

# **Minutes of Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee**

**Held on 13 Feb 2026**

**10.30 am – 12.45 pm**

*The recording of this meeting is available from this link :*

[ShropshireCouncil - YouTube](#)

## **Present**

Members: Councillor Rosie Radford (Chair), Councillor Fiona Doran (Co-Chair), Cllr Dawn Husemann, Anne Mitchell (co-optee), Cllr Derek White, Dag Saunders (co-optee)

David Sandbach (co-optee) was in attendance remotely

## NHS participants:

Jo Williams - Chief Executive in Common SaTH and Shropshire Community Health NHS Trust, Andrew Morgan – Chair in Common of SaTH and Shropshire Community Health NHS Trust, Ed Rysdale – SaTH, Mathew Neal – SaTH

In attendance: Bernie Bentick, Portfolio Holder Health, Shropshire Council

Claire Hall Salter, Interim Director Adult Social Care, Telford & Wrekin Council

Sophie Foster, Overview and Scrutiny Officer, Lorna Gordon, Scrutiny Officer  
Amanda Holyoak (minutes)

## **1 Apologies for Absence**

Cllr Nigel Dugmore, Jan Suckling (co-optee), Lynn Cawley (co-optee) David Sandbach (although able to attend remotely)

## **2 Disclosable Interests**

None were declared

## **3 Minutes of Last meeting**

The minutes of the meeting held on 6 October 2026 were confirmed as a correct record.

## **4. Hospital Transformation Programme – Concise Summary**

SaTH officers presented an update (presentation is available: [here](#)) confirming the Hospital Transformation Programme was progressing well, with the main structure complete and internal works underway. Members were briefed on the planned

clinical layout and phased refurbishment of the emergency department, designed to keep services running during construction.

Updates were provided on social value, workforce planning, and clinical governance, including work on new pathways and transfer protocols supported by the Emergency Treatment and Transfer Team.

Transport developments included successful park and ride schemes, extra parking capacity, planned on-site infrastructure improvements, and proposals for a dedicated link between hospital sites by 2028.

Concerns were raised about parking and signage at PRH; officers confirmed steps being taken to expand capacity and that multi-storey options are being explored with local authorities.

The Portfolio Holder for Health, Shropshire Council requested earlier circulation of presentations for future meetings.

Further questions were raised on outdoor spaces, obstetric and midwifery layout, theatre flexibility, catering, transport links, and cycling/walking facilities. Officers confirmed:

- Outdoor areas designed for patients and staff, with scope for wider use.
- Two obstetric theatres (space for three) co-located with midwifery services.
- Catering review underway; the future report could be made available to the Committee if required.
- Park and ride expansion considered; active travel infrastructure included in plans.
- Transport planning included accessibility needs for visually impaired patients.

Officers clarified that SaTH owned the risk for patients during transfers; a 24/7 medical emergency team would operate at PRH to manage this and transfer protocols were being strengthened.

On ambulance flow and winter planning, it was explained that transfers were prioritised by clinical category, with the new model designed to reduce queues and support elective activity.

Safety of rooftop gardens and balconies was discussed, with plans for three-metre glazed screens and standard risk assessments.

It was confirmed that future IT, AI, telemedicine, and off-site diagnostics were being built into planning.

Members noted the benefits of shifting some services into the community, with Stafford Park phlebotomy given as an example. SaTH officer said they could bring a presentation on the community group model to a future meeting

It was emphasised that the split-site approach improves patient flow and protects elective activity; service moves would be accompanied by redesigned processes, and not just relocated.

## **5. Community Health Update – Concise Summary**

The Chief Executive outlined progress on community health initiatives, including the “Better Together” programme to accelerate the 10-year plan. Winter improvements were noted, with virtual wards at 95% occupancy and plans to widen eligibility, improve digital access, and strengthen workforce capability.

Ensuring reliable staffing across community hospitals and Minor Injury Units (MIUs) remained a priority. Work was underway to clarify service models, develop MIUs into urgent treatment centres, and make better use of community hospital space. More detailed information on transfers and hospital usage would be provided to the committee.

Members raised concerns about future demand, reablement capacity, and financial flows into community care. A full capacity and demand review was in progress, aligned with the shift towards community-based services. Transport challenges were acknowledged; updates on this would follow.

Questions on district nurse and health visitor recruitment highlighted national workforce pressures. Officers reported the lowest vacancy rates to date and confidence in meeting the 92% waiting time target next year. Work continued with universities and the Midlands Support Unit to strengthen career pathways and address travel and digital issues.

The Chair of SaTH and SCHAT emphasised the need to elevate community services and support a “home-first, care close to home” model, including transforming MIUs into urgent treatment centres.

**Virtual ward capacity, staffing and costs were discussed; detailed answers to questions asked would be provided to the committee in the next week.**

Concerns were expressed that community development must keep pace with hospital transformation to avoid future system pressures.

Questions about urgent community response teams highlighted the need for clearer metrics and a stronger focus on patient experience. Officers acknowledged the gap between performance data and lived experience and committed to developing better indicators.

The need for clearer public communication about MIU capabilities was emphasised. Rehabilitation and reablement pathways were also discussed, with further detail to come.

A countywide template for community hospitals was considered impractical; instead, work was focused on applying the MIU service specification and planning with partners, including local authorities and the voluntary sector.

Further discussions covered integration with local councils and delivery of community care in Telford and Wrekin.

At the conclusion of the discussion, the Chair confirmed that:

- The Committee would require another update to be provided on the Hospital Transformation Programme in early 2027, alongside an update on the work ongoing with West Midlands Ambulance Service;
- Members would welcome more information on the catering review and dietary support as offered by the Chief Executive;
- Members would like access to the Urgent Response Team's internal KPIs, as agreed by the Chief Executive;
- The Committee intended to review the changes to community provision in six months' time to understand progress and impact, and would require access to demand modelling and workforce planning to support changes.

The Chief Executive invited members to raise any patient-specific concerns with her directly and confirmed that all requested follow-up information will be provided.

The Chair thanked all NHS for their time attending the meeting.

## **6. Joint HOSC Chairs Update**

The Chair reported that since the last public meeting, the Joint Health Overview and Scrutiny Committee had continued working with system partners to understand the implications of the Integrated Care Board joining a wider cluster of ICBs. Members had met informally with the Chief Executive, Simon Whitehouse, and Chief Officer for Strategy & Improving Outcomes, Dr Lorna Clarson, on 13 January to discuss emerging arrangements and potential local impacts. The Committee would continue to monitor developments and maintain appropriate scrutiny.

The Committee was also reviewing its Terms of Reference to ensure they remain effective and aligned with the changing health landscape. Updated Terms of Reference would be brought to the next public meeting in the spring.

In addition, the Committee will begin a focused review through the Digital Transformation Working Group. This would start by mapping the current digital landscape across health and care, followed by gathering patient views on digital services and understanding groups most affected by increasing digitalisation.

The review would then examine ongoing digital transformation work across the system, engaging Directors of Public Health, the ICB, SaTH, MPFT, and ShropCom to identify current initiatives and areas for improvement. The Working Group would

present its findings and recommendations, along with key themes and next steps, to the Committee.

**7. Date of Next Meeting**

To be confirmed