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| <ul style="list-style-type: none"> When I visit the hospital, I get quite worried about using the toilet facilities, as I will be unaware if any fire alarms are going off. Will the new building have visual alarms as well as auditory alarms? | <ul style="list-style-type: none"> All our toilets, both staff and visitor ones, have smoke detection and combined alarm units, we are currently undergoing an upgrade, and the new detectors have will also have flashing red strobes as well as sounders. |
| Can we receive regular updates about the Hospitals Transformation Programme? | A quarterly HTP information booklet has been produced and is taken to all engagement events. An Autumn edition was developed in Quarter 3 and is now available. |
| Can we have more internal signage to support wayfinding to outpatient's clinics from the new entrances? | An internal signage review has taken place with patient representatives and volunteers and considerable updates have been made to new signage. This includes walking distance times to clinics from specific areas and floor signage. There has been positive feedback about this additional signage from patient representatives and volunteers. Additional wheelchairs have also been provided |

4. FORWARD LOOK

A forward look of current engagement Activity in Quarter 4 (January - March 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 |
|----------|-------------------------------------|---------------------------|
| 08/01/25 | Wellington Probus Club | HTP, Public Participation |
| 14/01/25 | About Health – Travel and transport | Public Participation |
| 28/01/25 | About Health – HTP Update | HTP, Public Participation |
| 29/01/25 | Hospital Monthly Update | Public Participation |
| 26/02/25 | Hospital Monthly Update | Public Participation |
| 04/03/25 | W&C Focus Group | HTP, Public Participation |
| 06/03/25 | MEC & SAC Focus Group | HTP, Public Participation |
| 26/03/25 | Hospital Monthly Update | Public Participation |

5. RECOMMENDATIONS

The Public Assurance Forum is asked to note:

- the engagement which has taken place during Quarter 3 (2024/2025)
- feedback received from our local communities and any actions taken as a result of the feedback.
- The engagement activities planned for Quarter 4 (2024/25)

6. APPENDIX 1 – 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

| Date of meeting | Action | Lead Officer | Timescale/ Deadline | Comment/ Feedback from Lead Officer | Action |
|-----------------|---|----------------|---------------------|--|-----------------|
| 03/12/2024 | Kate Ballinger to organise an About Health Event on Digital for next year. | Kate Ballinger | | Working towards February date with Digital team. | COMPLETE |
| 03/12/2024 | Kate Ballinger to liaise with Sally Orrell to include the changes in NHS work that the government have been discussing in digitalisation within brief for Hospital Update and the About Health Event. | Kate Ballinger | | Regular information included in Hospital Update, to be covered in more detail during the About Health event. | COMPLETE |
| 03/12/2024 | Julia Clarke to raise the possibility of the Trust having an electronic car parking information board with Louise Kiely (Head of Facilities). [We found out following the meeting that this will be coming to SaTH in 2025/6. | Julia Clarke | | ANPR System will be fully rolled out by first half of 2025 at which point information boards will be possible and pursued. | COMPLETE |
| 03/12/2024 | Julia Clarke to contact Weight Management leads in the Local Authorities and flag these issues raised. | Julia Clarke | | Links made between focus group attendee and local authority leads on weight management strategy. | COMPLETE |
| 03/12/2024 | Kate Ballinger to contact Claire Parker around attending the Diabetes About Health Events being arranged at SaTH in 2025. | Kate Ballinger | | Planning underway for thematic engagement in 2025, Claire Parker on invite list for Diabetes quarter - April to June 2025. | COMPLETE |

| | | | | | |
|------------|---|---------------|--|---|-----------------|
| 03/12/2024 | Claire Parker to contact Shropshire Council to see if the funding is still in place and whether there has been a reduction in social prescribing. | Claire Parker | | The Shropshire Public Health Social Prescribing Service for adults continues to be delivered across the North, Shrewsbury, South East and South West PCNs. For Children and young people, the service is commissioned by the South East and South West PCNs, and although still available across the county, it has been significantly reduced (and referrals paused in some areas) due to withdrawal of funding from the Shrewsbury, North and Rural PCNs. Services are welcome to make referrals through the following: https://next.shropshire.gov.uk/public-health/social-prescribing/ | COMPLETE |
| 03/12/2024 | Julia Clarke to liaise with Shropshire Community Health NHS Trust to arrange for a colleague to attend future focus group meetings. | Julia Clarke | | Steve Ellis, Deputy Director of Operational Service Development for Shropshire Community Health Trust, will attend future MEC&SACC focus groups. | COMPLETE |

ACTION LOG FROM W&C'S ACTION LOG

| Date of meeting | Action | Lead Officer | Timescale/ Deadline | Comment/ Feedback from Lead Officer | Action |
|------------------------|--|---------------------|----------------------------|--|------------------|
| 05/12/2024 | Rachel Webster to speak with Sara Biffen (Hospital Transformation Programme HTP Delivery Director) about who to invite from Shropcom for the upcoming HTP Focus Groups, (subsequent to meeting it has been agreed that Steve Ellis, Deputy COO at Shropcom will attend the MEC&SACC focus groups). | Rachel Webster | | Steve Ellis, Deputy Director of Operational Service Development for Shropshire Community Health Trust, will attend future MEC&SACC focus groups. | COMPLETED |

Appendix 2

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

| DATE | EVENT | VENUE | TIME |
|-------------|--|--|-------------|
| 08/01/25 | Wellington Probus Club | Masonic Hall, Constitution Hill, Wellington, TF1 3BA | 11:00-11:45 |
| 14/01/25 | About Health - Travel and Transport | MS Teams | 18:30-19:30 |
| 15/01/25 | Volunteer to Career Cohort 4 Support session | Education Centre PRH | 18.00-19.30 |
| 21/01/25 | Veteran to Career Information Session | MS Teams | 1300-1500 |

| | | | |
|----------|--|--------------------------------------|---------------|
| 23/01/25 | Veteran to Career Information Session | MS Teams | 1800-2000 |
| 28/01/25 | About Health - HTP | MS Teams | 18:30-19:30 |
| 31/01/25 | Coffee and Cake Catch up | RSH | 10:00 - 12:00 |
| 05/02/25 | Telford Patients First | Dawley Town Hall | 14:00 - 16:00 |
| 13/02/25 | Volunteer to Career Cohort 4 Support session | Education Centre PRH | 18.00-19.30 |
| 04/03/25 | Volunteer to Career 5& 6 Welcome event | Education Centre PRH | 1800-1900 |
| 04/03/25 | W&C Focus Group | K2 (William Farr House) and MS Teams | 10:00-12:00 |
| 05/03/25 | Telford Patients First | Dawley Town Hall | 14:00 - 16:00 |
| 06/03/25 | MEC&SAC Focus Group | K2 (William Farr House) and MS Teams | 10:00-12:00 |
| 13/03/25 | Volunteer to Career Cohort 4 Celebration evening | Education Centre PRH | 18.00-19.30 |

Public Assurance Forum Meeting 13 January 2025

| | | | |
|---|--|----------------------------|--|
| Agenda item | 2025/09 | | |
| Report Title | Strategy and Partnership Update | | |
| Executive Lead | Nigel Lee, Director of Strategy & Partnerships | | |
| Report Author | Carla Bickley, Associate Director of Strategy & Partnerships | | |
| | | | |
| CQC Domain: | Link to Strategic Goal: | | Link to BAF / risk: |
| Safe | √ | Our patients and community | BAF1, BAF2, BAF3, BAF4, BAF6, BAF7, BAF8, BAF9, BAF10, BAF11, BAF12, BAF13, BAF14, BAF15 |
| Effective | √ | Our people | |
| Caring | √ | Our service delivery | Trust Risk Register id: |
| Responsive | √ | Our governance | |
| Well Led | √ | Our partners | |
| | | | |
| Consultation Communication | | | |
| | | | |
| Executive summary: | <p>Significant work is in progress both in SATH 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"> - The important role of the Integrated Place Partnership Boards in our system. - Work continues to progress in numerous areas with a key focus on strengthening collaborative partnership working, internal strategies and health inequalities. | | |
| Recommendations for the Committee: | The Forum is asked to note the report. | | |
| Appendices: | 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. **NHS Shropshire, Telford and Wrekin (STW) Integrated Care System (ICS)**

Some highlights this quarter include:

- The system's Integrated Care Partnership met at the end of October 2024, and endorsed the refreshed system Integrated Care Strategy. This is published on the ICB's website.
- The Government has launched the consultation exercise for the NHS 10 year plan. The website is open to all members of the public to submit comments, and this is also open to any individual members of staff. NHS Trusts were also invited to submit comments. The focus is on plans to improve health and care services in England, based on 3 major 'shifts':
 - Shift 1: moving more care from hospitals to communities
 - Shift 2: making better use of technology in health and care
 - Shift 3: focussing on preventing sickness, not just treating it

We expect further engagement activity in Jan-Mar 25, and the launch of the 10 year plan in Spring 2025.

2.1 **Integrated Care Board (ICB)**

- Primary focus of the ICB for the period of November to March will be on managing Urgent and Emergency Care (UEC) with all system partners. We fully expect seasonal viruses to be a factor and are already seeing flu cases at a higher level than 2023/24. Co-ordinating actions and assurance will be via the UEC Board.

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

Shropshire Health and Wellbeing Board

Areas of focus included:

- System-wide Digital plans
- Annual report on safeguarding
- Better Care Fund workstreams and benefits
- Healthier weight strategy (which links to Diabetes and other long term conditions)
- Trauma informed approach
- Housing and health workshop
- Shropshire Integrated Place Partnership Strategic Plan & Integrated Neighbourhood Working Update

Telford Health and Wellbeing Board

- Meeting took place in late December update to follow

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

A summary of this quarters topics included:

SHIPP

- Revised Terms of Reference and frequency of meetings moved to bi monthly from November 2024
- Continued Funding for VCS Grants
- Hearing & Sight Loss Service
- Family Hubs and Integration
- Healthwatch – Cancer Care Report

- SHIPP Neighbourhood Working group continues to progress with key actions to support the delivery of the SHIPP agenda
- Governance – SHIPP Subgroup
- Update on STW NHS Talking Therapies Service
- CYP Joint Strategic Needs Assessment - school aged children and young people chapters
- Transforming the System - Turning the Curve
- Draft Healthy Ageing and Frailty Strategy 2024

TWIPP

- TWIPP Terms of Reference Review
- TWIPP Priorities Review – focus on: All age Mental Health, Frailty, support to local General Practice.
- Areas of risk identified and escalation needs
- GP Out of Hours Procurement Briefing
- TWIPP workshop held focussing on Healthy ageing (frailty) strategy, acute frailty programme, ageing well strategy and ageing well partnership, community falls prevention

TWIPP Neighbourhood working Group established and continues to progress finalising TWIPP priority workstreams

Telford & Wrekin Council held a 2032 Vision Event and follow up meeting with multi-agency partners, focussing on the four most deprived areas in the South of Telford. Further scoping and alignment to commence January/February 2025.

3. SATH Workstreams

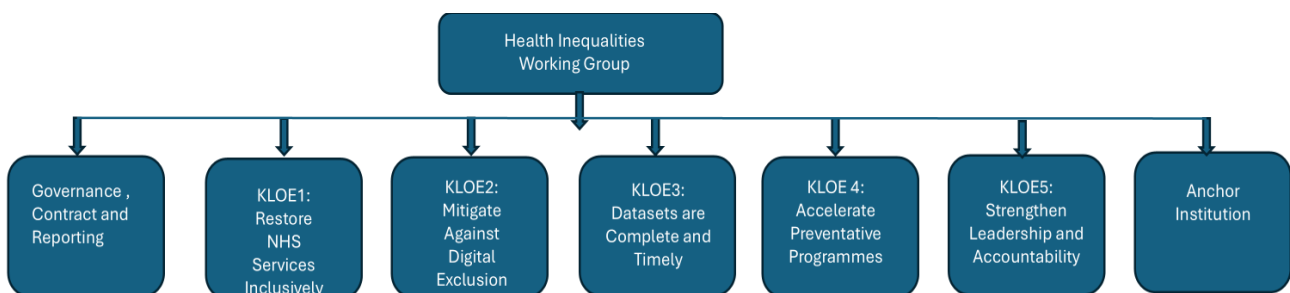
3.1 Provider Collaboratives

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

- Collaboration with University Hospital North Midlands Trust continues, focussing on maxillofacial, gynae, cardiology, microbiology, urology and pathology. Work as key partners in the N8 Pathology Network Board is vital for digital, workforce and service sustainability.
- We continue to strengthen our relationships and support the development of our local provider collaborations and integrated system-wide working through various established boards and programmes of work.

3.2 Internal Strategies

A SATH internal Health Inequalities programme of work has been established focussing on the following areas (based on the National NHS priorities):



Strategy development includes:

- A review of the Equality, Diversity and Inclusion Strategy in conjunction with the ICS.

- A draft Trust Communications and Engagement Strategy has been developed and is currently in the process of being consulted on ahead of board approval.
- The Trust has commenced work to develop a data strategy, with engagement sessions to follow. Importantly, this is being developed in parallel with the ICB, who are also drafting a data strategy.
- A draft Estates strategy has been produced with engagement sessions planned ahead of board approval.

A stocktake meeting on our current position in relation to the delivery of 2024/25 operational plan has taken place, and work continues to align our strategic priorities to the 2025/26 operational planning rounds.

4. Recommendation

The Forum is asked to NOTE the report.

Supplementary Information Pack

Agenda item

2025/10 i. Public Participation Plan: 2024/25 Plan on a page update **Page 65-70**

Public Assurance Forum: 13 January 2025

| | | | |
|--|---|---|--------------------------------|
| Agenda item | 2025/10 | | |
| Report Title | Public Participation Department Priorities 2024/25 | | |
| Executive Lead | Julia Clarke, Director of Public Participation | | |
| Report Author | Hannah Morris, Head of Public Participation | | |
| | | | |
| CQC Domain: | Link to Strategic Goal: | | Link to BAF / risk: |
| Safe | Our patients and community | √ | BAF 9 |
| Effective | Our people | | |
| Caring | Our service delivery | | Trust Risk Register id: |
| Responsive | Our governance | | |
| Well Led | Our partners | √ | |
| Consultation Communication | Public Engagement throughout 2021 Approved by Trust Board October 2021 Regularly presented to PAF at quarterly meetings and SaTH Charity to Charitable Funds Committee meetings | | |
| | | | |
| Executive summary: | <p>1. The Forum's attention is drawn to Appendix 1 – Plan on a Page for:</p> <ul style="list-style-type: none"> • Community Engagement • Volunteers • SaTH Charity <p>2. The key risks are:</p> <ul style="list-style-type: none"> • Fail to deliver the Public Participation Plan, resulting in a lack of confidence for our communities • Fail to deliver statutory duties (s242) to engage with the public, resulting in possible judicial challenge <p>3. We are have the following actions:</p> <ul style="list-style-type: none"> • Continue to support our Divisions to ensure they meet their Statutory Duties. | | |
| Recommendations for the Public Assurance Forum: | <p>The Public Assurance Forum is asked to:</p> <p>NOTE The Activity completed by each of the areas during Quarter 3 This report is provided for information only.</p> | | |
| Appendices: | Appendix 1: Plan of a Page for Community Engagement, SaTH Charity and Volunteers | | |

1.0 **Introduction**

- 1.1 The Public Participation Plan (PPP) was developed in 2021 partnership with our local communities with over 1000 contributions to identify the main theme. The Plan outlines how we will work with our communities over the next five years and was approved by the Trust Board in October 2021. Following approval of the Plan, an action plan was developed.
- 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 now includes all the outstanding actions and supersedes the original 2021 PPP action plan. This update also contains the full suite of Public Participation annual plans (i.e. Community Engagement Volunteers and SaTH Charity).
- 1.3 Highlights of key achievements from Quarter 3 from each of the areas includes:

Volunteers:

- The Volunteer Youth Programme 2024/25 was launched in September and 56 Youth volunteers have been recruited.
- Our annual volunteer survey was launched this quarter and so far we have received 44 responses
- The volunteer team presented at both the People's and Young People's Academy to promote opportunities to volunteer at SaTH
- The Trust celebrated volunteering at SaTH as part of the Trust's recognition week, with over 60 volunteers attending a recognition event at Wroxeter Hotel.
- Volunteers have been supporting the Trust in the run up to Christmas, helping to distribute decorations and wrapping presents for the children's ward. Volunteers have also been provided with a lunch voucher, as a thank you for their work.
- This quarter we have held focus groups for volunteers including a session by former volunteer, Ethan, who spoke about how volunteering supported his career to become a paramedic. Wendy, a volunteer, also provided a session on autism awareness.
- 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.
- Please note the Volunteer Strategy action will be moved to Quarter 4
- Volunteer recruitment is currently on hold due to 3 post within the volunteer team being vacant and we are unable to recruit too due to the recruitment freeze.

Engagement:

- Visits took place this quarter to local Traveller sites in Telford and a full programme of visits across Shropshire, T&W and Powys have been planned for 2025
- The Public Participation Team have an ongoing calendar of events and meetings which they attend in the community, including those specific to HTP Engagement.
- Learning Disability academy has been paused as the Trust already have in place different schemes
- Q3 Young People's Academy great success with 34 young people attending. We are currently reviewing the content of the academies and will deliver the new format in 2025
- Ongoing calendar of About Health took place during Q3 including a session on HTP, Menopause, and SaTH Chaplaincy service (as part of Interfaith week)
- 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. No advice was sought from the Divisions this quarter.

SaTH Charity:

- Quarterly email has been sent to supporters which included highlights from the year
- There have been a number of positive news stories, shared with local media and through our social media channels
- Due to capacity within the team we have not promoted the small things fund for winter, but enquiries have maintained at a healthy rate
- SaTH Charity annual accounts and report is with the auditors for final signature
- Julia Clarke has attended all Divisional Boards to update on planning process and obtain feedback on current processes and will be ready for January 2025
- Due to internal changes within the charity team the legacy campaign will be looked at in Quarter 4

2 Recommendations

The meeting is asked to:

NOTE the current activity in Quarter 3 2024/25 across the Public Participation Team against the Public Participation action plan.

Julia Clarke
Director of Public Participation
January 2025

SaTH Volunteer Development & Action Plan

April 2024 to March 2025

V2 18/12/2024



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

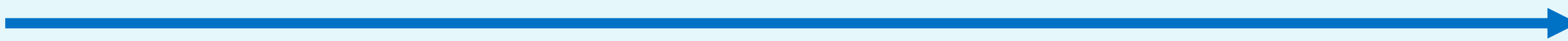
- To improve the patient journey through a vibrant and effective volunteer programme. To ease pressures on staff and support their wellbeing.
- To work towards maintaining the required number of volunteers to meet the demand from the areas supported by the volunteer service.
- To hold quarterly volunteer 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 |
|---|---|---|-----|---|
| Hight turnover of volunteers creates capacity issues within the volunteer management team | 4 | 1 | 4 | Ensure robust recruitment process are in place, including structured interview. Those who do not meet the requirements to volunteers are, where possible, offered alternatives e.e.g work experience. Provide ongoing support through welfare calls and catch ups |
| The risk of providing adequate training prior to commencement with the Trust. | 2 | 3 | 6 | Strict on-boarding process to ensure that volunteers understand where they can work and how to mitigate risk through their training |
| Required Volunteer Recruitment to meet Trust need | 2 | 3 | 6 | All volunteer checks are done through the central Volunteer Dept. following an agreed protocol and the Manager has extensive experience of recruitment and Trust Policy. A recruitment focus is in place. |

| Q1 April – May – June | Q2 July – August – Sep | Q3 Oct – Nov – Dec | Q4 Jan – Feb – March | General Notes Progress against Q3 |
|--|---|---|---|---|
| <ul style="list-style-type: none"> Progress with the Volunteer to Career Programme in Radio-therapy and Midwifery Deliver Volunteers' Week 2023 Promote volunteering through the Trust's Peoples Academy Monthly coffee and cake catch up with volunteers 2 x Focus Group on selected area Active database review 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 | <ul style="list-style-type: none"> Launch 2024 September Youth Volunteer Programme Engage with schools and colleges with on and off site presentations regarding volunteering Interviewing, processing and training for the new cohort of Youth Programme volunteers Review and update website content and social media exposure Review Better Impact content (files, templates etc.) to ensure it is current. Active database review 2 x Focus Group on selected area Promote volunteering through the Trust's Peoples Academy Monthly coffee and cake catch up with volunteers Review roles and role descriptions on Better Impact and update where necessary | <ul style="list-style-type: none"> Interviewing, processing and training for the new cohort of Youth Programme volunteers Plan and sent volunteers annual survey Promote volunteering through the Trust's Peoples Academy Support Trust Awards volunteer recognition event Volunteer Christmas campaign Monthly coffee and cake catch up with volunteers 2 x Focus Group on selected area Active database review Produce a draft of the 5 year plan for volunteering | <ul style="list-style-type: none"> Start planning of a Hybrid Volunteer to career programme that works not just for one specific area Volunteer annual survey feedback and focus group Develop a plan on a page for 2025/2026 Plan Volunteers' Week 2024 Review Better Impact as our management platform and implement updates 2 x Focus Group on selected area Second in take for Youth Programme to open in February Promote volunteering through the Trust's Peoples Academy Monthly coffee and cake catch up with volunteers 2 x Focus Group on selected area Active database review | <ul style="list-style-type: none"> The Youth Programme 2024 has been launched. 56 young volunteers have been recruited The volunteer survey is live and has 44 responses have been received so far The volunteer team have attended both the People's Academy to promote volunteering Volunteers were celebrated as part of the trust's recognition week. Over 60 volunteers came along, and a lovely video was shown Volunteers have been included in Christmas celebrations this year which has included help with distributing decorations, wrapping presents and they have been given the Trust lunch voucher as a thank you for all their work 2 focus groups have been hosted with great attendance, former volunteer Ethan spoke about becoming a paramedic and current volunteer Wendy spoke about Autism awareness Monthly catch ups held and well attended The database was cleansed in August. Volunteer Strategy will be moved to Q4 Please note that due to a vacancy freeze there will be 3 posts within the team vacant and recruitment paused |





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 |
|--|---|---|---|---|
| <ul style="list-style-type: none"> Prepare the SaTH Charity "Thank you daisy" campaign to raise awareness to staff of SaTH Charity. 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. Launch webpages and booking process to sign up 130 supporters of the Abseil Quarterly Charity Supporters email to be sent Attend and engage with NHS Charities Together National Conference Develop funding process support for LoF and Lingen Davies Secure fixed term contract for Charity Comms & Engagement post Development of positive news and engagement stories 12 | <ul style="list-style-type: none"> Promote SaTH Charity Abseil as a fundraiser and profile builder with staff and supporters Submit draft copy of the Annual Report for review by CFC. Promote our Lake Vrynwy Half Marathon Runners Development of positive news and engagement stories 12 Awareness campaign on Staff Lottery Sign Ups and summer promotion of Small Things Fund Seek to gain approval of the Communications and Marketing post initially funded through NHS CT Promotion of 'Small Change Big Difference' Scheme Quarterly Supporters email to be sent Hold SaTH Charity Abseil event Develop fundraising visibility plan Increase corporate supporters | <ul style="list-style-type: none"> Quarterly Supporters email to be sent Development of positive news and engagement stories 12 Engage with the Divisional teams to ensure they have everything they need available to them to include charitable funds in the planning process for 2025/2026 Winter promotion of small things fund Finalise the annual report with accounts and seek approval from Corporate Trustee Visit divisional board meetings to update on the charity. How to access funds, fundraising support etc Support the Charity's Trustees in developing and implementing the charity's strategy development. Focus on Legacy giving, consider a campaign of some description. | <ul style="list-style-type: none"> Quarterly supporters email Development of positive news and engagement stories To support staff through the Small Things Fund Raise the profile of the charity through actions on the Public Participation Plan Research options for a multi charity event in 2025 with LoF and LD. Review all marketing and media identify any gaps and meet the shortfall. Develop an action plan based on the Trustee produced strategy when available. Review the requests for HTP support, identify opportunities to support as and where appropriate | <p>Progress against Q3</p> <ul style="list-style-type: none"> Quarterly email has been sent to supporters which included highlights from the year 21 number of positive news stories have been developed Due to capacity within the team we have not promoted the small things fund for winter, but enquiries have maintained at a healthy rate The account and report is with the auditors for final signature Julia Clarke has attended all Divisional Boards to update on planning process and obtain feedback on current processes and will be ready for January 2025 Due to internal changes within the charity team the legacy campaign will be looked at in Quarter 4 |

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 3 Update cont. |
| <ol style="list-style-type: none"> 1. Recruit Fixed term Community Engagement Facilitator to lead work with Children and Young People 2. Plan major events to attend over the next 12 months 3. Publish Community Survey report and review/refresh digital communication channels 4. Meet with DWP and local authority teams to explore development of People's Academy 5. Deliver People's Academy and Young People's Academy days 6. Provide support for Hospitals Transformation Programme 7. Deliver About Health events 8. Work with the divisions to ensure they meet their Section 242 duties. | <ol style="list-style-type: none"> 1. Attend community events to engage local population and recruit community members/ promote HTP involvement opportunities 2. Develop an action plan for engaging with CYP and identify areas of need and targeted engagement 3. Develop Learning Disability Academy for delivery in Q3 4. Attend Freshers' events at colleges/universities across Shrops, T&W and mid-Wales 5. Develop and deliver People's Academy and Young People's Academy days 6. Attend events during Disability Pride month (July) to raise profile of SaTH Involvement with community support groups 7. Attend JSNA Place meeting across Shropshire, T&W. Look for equivalent programme in Powys. 8. Provide support for Hospitals Transformation Programme 9. Deliver About Health events 10. Work with the divisions to ensure they meet their Section 242 duties. | <ol style="list-style-type: none"> 1. Deliver LD People's Academy 2. Review engagement with those communities which may be socially excluded including Gypsy and Travellers and refugees/asylum communities and identify key areas of engagement for the next Quarter. 3. Create campaign to promote community membership through rural faith networks to align with Interfaith Week and About Health event. (Powys and Shrops) 4. Identify additional networking opportunities, and establish regular contact with both Healthwatch, Llais and NHS Shropshire, Telford and Wrekin 5. Explore use of #GetInvolved pages on SaTH website to report impact of feedback received 6. Provide update on refreshed digital engagement for Public Assurance Forum 7. Deliver People's Academy and Young People's Academy 8. Provide support for Hospitals Transformation Programme 9. Deliver About Health events 10. Work with the divisions to ensure they meet their Section 242 duties. | <ol style="list-style-type: none"> 1. Develop spring/summer engagement calendar of external events 2. Confirm annual About Health plan and create publicity for distribution 3. Review and develop the People's Academy for 2025 4. Review engagement with Seldom Heard communities and develop an action plan for 25/26 5. Develop community survey for 25/26 6. Deliver People's Academy and Young People's Academy days 7. Provide support for Hospitals Transformation Programme 8. Deliver About Health events 9. Work with the divisions to ensure they meet their Section 242 duties. <p>Quarter 3 Update</p> <ol style="list-style-type: none"> 1. Learning Disability Academy is under review because of capacity issues and this work is already being supported through the Trust's intern programme 2. Initial visits to Traveller site in Telford took place in October and a full programme of visits across Shropshire, Telford & Wrekin and Powys is in place for early 2025. | <ol style="list-style-type: none"> 3. Information on the About Health event was shared across our catchment and we held a number of successful About Health events this quarter including a session on Menopause. 4. We have ongoing relationships with NHS STW, both Healthwatch and Llais and see them attending our meetings and focus groups regularly. 5. GetInvolved pages on SaTH web site carry information on HTP Action plans and updates taken in response to feedback received. A new feature being developed for inclusion in #GetInvolved 6. The recruitment pause has left an ongoing vacancy in the Engagement team and the refresh of Digital Engagement has not yet been completed. 7. Successful Young People's Academy in October with 34 attendees, Insufficient registrations for the November People's Academy have enabled us to review the content and a new schedule will be launched in March 8. We have an ongoing calendar of events to support our communities to engage with HTP 9. Full programme of About Health events completed. 10. No support required by Division regarding service changes required this Quarter |

Public Assurance Forum meetings 2025

Monday 14th April 13.00-16.00

Monday 21st July 13.00-16.00

Monday 13th October 13.00-16.00