Integrated Care System
Shropshire, Telford and Wrekin

NHS
Shropshire, Telford and Wrekin

# Monthly Stakeholder Briefing Pack

October 2025

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# The Shrewsbury and Telford Hospital NHS Trust (SaTH)

## Current Activity/Key Actions

**Performance:**

- Diagnostics: DM01 for September - 85.33% of patients waiting less than six weeks (national target 99%), best performance for five years and in top performing half of the country.
- Elective care – reduced overall elective waiting list by 30% in the last year (national target is to reduce, no specific percentage set):
    - Reduced no. of patients waiting 52 weeks of total waiting list by over 95% in the last year, and now in top performing half of the country. National target 1% waiting more than 52 weeks - now below that at 0.3%.
    - Reduced overall elective waiting list for children and young people by over 40%, and almost eradicated waits of over 40 weeks.
    - 18-week Referral To Treatment (RTT) performance up to 58.9% in August, highest performance for four years, and lifted out of the bottom quartile nationally. National target 65%, local target 60%.
    - 28-day cancer Faster Diagnosis Standard improved further in August to 75.9%. National and local target 80%.
    - Improved 62-day cancer RTT standard in August at 66.8%, best month of performance for over three years and lifted out of the bottom quartile nationally. National target 75%, local target 70%.
- Urgent and Emergency Care (UEC) –statistically significant improvement in 4hr Emergency Access Standard performance, but with more to do. Investment in increasing number of inpatient beds and assessment spaces at both hospitals.

**Finance:**

- Deficit of £1.3m to breakeven plan at the end of month 6 (September) predominantly driven by premium staffing costs and unavailability with additional actions being taken.
- £18.3m efficiencies delivered by September 2025. This is compared with £10.9m in September 2024.

**Hospital Transformation Programme (HTP):**

- Transforming PRH Hub now open to raise awareness of investment at PRH including Lingen Davies Chemotherapy Centre, Urology Diagnostics and Respiratory Treatment Centre.

**Flu Vaccination Campaign:**

- More than 1,979 staff vaccinated to date - more than 25% up on last year.

## Urgent and Emergency Care (UEC)

Investment in preparing for winter and beyond with a focus on improving the UEC pathway, helping our patients to be seen more quickly.

The Stronger Together improvements will reduce waits in Emergency Departments and support shorter stays on acute and frailty wards.

**Royal Shrewsbury Hospital:**

- 56 additional acute inpatient beds.
- Two new modular wards to include: Eight additional colorectal beds; 10 additional gastro beds; 20 new general medical beds and 18 planned winter flex beds.
- Reconfiguration of the Acute Medical Floor.

**Princess Royal Hospital, Telford:**

- 40 additional beds and assessment spaces.
- Medical escalation ward will move to Ward 36 – creating nine additional general medicine beds.
- Acute Medical Area (AMA) relocated to the current medical escalation footprint increasing it from four to 17 spaces.
- Acute Medical Same Day Emergency Care (SDEC) capacity increased from three to seven assessment spaces.
- Apley Ward: Acute Medical Unit (AMU) – eight additional side rooms.
- New Frailty SDEC Unit.

**Partners:**

- Expanding Care Transfer Hub to 8am-8pm, 7 days a week; Integrated Front Door Team to support the Emergency Departments; expanding urgent community response to midnight 7 days a week and new out of hours GP provider HealthHero.

# The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (RJAH)

## Hot Topics/Current Activity

**Waiting times:**

- At the end of September, 52.72% of patients were being seen within 18 weeks. This is well ahead of our planned position (which was 47.49% for the end of September).
- Just a few months ago, we had the worst Referral to Treatment (RTT) performance in the country. Now we are moving up rapidly and on target to achieve or exceed the 60% target for the financial year end.
- Over the last four months, the proportion of patients waiting for a first outpatient appointment <18 weeks has improved from 52.9% to 69%.
- RJAH remains in Tier 1 for elective performance, with specific challenges in some key services – most notably the wait for spinal disorder treatment.

**People/Workforce:**

- Vacancy rates fell below our 8% target in September, and are projected to fall further in coming months, based on recruitment to new posts as per our workforce plan.
- Sickness absence remains low at 4.91%.

**Service news:**

- As we move into autumn, we are seeing a significant increase in respiratory illnesses – locally, regionally and nationally. As a result, we have re-introduced a requirement for staff and patients to wear a surgical face mask in any situation where a 1-metre distance cannot be maintained.
- It is important that we take necessary measures to prevent the transmission of respiratory viruses so that we can keep ourselves and patients well during the winter period.

## Other Key Developments

**Headley Court moving to RJAH:**

- The Headley Court Charity, a national charity supporting the needs of Armed Forces veterans, has relocated to RJAH.
- It will now be based out of the Headley Court Veterans' Orthopaedic Centre that bears its name.
- The charity previously gave a £6 million grant to build that centre and is now supporting the pilot of a veterans' rehabilitation programme.

**Closure of Afghan Camp at Nesscliffe:**

- RJAH led on the healthcare arrangements for the Afghan civilians based at Nesscliffe as part of Operation Lazurite.
- The camp recently closed after two years, and we celebrated a successful partnership programme that saw more than 1,500 Afghans successfully integrated.

**'Oswestry Model' of Palliative Care:**

- A pioneering model of palliative care developed to support adults with neuromuscular conditions such as Duchenne Muscular Dystrophy (DMD) is getting wider recognition.
- The Oswestry Model was developed here at RJAH and in partnership with Severn Hospice.
- It uses a traffic light system to help neuromuscular teams identify key stages in a patient's journey in which hospice involvement would improve their quality of life.

# Midlands Partnership University Foundation Trust

## Current Activity

### Reducing Health Inequalities:

- MPFT has partnered with Energize STW, Shropshire Council, Telford & Wrekin Council and Telford Mind to offer people with severe mental illness free physical activity sessions promoting physical health and mental wellbeing. It supports the NHS 10 Year Plan's shift to move care from hospital to community, and activities include football, gentle exercise, and multi-sports.

### Perinatal/Maternal Mental Health:

- Access rates into MPFT's Shropshire Community Perinatal Mental Health Team (PMHT)/Lighthouse Maternal Mental Health Service are currently the second highest in the country. In T&W, the services are jointly reaching 15.5% of the birthing population (compared to the national target of 10%). In Shropshire, the figure is 13.8%. PMHT provides specialist assessment and support to women experiencing moderate to severe mental health difficulties in the perinatal period, and those at risk of developing mental health difficulties in the perinatal period from the age of 16, including pre-conception advice. Lighthouse supports people whose mental health has been significantly impacted by maternity related trauma, loss, or profound fear of pregnancy and/or childbirth.

### Talking Therapies:

- STW Talking Therapies, which supports people aged 16+ with anxiety, depression and PTSD, are among the best performing in the country for the % of patients seeing a significant improvement in their symptoms of anxiety and depression. The service's 'reliable improvement' rate for 2025/26 is 74.9%, above the national average of 68% and currently sixth best in the country. The number of people to have completed a course of treatment has increased from 2,890 from Apr-Sep 2024 compared to 3,447 in the same period this year. The number of referrals has also increased for the same period, up from 5,810 in 2024 to 6,772 for this year.

### Early Intervention Team:

- The Early Intervention Team (EIT) is the only EIT nationally to have been accredited as a gold-standard service by the Royal College of Psychiatrists and has also achieved 'Top Performing' status against national benchmarks through the College's National Clinical Audit of Psychosis for the past two years. The service supports individuals aged 14-65 experiencing a first episode of psychosis, with a strong emphasis on additional support for families/carers.

## Next Steps

### Eating Disorders Pilot:

- A new integrated model of care is being developed by MPFT on a two-year pilot basis to enhance community support for young people with an eating disorder. Eating Disorders Intensive Support at Home (ED-ISH) provides intensive home treatment and support to young people at risk of an inpatient admission by increasing the level of support, especially around mealtimes, to enable them to remain at home. ED-ISH also works with existing inpatients to facilitate earlier discharge and reduce the length of stay through this intensive home treatment offer of support.

### Mental Health Text Messaging Service:

- The new all-age mental health text messaging (SMS) service is due to launch in STW at the start of December, enabling people to access mental health support when they need it, in a way that is most comfortable for them.

- It will particularly support people who are deaf, experience hearing loss, are speech impaired, or find talking on the phone difficult.

# Primary Care

## Current Activity

**Access and Benchmarking:**

- 54% of STW appointments delivered in 0–1 days (England average: 52%)
- 79% within 14 days (England average: 76%).
- Work underway to map variation in access across Primary Care Networks (PCNs) using NHSE access dashboard data.
- From 1 October 2025, all practices are required to provide three routes of access (telephone, online and in-person) between 8am–6:30pm.
- NHS STW is working with practices to review current models and support full compliance with the new GP contract requirements.

**STW Appointment Growth, Demand and Capacity:**

- August–September 2025: sustained appointment volumes above 250,000 per month.
- Continued increase in digital and telephone consultations, particularly for same-day access.
- High demand sustained through early autumn, with 'at capacity' alerts continuing across urban PCNs.
- Escalation protocols activated in four practices due to workforce gaps and increased patient contacts.

**Digital Resilience:**

- Contingency and downtime planning template piloted with six early-adopter practices. Feedback informing development of final ICB-wide resilience plan.
- Patient experience - online registration at 63% of target. On track for 65% NHSE threshold by end of Q2.

**Optometry First:**

- Full rollout achieved across all 10 PCNs. Early data shows a reduction in GP minor eye condition appointments.

**Community Pharmacy:**

- Cardiovascular disease pilot in Oswestry now expanded to South Shropshire.
- Initial outcomes show improved hypertension management and patient satisfaction.

## Next Steps

**Practice Level Support (PLS):**

- Early evaluation of 6 practice pilot sites scheduled for November.
- Focus on data trends, resilience indicators, and shared learning outputs.
- Planning for wave 2 of practices from January 2026.

**Workforce Plan:**

- Continued ARRS recruitment for care coordinators and pharmacists.
- Locum hub utilisation being reviewed to inform winter staffing strategy.
- Regional retention forum scheduled for November to review portfolio career pathways.

**Digital Resilience Plan:**

- Draft ICB framework in consultation phase with practices and system partners.
- Testing of new backup infrastructure in two pilot sites.
- Cyber awareness sessions scheduled for practice managers.

**Optometry First:**

- Launch of paediatric service remains on track for November 2025.
- Patient education materials finalised for system-wide distribution.

**Community Pharmacy:**

- Evaluation of cardiovascular pilot outcomes due in December.
- Exploring potential alignment with NHS Health Check digital pathway.

# Shropshire Community Health Trust (ShropCom)

## Current Activity

**Performance:**

- Current 18-week Referral to Treatment (RTT) is 65% ahead of the national trajectory. Therefore, a revised trajectory has been produced internally to 18 weeks by end of Q1 2026.
- This is the twelfth consecutive month demonstrating improvement across the 52-week RTT cohort. 0-65 weeks remains consistent.

**Finance:**

- We have delivered a year-to-date surplus of £0.9m at month six, which is £0.1m favourable to plan. Efficiency and productivity delivery are exceeding planned levels at this point of the year. Our forecast remains at £2m surplus, in line with our plan.
- ShropCom has an overall national NHS Oversight Framework rating of 2 (above average) and is ranked 17 out of 61 similar organisations.
- We have an oversight rating of 1 (high performing) for both finance and productivity.

**Flu Vaccinations:**

- 16.1% of colleagues have received their flu vaccination to date.

**Staff Survey:**

- 17.2% of staff have completed their staff survey to date.

## Next Steps

**Service Expansion:**

Five areas have been identified for service expansion to develop community pathways, including:

- Urgent Community Response (two-hour response)
- Enhancing the Care Transfer Hub to improve discharge pathways
- Front door coordination and redirection to community pathways
- Two-hour domiciliary care response and bridging service.

**Group Model:**

- Further staff engagement activity planned for mid-November to support the forming of a Group Model with SaTH by April 2026

**Group Chief Executive Visits:**

- Our Group Chief Exec, Jo Williams is conducting a series of visits to meet staff across our 75 bases. These visits provide colleagues with the opportunity to meet with Jo, discuss their work, and raise any questions.

**Flu Vaccinations:**

- Currently tracking at the same vaccination rate as 2024. Further staff engagement is planned to encourage uptake.

**Staff Survey:**

- Further staff engagement is planned to encourage uptake.

# NHS Shropshire, Telford and Wrekin (ICB)

## Current Activity

**New Child and Adolescent Mental Health Services (CAMHS) Service:**

- Following a formal procurement process under the national Provider Selection Regime, MPFT has been awarded the contract to deliver a redesigned CAMHS model across STW. The new model has been shaped by extensive engagement and focuses on early help, improved access, and joined-up care.

**Prescription Ordering Direct (POD):**

- So far, we've heard from over 1,000 patients re response to the POD engagement exercise – this takes place as the POD service is being wound down. Our approach includes an online survey, Easy Read surveys, support from our VCSE partners and face-to-face engagement in practices to help manage a safe transition and signpost patients to the appropriate digital support.

**Government NHS Reset Programme:**

- Ian Green will be taking up his role of Chair for the new ICB cluster arrangement between NHS STW and NHS Staffordshire and Stoke-on-Trent on 1 November 2025.
- The two ICBs commenced an Executive Director-level consultation on 29 September 2025.

**GP Out of Hours Service:**

- Three weeks into mobilisation, HealthHero has shown a strong, responsive approach in addressing early challenges, which have now all been fully resolved. Ongoing, communication with GP colleagues continues to support service improvement and progress toward 'business as usual'.

**All-age Autism and ADHD Review:**

- We are undertaking public and professional engagement to understand people's views about ADHD and autism services to help shape improvements for CYP, adults, and families. This includes looking at existing insight gathered by our partners. The engagement approach has involved a public and professionals survey, face-to-face community outreach, workshops, and community engagement partners – we have heard from circa 450 people.

**Mental Health Inpatient Transformation:**

- As part of the delivery of the 2024–27 strategy for adult mental health inpatient services, a public and professional engagement exercise is being undertaken. Over 130 responses have been received (100+ public, 30+ professional) via an online survey which closes on 4 November 2025.

## Next Steps

- **CAMHS Service Model:** Mobilisation is now underway, with the refreshed service due to go live on 1 April 2026. Implementation will be phased over three years to support a smooth transition and sustainable transformation.
- **POD:** We are continuing regular communication with GP practices to ensure a safe and seamless transition. Vulnerable patients have been identified and highlighted so that appropriate action can be taken. Public engagement will close on 9 November 2025.
- **Government NHS Reset Programme:** The Executive Director-level selection process will begin shortly.
- **All-age Autism and ADHD Review:** The engagement concludes on 31 October 2025.The insight gathered will be analysed to identify what is working well, what support is missing, and how we can make best use of the resources available to inform future service design.
- **Mental Health Inpatient Transformation:** A stakeholder listening event will be held on 19 November 2025 to gather further insight. Feedback will inform the future model of care, with a focus on earlier intervention, improved inpatient experience, and care closer to home.

# NHS STW – Digital Inclusion

## Current Activity

- Digital inclusion is a core pillar of the STW Digital Strategy.
- The ICS Digital Inclusion Group, a sub-group of the ICS Digital Delivery Group, has been established to oversee the delivery of the system-wide plan for reducing digital exclusion.
- The plan for reducing digital exclusion has been agreed by all partners and focuses on five key areas:

    1. Using data and intelligence to identify people and communities most at risk of digital exclusion.
    2. Strengthening Digital Champions and Ambassadors to help staff, residents, carers and volunteers access digital health tools.
    3. Creating practical resources and tools, including a digital inclusion toolkit and training materials.
    4. Improving access to devices and data through partnerships with local authorities and charities.
    5. Improving accessibility so all patient information is clear, easy to understand and available in multiple languages and formats.

- System partners are working together and pooling resources to deliver the plan.

## Progress to date

- Regular digital-literacy drop-ins and training sessions via local authorities, PCNs and GP practices are empowering residents to adopt digital healthcare self-service solutions.
- Refurbished and donated devices made available through partners and charities are providing more people with the means to access and to get online.
- Community learning programmes such as ‘Get Connected’ and ‘Learn My Way’ are helping residents build confidence online.
- NHS App adoption continuing to rise across STW. The NHS App uptake was 54% across STW at the end of 2024/25. According to the latest NHSE data, it now stands at 59% as of October 2025.
- Reasonable Adjustments Digital Flag (RADF) is being implemented. It will ensure that people with disabilities or reasonable adjustments are identified and that services are adapted to their needs where possible.

## Next Steps

Through the five pillars of the STW Digital Exclusion Mitigation Plan, our next steps are to:

- Use system data to understand where digital exclusion is happening and target support to those communities most affected.
- Expand the Digital Champions network – train and equip more champions to help residents, staff, carers and volunteers access digital health and care.
- Launch a Device and Data Refurbishment Scheme to recycle NHS and council IT equipment for residents most in need.
- Continue offering digital-skills training, both online and in person, to help people across STW build confidence using digital tools.
- Improve NHS App support and staff training so every resident can easily and confidently use digital health services.

# National Neighbourhood Health Implementation Programme (NNHIP)

## Current Activity

The NNHIP in Shropshire is a partnership between NHS STW, Shropshire Council, local GPs, NHS Trusts, and the Voluntary and Community Sector, working together to lay the groundwork for Neighbourhood Health. After a successful application to the national programme, Shropshire has joined the first wave and is now collaborating with a national coach to develop a new approach - one that helps people across the county stay happy, healthy, and connected to their communities.

- The aims of the programme are:
  - Bringing health services, resources and support closer to the communities where people live.
  - Promoting preventative healthcare, health education and tailored support.
  - Targeting health inequalities and improving access to care.
  - Empowering neighbourhoods and individuals to take charge of their own physical and mental health.
  - Facilitating partnerships among health services and community groups.
  - Developing the broad framework required to provide health provision and services in local communities.

- The programme is not:
  - A temporary project or about organisational priorities.
  - Designed to deliver Health Hubs.
  - A replacement for hospital or specialist care or to centralise all health services into a neighbourhood.
  - About buildings or care models,
  - To replace individual health management and self-responsibility for one's own health.
  - Restricted to single health issues or population groups, it is for entire communities, and wider health and wellbeing.

## Next Steps

In the first instance, there will be a focus on adults with complex long-term conditions and escalating health needs:

- Will be driven by shared data, population health, community relationships, co-management and coordinated care teams.
- Sharing co-management of long-term conditions across the system with individuals, families and carers, tailoring care planning around what matters to them and moving away from single-disease pathways.
- Development of integrated neighbourhood teams aligning with Primary Care Network geography across five neighbourhood areas, building on successful work already underway with dementia care.
- Building strong community relationships.

Success will be determined by:

- Data sharing across workforce, estates, digital and financial flows.
- The creation of multidisciplinary teams across local authorities, health and social care and voluntary and community partners each of the five neighbourhoods.
- Developments in Community & Family Hubs which complement the programme, maximising the interdependencies and opportunities across both programmes.

Although the bid for Telford and Wrekin was not selected to be part of the first wave of the NNHIP at this stage, the strong partnerships built through the process will continue to support the local ambition to help people stay well and thrive in their neighbourhoods.

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# Thank you

For more information, please contact:
stw.communications@nhs.net