

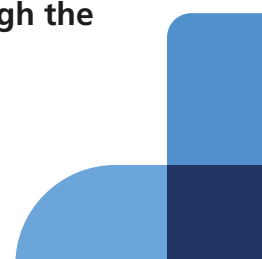
Hospitals Transformation Programme: Q&A


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1 Overall programme

1.1 Why do we need to make changes to our clinical configuration?

We have an urgent need to change how we deliver acute hospital services at our Shrewsbury and Telford sites as our current clinical model does not meet the needs of our patients.

We currently have two inadequately sized Emergency Departments, with the delivery of key clinical services split across two sites (including critical care), insufficient physical capacity (particularly for planned care services), mixing of planned and unplanned care pathways, and poor clinical adjacencies. COVID-19 has further highlighted the need to reconfigure our services. Our buildings are aging and do not have the space or flexibility for modern healthcare.

The proposed changes will support the delivery of the service reconfiguration that was agreed as part of the Future Fit consultation, addressing our most pressing clinical challenges, and establishing solid and sustainable foundations upon which to make further improvements.





1.2 Why can't all our services be delivered at both hospital sites?

The current model includes two admission routes for emergency patients leading to over-complex, ineffective and inefficient patient pathways. Access to the right care can therefore be slower, leading to delayed, potentially poor quality care, an increased risk to patients and longer ambulance waits.

The current hospital configuration does not provide sufficient capacity or dedicated facilities for emergency care. This means that during busy periods planned care patients may be cancelled to create additional capacity for emergency patients.

Duplication of services across the two sites continues to cause significant long-term recruitment issues leading to unfilled posts and increased use of agency staff. The duplication makes it much harder to meet NHS Seven Day Services Clinical Standards and professional guidance for consultant-led care.

If we duplicated more services across both hospital sites, we would exacerbate these issues, making our services less effective and less efficient.





1.3 How was the proposed service reconfiguration developed and agreed upon?

The Future Fit Programme was set up in 2013 in response to the Government's 'Call to Action'. This asked NHS staff, patients, the public and politicians to come together and agree what changes were needed to make local NHS services fit for the future.

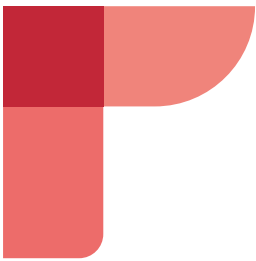
There was agreement that significant changes were required. Over four years, following more than 200 events, the opinions of thousands of local people, including NHS staff, patients and community groups, were sought and collated.

In November 2016, the Future Fit Programme Board agreed a proposed clinical strategy and model of care including reconfiguring services to deliver an emergency care centre at one site and a planned care centre at the other. This led to a public consultation from May to September 2018.

In January 2019, the Shropshire and Telford & Wrekin Clinical Commissioning Groups (CCGs) confirmed the preferred option (supported by the Future Fit consultation) of RSH becoming the centre for emergency care and a planned care centre being located at PRH.

In early 2019, the Secretary of State for Health and Social Care referred the proposed changes to the Independent Reconfiguration Panel (IRP) for review. The IRP visited the county to speak not only to clinicians, but also to those who had objected to the plans. It was the unanimous verdict of all members of the Panel that the proposals that have been put forward should go ahead "without further delay". The Secretary of State for Health and Social Care accepted the advice and supported the panel's findings.





1.4 How have the options been assessed in the SOC and what is the recommended option?

In assessing the available strategic options to support the delivery of the service reconfiguration that was agreed as part of the Future Fit consultation, the SOC explored the most appropriate way to balance a number of competing priorities:

- delivering the full ambition behind the extensive public consultation (Future Fit)
- implementing new national standards (for example around COVID-19 requirements, increased proportion of single rooms and Net Zero)
- establishing a sustainable infrastructure to support the delivery of excellent healthcare
- the funding available to achieve those changes - the current allocation of funding for this scheme is based on costings, inflation assumptions and national standards from 2016

To determine the Preferred Way Forward, we have made an overall judgement on the ranking of the different options against the investment objectives for the reconfiguration.

The recommended Preferred Way Forward involves investing the allocated £312m of capital funding to deliver the core requirements of the Decision-Making Business Case (DMBC) helping us to address our most pressing clinical challenges, and establish solid and sustainable foundations upon which to make further improvements.

The DMBC, published in January 2019, describes the outputs of the Future Fit consultation.





1.5 Why is this the right model of care for our population?

The proposed clinical service reconfiguration will deliver a range of benefits across all of our communities, including:

Dedicated Emergency Department with immediate access to medical and surgical specialities

- Timely access to the right specialist teams and consultants
- Elimination of 12-hour breaches and reduced ambulance waiting times
- Shorter hospital stays

Ring-fenced planned care capacity supporting the needs of our population

- Fewer procedures cancelled
- Improved cancer waiting times
- Resilient to peaks in emergency demand

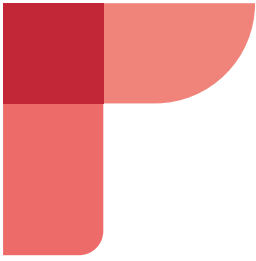
A much better environment for patients, families and staff

- Modern, well-designed facilities
- A better experience of care
- Positive impact on staff experience and morale

Integrated services for local people

- Simpler and more effective patient pathways
- Working seamlessly across our health and social care partners
- Better access to health and care services



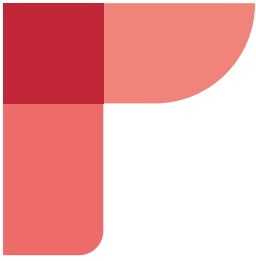


1.6 How will our communities benefit from the changes to our emergency care services?

The Royal Shrewsbury Hospital (RSH) site will specialise in the delivery of emergency care services for the whole of Shropshire, Telford and Wrekin and parts of Mid Wales. This will ensure patients can get immediate access to the emergency doctors, specialist surgeons and medical professionals they may need, who will all be based at the same location. This will create a number of benefits for our communities, including:

- Patients are seen more quickly by the most appropriate specialist teams
- Patients experience more rapid diagnosis and treatment and shorter hospital stays
- There will be improved patient flow through the emergency department, reducing both patient waiting and ambulance handover times
- Modern facilities, including a new Emergency Department, to support emergency activity
- A purpose-built critical care unit





1.7 How will our communities benefit from the changes to our planned care services?

The Princess Royal Hospital (PRH) site in Telford will specialise in the delivery of planned care services ensuring that we can protect capacity for planned procedures and reduce the current mixing of flows of emergency and planned patients that we see in our two hospitals. This will create a number of benefits for our communities, including:

- Fewer cancellations and delays for operations
- Shorter waiting times
- Better patient experience with a lower risk of infection

While the majority of planned day case and inpatient surgical procedures will be performed in Telford, patients who need complex planned surgery, where post operative intensive care may be required, will have their planned surgery performed at the Royal Shrewsbury Hospital site.

1.8 Is the reconfiguration supported by our clinical and operational staff?

The Future Fit programme was clinically led from the outset and both clinical and operational staff were fully involved in the consultation process. During the development of the plans, consultants working at the two hospitals were part of planning and development through meetings, workshops and speciality team discussions.





1.9 Is the reconfiguration supported by our key stakeholders and partners?

The Hospitals Transformation Programme is one of the core foundations to the delivery of the Shropshire Telford and Wrekin Integrated Care System's (STW ICS) vision.

The STW ICS and Shropshire and Telford & Wrekin Clinical Commissioning Group (now known as NHS Shropshire, Telford & Wrekin) provided formal letters confirming their support for both the Strategic Outline Case and the Preferred Way Forward.

All of STW ICS's transformation programmes (including the Hospitals Transformation Programme) include representatives from relevant partner organisations and key stakeholders. This ensures that the objectives of each programme are widely understood and that any risks are escalated and mitigated as quickly as possible.

1.10 Are we going to have the physical capacity to deal with our emergencies if we centralise emergency care onto one site?

Our new Emergency Department will be designed to meet the future needs of our population. The Emergency Department will be supported by an increased number of beds at the Shrewsbury site to meet the predicted needs of our population as the age profile changes.

The new clinical models will also build more efficiency into our pathways by ensuring patients are seen by the right teams at the right time, with allocated beds in the right place for their specific needs.





Our Emergency Department will also be supported by 24/7 urgent care services at both sites to ensure that patients with accidents and emergencies are seen in the most suitable assessment areas and that the single emergency department can focus on delivering care to patients with the most serious conditions.

1.11 Are other regions of the UK following a similar approach?

The NHS is moving towards the separation of emergency and planned care pathways (as referenced in NHSE's 22/23 business plan) and many Trusts have already begun to or are planning to adopt this approach. Following this approach reduces the likelihood of cancellations and delays to planned care and limits the spread of hospital acquired infections. The Hospitals Transformation Programme is aligned with the Royal College of Surgeons' recommendation to separate planned surgical admissions from emergency flows.

1.12 How will the detailed models of care be designed and how can people get involved?

The detailed models of care will be designed during the next stage of the programme and form a key foundation to the development of the Outline Business Case.

In the coming months staff, patients and members of the population will have the opportunity to provide input into the design of the detailed models of care.





1.13 How will the reconfiguration be delivered within the £312m of allocated capital funding?

The Preferred Way Forward involves investing the allocated £312m of capital funding across the Royal Shrewsbury Hospital and Princess Royal Hospital sites to improve our service model so that it better meets the needs of our patients and communities.

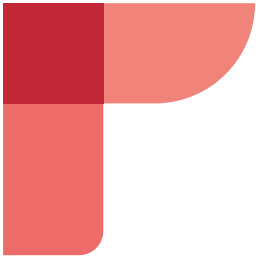
It will deliver the core requirements of the Decision-Making Business Case (DMBC) helping us to address our most pressing clinical challenges, and establish solid and sustainable foundations upon which to make further improvements.

The DMBC, published in January 2019, describes the outputs of the Future Fit consultation.

A number of significant challenges will remain, particularly in relation to the standard of patient accommodation at the RSH site, and whilst these can be managed over the medium term, these risks will need to be addressed in the long term.

We remain fully committed to the wider health system ambitions that were discussed during the Future Fit consultation process and will continue to seek the support of key stakeholders to identify additional funding sources that will allow those further improvements to be made.



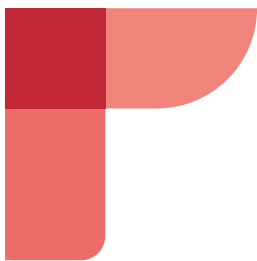


1.14 How will any further inflationary pressures be managed?

At present, future inflation rates are highly uncertain and volatile and we are committed to doing as much as we can to manage spend within capital constraints.

In the meantime, discussions will continue to take place with the local health and care system about collective priorities for capital investment (which also includes the use of the Trust's own internally generated capital). If the costs of the scheme increase above the available capital funding, capital allocated to other schemes may need to be diverted to this programme.





2 What will the changes mean for our population?

2.1 How will the changes to emergency care benefit Telford residents if they will need to travel further?

For most significant emergencies, small differences in travel time are not the most important determinant of health outcome, but it is the immediate comprehensive emergency care given in the specialist centre.

Many other networks have implemented this approach and it is already happening elsewhere in our county – for example, our own patients are taken straight to hospitals outside our county if they are suffering from a suspected heart attack or have major trauma.

Hospital specialist teams often have to work in conjunction with each other and the current geographic separation of the specialists across two A/Es can lead to delay and could impact patient outcomes. Those specialist teams who deliver 24/7 emergency care across both sites have particular issues with recruitment and find it extremely difficult to deliver required standards such as 7 day working, reducing the quality of care to Telford residents.

Bringing emergency specialist teams all together in the same hospital will resolve the majority of the issues that adversely affect the emergency care provided to Telford residents.

Having an appropriately sized, staffed and designed Emergency Department supported by all the medical and surgical specialist teams needed by our patients from Telford, who do not need regional support, will mean more rapid and effective care for the vast majority of those with life or limb threatening accidents





or emergencies even if the travel time to the specialist emergency centre at Shrewsbury is greater.

If the problem is urgent but there is no threat to life and limb, 24/7 enhanced urgent care services (A&E Local model) will be available at the Princess Royal Hospital site.

2.2 If I'm being treated in Shrewsbury for an emergency, will I stay there for all of my recovery?

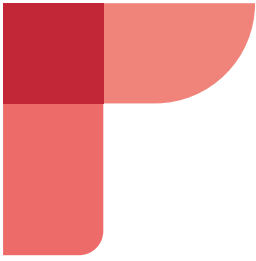
Patients from Telford & Wrekin who have undergone emergency treatment may be transferred to the Princess Royal Hospital, if appropriate, as part of their planned pathway of care.

2.3 How will the enhanced urgent care service (A&E Local model) benefit Telford residents?

Most people who currently attend our A&E departments need urgent care for non-life-or-limb-threatening conditions and don't need a comprehensive emergency department with the backup of specialist teams or indeed hospital admission. Approximately two-thirds of patients who currently attend the Emergency Department at PRH fall into this category and will still be able to access the care they need at Telford through the enhanced urgent care service (A&E Local model).

Patients will be triaged within 15 minutes and will have direct access to a multi-disciplinary team of health, care and community professionals. This means that





the majority of patients currently attending our Emergency Department in Telford will still be able to get the care they need at the Princess Royal Hospital site.

2.4 What type of urgent illnesses and injuries will be treated through the enhanced urgent care service (A&E Local Model)?


We will continue to develop and refine Telford's enhanced urgent care service (A&E Local Model) as we progress through the next stage of the approval process (which involves the development of an Outline Business Case). Services are expected to cater for a wide range of minor illnesses and injuries, for example simple injuries from falls and sport; dislocation of fingers and toes; cuts, abrasions, minor scalds or burns; bites and stings; ear, nose and throat problems; coughs and colds; abdominal pain; vomiting and diarrhoea.

The service will also support community colleagues in looking after common medical conditions such as cellulitis, acute chest infections and DVT where hospital admission is unlikely to be required. The service will also be fully integrated with community-based care pathways, including frailty and mental health services as appropriate.

2.5 If someone critically unwell presents at the Telford site, how will their care be managed?

The clinical teams at Telford will have the ability to stabilise and transfer seriously ill "walk-in" patients. If a seriously ill patient attends or, in the





unlikely event that a patient became critically unwell whilst at Telford's planned care centre, they would be quickly assessed and cared for by skilled clinical staff.

If needed, they would quickly and safely be transferred to the Emergency Department in Shrewsbury or out of the county to an appropriate tertiary centre (e.g. for complex trauma or heart attack) as they are now.

2.6 Why do Women and Children's services need to be located at Shrewsbury?

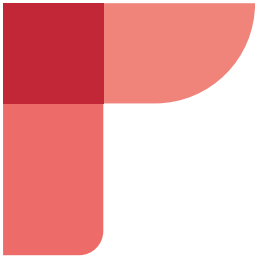
It's essential that consultant-led inpatient women and children's services are located with immediate access to our medical and surgical specialists and our critical care services. These services are being brought together on the Shrewsbury site, which will specialise in the delivery of emergency care services.

When the reconfiguration is complete, the area of the Telford site that is vacated will be re-used and is expected to support the provision of high quality planned care services.

2.7 Will I be able to give birth to my baby at my local hospital?

In line with the outputs of the consultation, low-risk births will be able to take place at Midwife Led Units on both Telford and Shrewsbury sites. Robust escalation and transport protocols will be in place to ensure rapid transfer to the consultant-led unit at the Shrewsbury site if needed.

Higher risk births will take place at the consultant led maternity unit on the Shrewsbury site supported by midwives and obstetric doctors. This means



that women who may need additional expert specialist medical and surgical assistance, either before, during or after labour and delivery, will have immediate access to all the 24/7 emergency medical and surgical specialists, including critical care, that will be based together in Shrewsbury.

2.8 Will my antenatal and postnatal appointments take place locally?

Yes, we will continue to provide clinics at both Telford and Shrewsbury sites, as we do now.

2.9 How will the new service configuration benefit the care provided to children?

Both the Princess Royal Hospital and the Royal Shrewsbury Hospital sites will provide general and specialist paediatric outpatients, diagnostics, specialist nursing and 24-hour urgent care meaning most children will continue to receive the majority of their outpatient and urgent care at the hospital site closest to home.

Specialist emergency services for children such as trauma, high-dependency and critical care, along with specialist paediatricians, will be based 24/7 at the Shrewsbury emergency site, ensuring children needing to be admitted to hospital for emergency care or an operation will have immediate access to the specialists that they may require.





2.10 Has the Hospitals Transformation Programme taken on board the recommendations of the Ockenden review?

The recommendations from the Ockenden review will be incorporated into the detailed pathway design work that will take place during the next stage of the programme.

2.11 How will these changes benefit residents in mid-Wales?

Residents of mid-Wales will receive better and faster access to care in an emergency because they will be treated at the site specialising in emergency care, where all of the emergency doctors, specialist surgeons and medical professionals that they may need are based. This will result in better outcomes and shorter hospital stays.

Creating a dedicated site for planned care at the Princess Royal Hospital, whilst extending travel times, will ensure that capacity for planned procedures is protected and mean that residents of mid-Wales will benefit from shorter waiting times and fewer cancellations.

The service reconfiguration will help to create simpler, more effective patient pathways and better links with our health and social care partners, which will improve the experience of all patients. Patients from mid-Wales and their families will also benefit from safer, brighter facilities and more effective infection control which will reduce the incidence of hospital-acquired infections.





2.12 How will these changes benefit residents in North Shropshire?

Residents of North Shropshire will receive better and faster access to care in an emergency because they will be treated at the site specialising in emergency care, where all of the emergency doctors, specialist surgeons and medical professionals that they may need are based. This will result in better outcomes and shorter hospital stays.

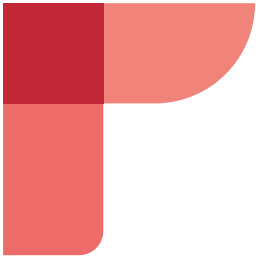
Creating a dedicated site for planned care at the Princess Royal Hospital will protect capacity for planned procedures which means residents of North Shropshire will benefit from shorter waiting times and fewer cancellations.

The service reconfiguration will help us to create simpler, more effective patient pathways and better links with our health and social care partners, which will improve the experience of all patients. Patients from North Shropshire and their families will also benefit from safer, brighter facilities and more effective infection control which will reduce the incidence of hospital-acquired infections.

2.13 How will these changes benefit residents in Shrewsbury and South Shropshire?

Residents of Shrewsbury and South Shropshire will receive better and faster access to care in an emergency because they will be treated at the site specialising in emergency care, where all of the emergency doctors, specialist surgeons and medical professionals that they may need are based. This will result in better outcomes and shorter hospital stays.

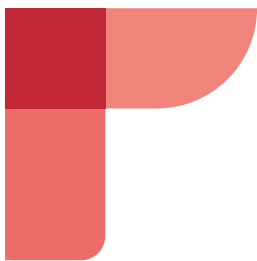




Creating a dedicated site for planned care at the Princess Royal Hospital will protect capacity for planned procedures which means residents of Shrewsbury and South Shropshire will benefit from shorter waiting times and fewer cancellations.

The service reconfiguration will help us to create simpler, more effective patient pathways and better links with our health and social care partners, which will improve the experience of all patients. Patients from Shrewsbury and South Shropshire and their families will also benefit from safer, brighter facilities and more effective infection control which will reduce the incidence of hospital-acquired infections.





3 Approval process

3.1 How was the SOC approved and what does approval of the SOC mean?

At the end of August 2022, the Department of Health and Social Care and NHS England's Joint Investment Committee formally confirmed approval of the Strategic Outline Case (SOC) submitted by The Shrewsbury and Telford Hospital NHS Trust on behalf of the Shropshire, Telford & Wrekin Integrated Care System (ICS) for the reconfiguration of acute hospital services, subject to a number of conditions. These conditions will be addressed as the Outline Business Case (OBC) is developed during the next stage of the Hospitals Transformation Programme (HTP).

NHS schemes with an investment value greater than £50m, require the support and approval of NHS England, the Department of Health and Social Care (DHSC) and HM Treasury before they can proceed. The approval of a SOC is an important step in that process.

The SOC focuses on:

- Demonstrate a compelling case for change
- Exploring an appropriate range of options
- Determining the short list and Preferred Way Forward
- Providing the Trust, NHS England, the DHSC and HM Treasury with sufficient information and assurance about the proposed changes





3.2 What are the next stages of the approval process and how long will it take?

Work has now started on preparing for the next stage of the national approval process, involving the development of an Outline Business Case that will include a more detailed appraisal of the options that will support the delivery of the agreed service reconfiguration. The third and final stage of the process will be a Full Business Case (FBC). When the FBC has been approved, physical construction can commence. The ambitious timescales included within the SOC are targeting formal approval of the FBC by the end of 2023.

3.3 Were any conditions attached to the approval of the SOC?

At the end of August 2022, the Department of Health and Social Care (DHSC) and NHS England's (NHSE's) Joint Investment Committee (JIC) formally confirmed approval of the Strategic Outline Case (SOC) for the reconfiguration of acute hospital services. In line with normal practice, the approval by DHSC and NHSE was given subject to a number of conditions that will need to be addressed as we develop the Outline Business Case (OBC) during the next stage of the Hospitals Transformation Programme (HTP).





4 Delivery

4.1 Will you be able to deliver this programme whilst continuing to address your other key challenges?

This initiative (alongside the development of Local Care community-based services) is one of the most important transformational priorities for Shropshire, Telford & Wrekin Integrated Care System (ICS) and The Shrewsbury and Telford Hospital Trust. The delivery of this initiative will help us to address long term health and care system sustainability issues.

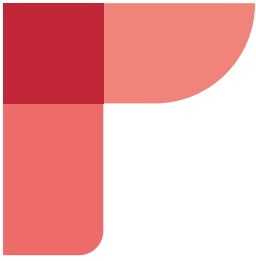
Internal resources will be supplemented by external support to ensure that we have sufficient capacity and capability to successfully deliver the programme.

4.2 What will happen if you can't secure alternative funding for other necessary changes that are outside the scope of the HTP?

We have identified potential alternative funding sources for the inter-dependent initiatives outside the scope of the HTP (e.g. Public Sector Decarbonisation Scheme funding for the energy centre).

If we can't secure the required funding through the identified sources, we will need to review collective priorities for capital investment across the health and care system and may need to reallocate funding from other sources to these initiatives.





4.3 How does HTP fit into our wider health and care system strategy and plans?

HTP is fully aligned to local health and care system strategy and is one part of our overarching vision to improve health and wellbeing across Shropshire, Telford and Wrekin and Mid Wales. This programme sits alongside our plans to expand and improve community-based services, providing care closer to home and utilising our workforce in new and innovative ways.

Some of the key benefits from this approach will include:

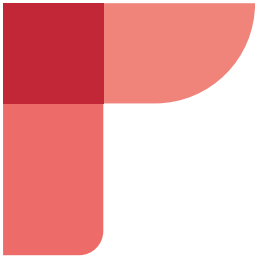
- Improved integration of health and care services
- Better experiences for our patients
- Improved access to primary care services

4.4 How are you planning to deliver the ambitions for local care pathways (which will avoid the need for additional acute capacity)?

The letter of support from Shropshire, Telford & Wrekin Integrated Care System (ICS) outlines the commitment of system partners to work together to deliver our integrated service ambitions.

The Local Care programme (our community transformation initiative) has been established to develop the required patient pathways and deliver the





associated changes to health and care services. Detailed implementation plans are being worked up by the Local Care programme in parallel to the development of this programme (and to similar timescales).

4.5 How are you planning to secure the additional resources and input needed to support the delivery of HTP?

Resourcing plans include a number of new internal roles and the engagement of external partners to provide sufficient capacity and capability to successfully deliver the programme. The plan has been externally reviewed and benchmarked against other similar capital schemes to ensure that the planned resourcing is appropriate for this programme.

Recruitment to key internal posts has commenced and procurement processes are being progressed to secure the external support required.

