



**Integrated
Care System**
Shropshire, Telford and Wrekin



TRANSFORMING THE ROYAL SHREWSBURY HOSPITAL AND PRINCESS ROYAL HOSPITAL

STRATEGIC OUTLINE CASE – SUMMARY
JULY 2022



**The Shrewsbury and
Telford Hospital**
NHS Trust

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Introduction and summary

This document summarises the Strategic Outline Case (SOC) that was submitted by The Shrewsbury and Telford Hospital NHS Trust on behalf of Shropshire, Telford and Wrekin Integrated Care System (ICS), to the Department of Health and Social Care (DHSC) and NHS England's (NHSE) Joint Investment Committee for review at their meeting on 29 July 2022.

The SOC reflects our commitment, as a system, to resolve longstanding issues of duplicated and fragmented services in an ageing infrastructure that is not fit for delivery of twenty-first century healthcare, issues that have only been exacerbated by the COVID-19 pandemic.

The Committee formally confirmed approval of the SOC at the end of August 2022, subject to a number of conditions. These conditions will be addressed as we develop the Outline Business Case (OBC) during the next stage of the national approval process.

The approval of this SOC represents an exciting step forward, as it means that long awaited plans to redevelop services across the two acute hospital sites, the Princess Royal Hospital (PRH) in Telford and the Royal Shrewsbury Hospital (RSH) in Shrewsbury, can continue to progress.

This SOC sets out why the reconfiguration and transformation of acute services at RSH and PRH is so important.

- The current configuration and layout of acute hospital services in Shrewsbury and Telford will not support future population needs and will present an increasing challenge to the staffing, quality and continuity of services. A public consultation (Future Fit) was carried out in 2018 which concluded that the proposed changes to the models of care should be implemented without delay.
- In 2019, the outputs of that consultation were referred to an Independent Reconfiguration Panel (IRP) for further review. The IRP recommended implementation 'without further delay' and the findings were supported by the Secretary of State for Health and Social Care. The DHSC agreed to invest the capital required to deliver the proposed changes.
- Following the public consultation and the review by the IRP, we confirmed our commitment to reconfigure health services to address these longstanding issues. These challenges significantly impact on our ability to deliver the quality of care and safe, effective services that our patients deserve and to attract and retain the best staff.
- Delivering the agreed clinical model is essential for providing long term sustainable, high quality care and will also achieve a range of significant benefits for all of our local communities. These benefits include quicker access to specialist consultants, better health outcomes, and bringing fragmented teams together which will help us to address our workforce gaps.

The SOC appraises a number of options that will deliver the reconfiguration of acute services that was agreed by the Future Fit consultation. The options were assessed against an agreed set of investment objectives to determine a Preferred Way Forward.

In assessing the potential strategic options, the SOC explores the most appropriate way to balance a number of competing priorities:

- Delivering the wider ambitions that were discussed during 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 (£312m) is based on costings, inflation assumptions and national standards from 2016

Both the SOC and the Preferred Way Forward have the support of the Shropshire, Telford and Wrekin ICS, Shropshire, Telford & Wrekin CCG (now known as NHS Shropshire, Telford & Wrekin) and The Shrewsbury and Telford Hospital NHS Trust (SaTH).

Work has already started on preparing for the next stage of the national approval process, which involves the development of an OBC that will include a more detailed appraisal of the options. The third and final stage of the process will be a Full Business Case (FBC). Physical construction can commence when the FBC has been approved.

1 Strategic case

1.1 Case for change

As a system and a Trust, we face multiple long-running challenges that mean we need to change how services are configured and supported. The current clinical service configuration doesn't meet the needs of patients. There are two inadequately sized emergency departments, split site delivery of key clinical services (including critical care), insufficient physical capacity (particularly affecting planned services), mixing of planned and unplanned care pathways, and poor clinical adjacencies.

- **Our clinical model is currently not fit for purpose because of an outdated service configuration**

This significantly impacts on our ability to address quality and operational issues, contributing to an 'inadequate' Care Quality Commission (CQC) rating.

The current model offers two admission routes for emergency patients across two sites, with some services duplicated and others with overly complex, ineffective pathways, disrupted patient flow and consequential long ambulance waits. As a result, access to appropriate care can be slow, complex and inefficient – leading to poor quality care and increased risk to patients.

The current hospital sites do not provide sufficient capacity or dedicated facilities for emergency care. This means that during busy periods, planned care patients are cancelled to create additional emergency capacity. This does not align with the national direction of travel which is moving towards dedicated planned care facilities that result in shorter waiting times for treatment.

- **The workforce situation is not sustainable if we continue to duplicate services across both sites**

Delays in implementing the new configuration are having an increasingly adverse impact on recruitment and retention of staff, as well as having a negative impact on staff morale.

A number of emergency department and anaesthesia vacancies have been unfilled for over five years – and this is directly linked to the model of care. These longstanding recruitment challenges mean that there is a significant reliance on agency staffing. Currently, only 38% of staff would recommend the Trust as a place to work.

These significant workforce issues and the duplication of services across our two sites, make it much more difficult for us to meet NHS Seven Day Services Clinical Standards and professional guidance for consultant-led care.

- **Our population needs are increasing and changing**

Shropshire's over-65 population is set to grow from c. 25% (2018) to c. 33% (2043) of the total population. Telford & Wrekin is similarly growing from c. 18% to c. 23%. These are both higher than national averages and contribute to expected growth in demand for inpatient care of c. 10% by 2024/25 – requiring c. 109 extra beds. This ageing population profile means we need to provide care differently by responding to complex care needs and health inequalities in a more integrated way.

There is also a greater need for services that can support frailer people, often with multiple long-term conditions, to continue to live with dignity and independence at home and in the community. Our configuration of local care services needs to change to cope with this demand.

Our services also need to better support our communities that live in remote, rural settings; this presents a challenge to developing consistent, sustainable services with equity of access.

- **Our buildings do not give us the capacity, space or layout we need for modern healthcare**

With our current buildings, we do not have the capacity we need to deliver emergency care. Our accident and emergency departments are too small for modern emergency care and our wards, especially at RSH, have structurally poor layouts.

We will be unable to recover planned care capacity or implement the national planned care backlog requirements without dedicated capacity to improve performance. The current clinical and operational model inhibits our ability to sustainably ring-fence planned care capacity.

Delays in implementing solutions to these issues have meant we have resorted to temporary, ad hoc solutions, including modular buildings. This approach increases the fragmentation of patient pathways (particularly at RSH) and results in an unsustainable long term development strategy.

- **The local health system has one of the largest financial recovery challenges in the NHS and there is a risk that the financial position will deteriorate further if we do not change the way we operate**

In 2021/22, Shropshire, Telford & Wrekin ICS had a projected deficit of c. £115m, that was forecast to grow to c. £172m by 2026/27 if no action is taken. The worsening deficit is largely driven by demand, agency spend and service costs, as well as the ongoing impact of duplication and inefficiencies caused by a split site clinical service model.

To overcome the challenges described above, we urgently need to change how services are configured across our sites – and we have a recommended solution.

Given the pressing urgency of our challenges, we need to move quickly – implementing these changes cannot wait any longer.

1.2 Consultation process

The approach to the reconfiguration of services for Shrewsbury and Telford was agreed by the Future Fit consultation and is now being implemented through the HTP. While the proposals have continued to be debated over recent years, the issues being faced by the local health system have become much more urgent.

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 (STW CCGs) confirmed the preferred option of RSH becoming the centre for emergency care and a planned care centre being located at PRH. There was strong support for these proposals across the local health and care system, which settled the long-running debate about the configuration of services.

“If we continue the way we are now, we do not believe that all of our patients will receive safe, high-quality care and treatment all of the time. The only way that we can make the improvements that we need is by changing the way we deliver services at our two hospitals. Doing nothing and staying as we are, is simply not an option.”

Future Fit Consultation Document (2018)

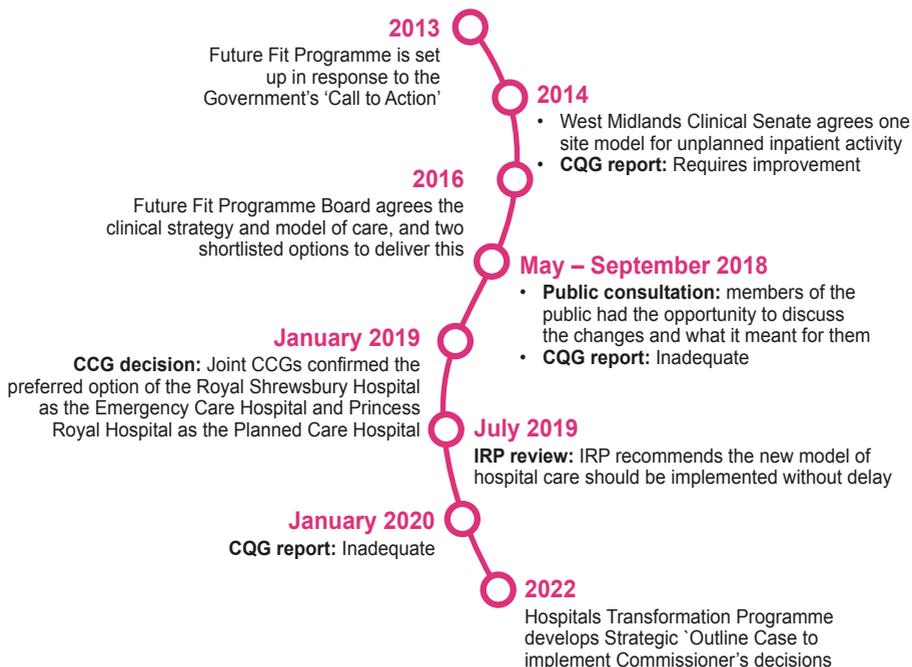
In early 2019, the Secretary of State for Health and Social Care referred the proposed changes to the Independent Reconfiguration Panel (IRP) for review. The IRP visited the county to speak not only to clinicians, but also to those who had objected to the plans. It was the unanimous verdict of all members 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.

“The Panel’s view is that the proposal to establish a single emergency centre at Royal Shrewsbury Hospital with a full range of complementary services at Princess Royal Hospital, Telford, is in the interests of health services in Shropshire, Telford and Wrekin and should proceed without further delay.”

Independent Reconfiguration Panel, supported by Secretary of State (2019)

At the end of August 2022, the Department of Health and Social Care and NHS England's Joint Investment Committee confirmed the formal approval of a Strategic Outline Case for the reconfiguration of acute hospital services, subject to a number of conditions that will be addressed as the Outline Business Case is developed during the next stage of the national approval process.



1.3 The service reconfiguration developed and agreed through the consultation process

The clinical strategy is aligned with the Royal College of Surgeons' guidance available on its website [here](#).

These agreed changes will create a site **specialising in planned care**, with planned day case and inpatients attending a hospital dedicated to their care (supported by post-anaesthesia care unit and capacity to stabilise and transfer patients if needed), without the additional disruptive effect of emergency admissions placing pressure on the fixed bed base. In line with recommendations made by the IRP, proposals for the planned care site incorporate a 24/7 enhanced urgent care service (A&E Local model), which will enable c. 65% of patients who would have attended the accident and emergency department to be seen on that site. The enhanced urgent care service (A&E Local model) will enable as much clinically appropriate care to be delivered locally as possible and includes a broader range of diagnostics and a frailty service.

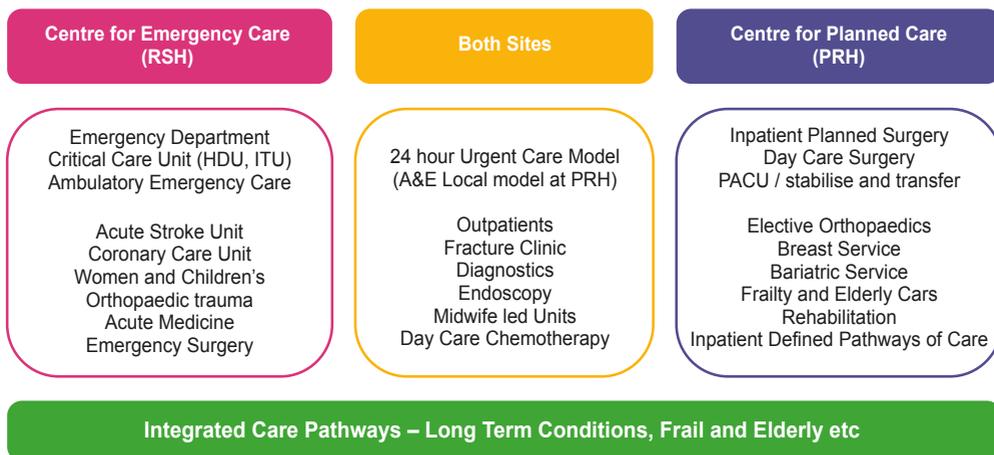
The agreed changes will also create a dedicated **emergency care centre** with a single purpose-built emergency department (including dedicated paediatric zone) and

consolidated critical care function, which will be supported 24/7 by all the required medical and surgical specialities. These services are planned to sit alongside on-site, 24-hour urgent care services, and a same day emergency care centre with specialist assessment areas. The capacity requirements have been modelled using the Directory for Ambulatory Emergency Care 6th Edition.

This proposed configuration will provide a range of benefits for our communities, including:

- Substantial and sustainable improvements in urgent and emergency care performance
- Shorter planned care waiting times for our patients and easier access to appropriate rehabilitation, ensuring the earliest possible day of discharge
- A reduction of short notice planned care cancellations and delays that result from the use of beds for emergency admissions
- Reduced risk of hospital or community acquired infection, because the majority of planned surgery will take place on one site, separate from unplanned patients; also helping us to better manage the impact of future pandemics
- The new clinical service model will help us to attract and recruit a highly skilled and focused workforce, including both clinical and administrative teams, consolidating fragmented teams and supporting improvements in patient care
- Closer working arrangements with our health and social care partners will provide more integrated services for local people, meaning simpler and more effective patient pathways

After implementation of the proposed reconfiguration, we will be better able to meet future healthcare challenges. New facilities will improve accessibility and be more resilient against the impact of community and healthcare-acquired infections such as COVID-19. They will incorporate dedicated capacity for planned care services, helping to reduce waiting lists and integrate care pathways across Shropshire and Telford & Wrekin, as set out in the NHS Long Term Plan. The reconfigured services will provide more single rooms and help us to better meet the needs of a complex and ageing patient population.



Economic case

1.4 Approach

The economic case explores a long list of various options that could deliver the proposed reconfiguration, discounting undesirable or unrealistic options, so that a recommended short list of options (including the Preferred Way Forward) can be agreed for detailed analysis and assessment.

The SOC appraises the short list of options, which deliver the agreed service reconfiguration and address the health system's most pressing acute care challenges. These acute care challenges arise principally from two inadequately sized Emergency Departments, split site delivery of key clinical services (including critical care), insufficient physical capacity (particularly impacting elective services), mixing of planned and unplanned care pathways and poor clinical adjacencies.

The outputs of the Future Fit consultation were described in a Decision-Making Business Case (DMBC) that was published in January 2019 and the options in this SOC will support the delivery of the outputs of that consultation.

Each option that has been assessed in the SOC will deliver the core components of the DMBC. The more expansive options will also deliver progressively more of the wider health system ambitions that were discussed during the consultation process.

The STW ICS remains committed to the delivery of both core and wider health system ambitions and in determining the Preferred Way Forward has also taken into account the current allocation of capital funding.

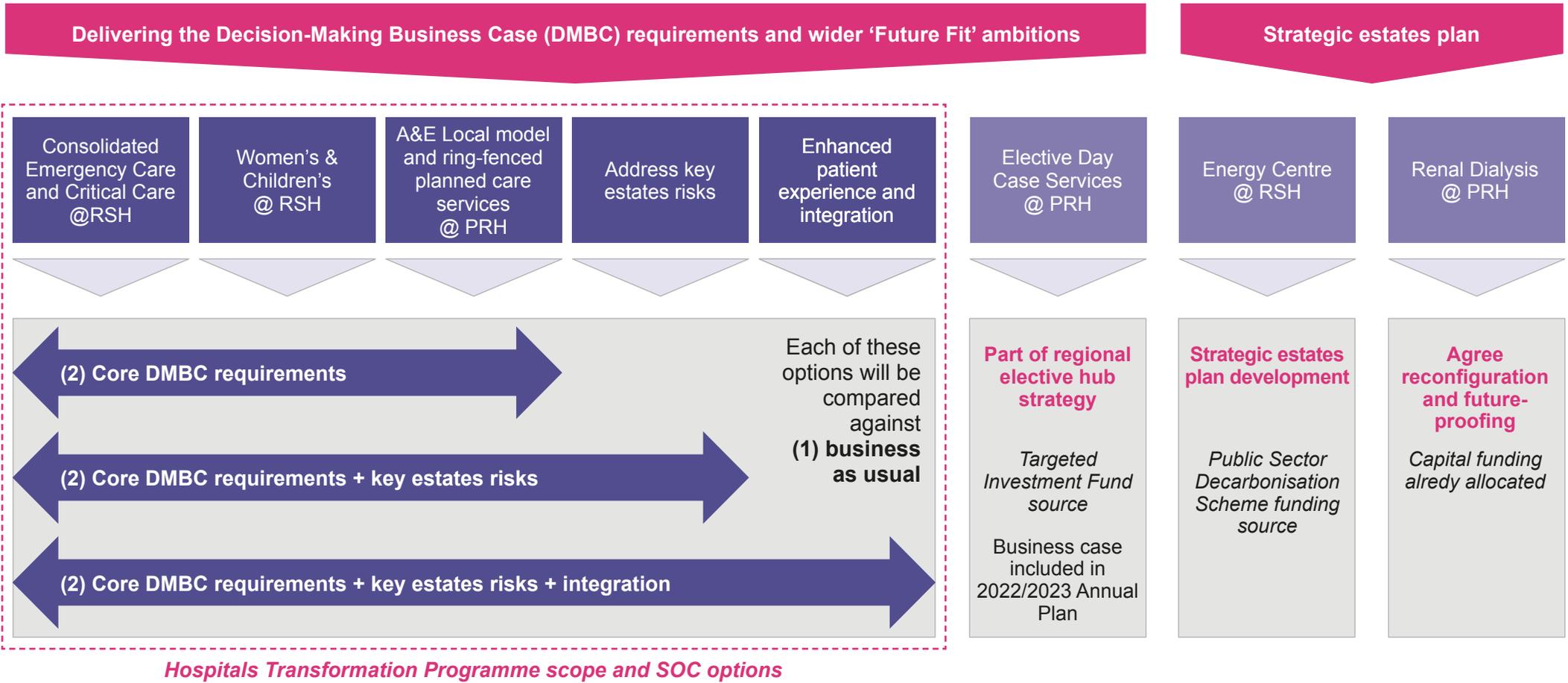
The scope of this SOC is aligned with the Trust's overarching strategic plan, which includes initiatives that rely on a number of alternative funding sources:

- Planned TIF2 (National Targeted Investment Fund) funding for a regional day case hub at PRH – this will deliver the day case components of the Future Fit consultation
- Public Sector Decarbonisation Scheme (PSDS) funding for an energy centre at RSH – this will deliver critical elements of the strategic estates plan
- Planned capital funding for moving outpatient renal dialysis from PRH to a purpose-built unit – this will deliver critical elements of the strategic estates plan based on more recent public engagement
- A system-wide digital transformation programme is being implemented in conjunction with HTP and is funded from alternative NHS sources

These projects are key elements of our overarching strategic plan and must be delivered along with HTP in order to realise the maximum value for our local population. However, these projects are not included within the options considered in this SOC, as they are assumed to be funded from alternative sources.

The priority investment objective for this SOC is the delivery of the core requirements of the DMBC (the agreed reconfiguration) along with as much as possible of the wider health system ambitions that were discussed during the Future Fit consultation process. This priority objective underpins the development of each of the options, and as such all SOC options (except business-as-usual) must support the Trust to move towards the delivery of this objective.

The diagram below outlines the scope covered by the SOC, and the initiatives and investments that fall outside of the scope of this SOC:



1.5 Options considered in the SOC

A summary of the business-as-usual comparator and the three options that have been assessed against this comparator are described below:

Option 1: Business-as-usual comparator (capital cost of c.£72m)

The business-as-usual comparator represents a continuation of the current service model, including:

- Annual essential backlog items across both sites which is risk adjusted, creating an ongoing challenge annually to meet the demands of a flexing clinical service, particularly during the winter months
- Funding for additional modular ward capacity to address operational bed pressures due to bed capacity shortfalls and clinical pathway issues across both hospital sites. Whilst providing a short-term solution, over time this tactical approach will not enable the Trust to address the issues around the quality of clinical estates environment or patient pathways, instead further adding to the Trust's estates challenges and increasing clinical and operational risk

Option 2: Core DMBC requirements (planned completion by Dec 26 for a capital cost of c.£312m)

- Addresses one of the biggest strategic challenges for the local health system by separating the emergency and planned care flows and consolidating fragmented teams and pathways (including critical care)
- Considerably improves the clinical adjacencies for emergency care, leading to better outcomes and experience for patients
- Provides more physical capacity to support the new clinical model, increased single room provision and improved infection prevention and control (IPC)
- Supports the delivery of planned care throughout the year across a primarily green hospital site, significantly improving access to services, reducing cancellations/waiting times/backlogs and improving patient experience
- Improves recruitment and retention by offering a better staff experience – reducing vacancy rates and the need for agency staff

Option 3: Core DMBC requirements + key estate risks (planned completion by Dec 28 for a capital cost of c.£481m)

In addition to option 2 above:

- Provides further new bed capacity that complies with current standards, repurposes the ward block at RSH to increase the space available for education and training and to enable the repatriation of off-site support services
- Develops day case chemotherapy (to Macmillan Quality Environment Mark standards) and upgrades planned services, both on the PRH site, to increase effectiveness and improve experience
- Upgrades existing theatres, contributing to a significant reduction in the highest estates risks

Option 4: Core DMBC requirements + key estates risks + integration (planned completion by Dec 29 for a capital cost of c.£534m)

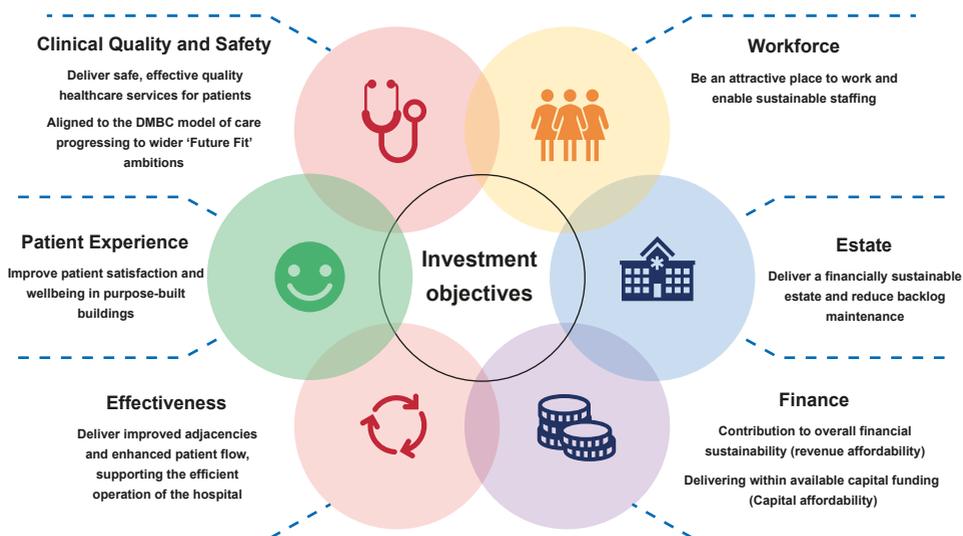
In addition to options 2 and 3 above:

- Upgrades outpatient facilities on both sites and upgrades ward accommodation at PRH (which will further increase operational effectiveness and improve patient and staff experience)
- Improves site utilisation and optimisation, providing a more efficient and sustainable long term estate infrastructure
- Develops an integrated multi-partner health and wellbeing hub on the PRH site. This hub will support our plans to improve service integration across the local health system and help to ensure that acute and local care services deliver seamless and high quality care to our local communities (including management of long term conditions, frailty services and quicker access to mental health services).

1.6 Appraising the options

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 (*see diagram below*).

Each option has been assessed against the Critical Success Factors (CSFs) associated with each investment objective, which include the cash benefits, qualitative benefits, costs, qualitative risks and Net Present Social Value (NPSV).



An overview of the qualitative benefits is attached at Appendix 2.

1.7 Results of the options appraisal process

The output of the assessment process is described below.

- Option 1 (business-as-usual comparator) will not support the health system in delivering the quality of clinical services required to sustainably meet the needs of the population. This option does not deliver the outputs of the Future Fit consultation.
- Options 2 to 4 offer significant clinical, workforce and operational benefits vs. business-as-usual and help address the issues we are facing. Option 4 (core DMBC + key estates risks + integration) offers the greatest clinical, workforce and operational benefit. For this reason, it is preferred across multiple qualitative CSFs (inc. clinical model, quality, workforce and effectiveness) and offers the greatest Net Present Social Value (NPSV).
- Option 2 is deliverable within the allocated capital funding whilst option 3 and option 4 require more capital than is currently allocated. As a result, options 3 and 4 fail the capital affordability CSF but, given that they deliver substantially more benefit, will be explored in more detail during the next stage.

Appraisal Section	CSF	1 Business-as-usual (comparator)	2 Core DMBC	3 Core DMBC + key estates risks	4 Core DMBC + key estates risks + integration
Qualitative	Clinical Quality and Patient Experience	Fail	Pass	Pass	Preferred
	Workforce	Fail	Pass	Pass	Preferred
	Effectiveness	Fail	Pass	Pass	Preferred
	Clinical Model	Fail	Pass	Pass	Preferred
	Commercial Viability	Pass	Pass	Pass	Pass
	Build Deliverability	Fail	Pass	Pass	Pass
Quantitative	Value for money	Fail	Pass	Pass	Pass
	Revenue affordability	Fail	Pass	Pass	Pass
	Capital affordability	Pass	Pass	Fail	Fail
CONCLUSION		Carry forward as BAU	Preferred way forward	Explore if further capital became available	Explore if further capital became available

- Option 2 delivers a similar Benefit Cost Ratio (BCR) to option 3 and 4, delivering the core DMBC requirements and moving us towards the wider ambitions that were discussed during the Future Fit consultation process, and establishes solid and sustainable foundations upon which to make further improvements. If option 2 is selected, the step-by-step approach of our longer term development plan will allow the further scope outlined in options 3 and 4 to be added at a later stage, should the further funding needed to deliver our wider ambitions be secured.

The SOC was developed based on a variety of historical data, analysis and projections which will be reviewed and updated during the next stage of the programme. If further options that deliver the outputs of the consultation become apparent as we continue to develop this scheme, we remain open to considering them.

1.8 Summary

Option 2 was selected as the Preferred Way Forward as it was the only option that met all of the investment criteria. This option involves investing the allocated £312m of capital funding across the RSH and PRH sites to provide improved facilities that will better meet the needs of our patients and communities (*see site plan overview attached at Appendix 3*).

It will put in place the core components of the service reconfiguration that were agreed as part of the Future Fit consultation, helping us to address our most pressing clinical challenges, and establish solid and sustainable foundations upon which to make further improvements. 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.

The approach taken in this SOC supports the delivery of the outputs of the consultation that are described in the Decision-Making Business Case (DMBC).

The Preferred Way Forward is fully aligned with local health system objectives and is one of the key strategic initiatives that will transform the health and wellbeing of the population of Shropshire, Telford & Wrekin and Powys. One of the other key health system programmes that is critical to the successful delivery of the HTP is being delivered through the ICS's Local Care programme, which will transform our community-based services so that we can reduce the rate of increase in acute bed requirements over the medium to long term.

Our proposals offer excellent value for money for taxpayers, with a higher benefit- cost ratio than many public sector schemes (3.7) and a significant positive net present social value. We will continue to test the value for money of this scheme and identify ways to improve it as we progress through the business case process.

2 Commercial case

The commercial case sets out the services required to implement the Preferred Way Forward identified within the economic case and the potential commercial options available. The commercial approach will be explored and assessed in more detail during the OBC stage.

In the SOC, we have outlined the services required, the main commercial issues to be considered, the procurement strategy and timetable. During the detailed design phase, we will need to make further decisions about the commercial arrangements needed to deliver the scheme. Principally, these decisions should be made in a way that delivers the greatest value to the UK public sector and shares risk appropriately with third party organisations. Key considerations include:

- Local tendering using standard building contracts
- The NHS ProCure23 Construction Procurement Framework
- Leveraging other national frameworks
- Maintenance services post implementation
- Optimising the management of risk
- Meeting appropriate national standards (including Modern Methods of Construction)
- Personnel implications
- Accountancy treatment
- Travel and transport

The Trust, over the last few years, has a successful track record of delivering large complex schemes at pace, each delivered to time and on budget. These projects include improvements to urgent and emergency pathway reconfiguration, CT and MRI installation and the reconfiguration of the endoscopy department.

We are confident that we can secure both the internal and external technical expertise that will ensure that we continue to build on that successful track record as we deliver this scheme.

The current commercial view of the most cost effective and efficient procurement route is the utilisation of the ProCure23 national framework, which is NHSE's preferred route to market for the provision of design and construction services for NHS capital projects.

The timescales identified in the SOC, confirm that the Principal Supply Chain Partner (PSCP) will be appointed during the OBC process, and will work collaboratively with the Trust, its partners across the system and the in-house design team to identify and achieve a Gross Maximum Price (GMP) for the programme, agreed by all parties prior to construction commencement.

This partnering and collaborative approach will minimise risk and cost pressure to the Trust and other partners across the local system during the construction phase of the programme.

3 Financial case

3.1 Capital investment requirements

The implementation of the Preferred Way Forward requires the investment of £312m of allocated capital funding over the financial years 2022/23 to 2026/27.

As described in the economic case, this investment is essential to delivering the agreed clinical model, necessary improvements to quality and safety, dedicated capacity, and COVID-19 resilient hospital facilities.

The Trust and health system currently face significant financial performance challenges, including at least £15m p.a. of revenue costs that are driven by duplication and inefficiencies caused by our current split site clinical service model. The Preferred Way Forward will help us to remove a large proportion of those additional revenue costs, improving the health system's underlying financial position.

The phasing of the capital requirement has been estimated at c. £6m in 2022/23, £57m in 2023/24 and £83m per annum until 2026/27, totalling £312m.

3.2 Affordability

The £312m of capital investment required for the Preferred Way Forward will incur revenue costs of c. £15.8m a year (by 2031/32) because of depreciation and capital charges. This option will generate financial revenue benefits of c. £15.8m a year (by 2031/32). This includes the benefits of a more efficient workforce, improved layout and patient pathways, improved patient flow, reduced length of stay, and a better quality estate.

This means that the overall scheme is affordable and will improve our position against the business-as-usual comparator, which results in increased revenue costs (c. £3.3m per annum) associated with the additional £72m of capital investment.

As we develop the OBC, there will be a focus on further improving the affordability of this scheme for the local health and care system. This will include ongoing review of modern methods of construction and repeatable design elements to reduce capital cost, further validating the size of the development and identifying other areas of benefit with system partners.

4 Management case

During the development of the SOC, we have formulated clear plans to progress and then implement the Preferred Way Forward. These plans will be further refined during the OBC stage and include strengthened governance arrangements, a robust delivery plan and stakeholder engagement plans that give us confidence that we can successfully deliver this investment.

Through the next stages of the process, involving the development of an OBC, we will continue to refine and improve our proposals and respond to feedback on this SOC.

4.1 Governance arrangements

Clear roles and responsibilities have been established within both the Trust and health system executive teams, and governance groups have been mobilised to support progression through the OBC stage. We have a clear governance structure and risk management approach as part of the HTP, which builds on the learnings from many other large NHS capital schemes.

4.2 Delivery plans

The Preferred Way Forward is planned to be delivered in a single phase of work, with the opportunity to add further areas of scope at a later date, should the additional funding needed to deliver our wider ambitions be secured.

With rapid approvals supported by the availability of capital, the Preferred Way Forward could be delivered by the end of 2026 and begin offering benefits, including reduced cancellations and planned care waiting times, additional emergency and planned care capacity, and improved clinical quality/experience.

Risks and inter-dependencies will be rigorously managed to ensure that any impacts on the scope, cost or timelines of this project are identified and mitigated as soon as possible.

4.3 Resourcing requirements

We recognise the significant resourcing required to take the reconfiguration forward successfully and are committed to sourcing the right resource capacity and capabilities necessary to deliver the project. The HTP team has been set up to include a dedicated project management office, with sufficient experience and capacity to coordinate the work and activities required.

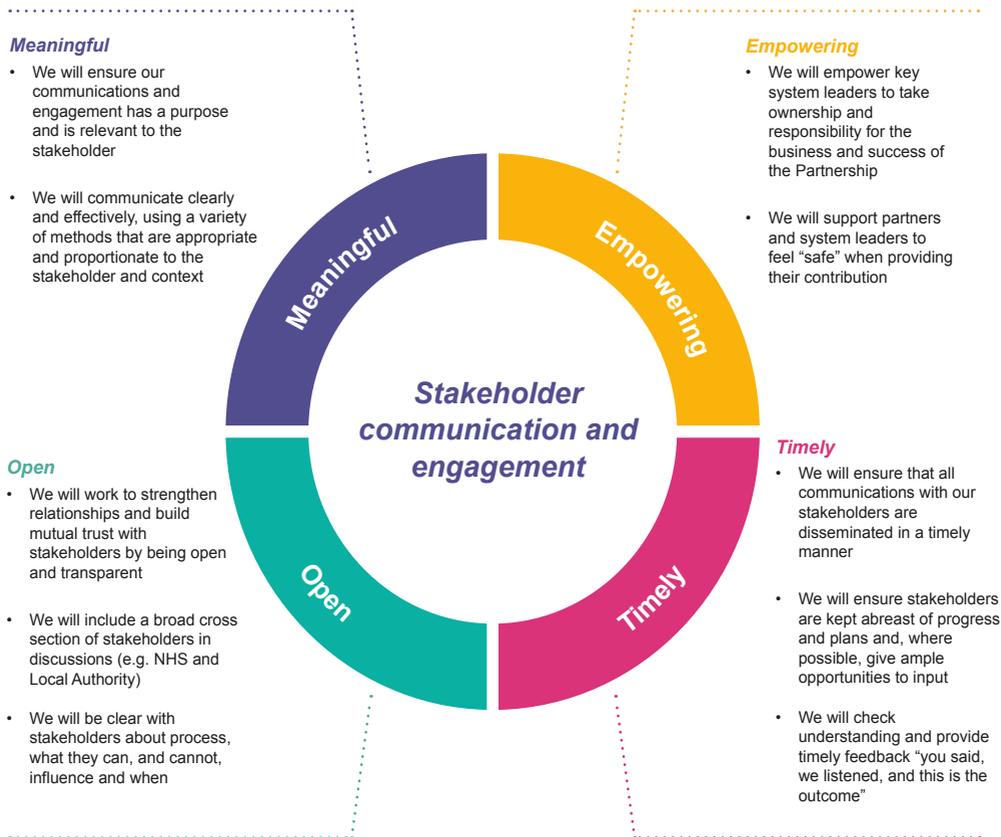
In line with other similar infrastructure developments, we are also planning to engage a number of external advisers to support many of the technical aspects of the programme.

The funding required to complete the OBC phase has been estimated at £9.9m. This includes the engagement of technical partners to support all elements of the design work (£5.9m), the engagement of a strategic delivery partner (£1.5m) for this stage that will also support development of the Outline Business Case, the engagement of the PSCP to support pre-construction activities (£1.5m) and the Trust's internal project team (£1m).

4.4 Stakeholder engagement

The project is engaging with local stakeholders through a number of different routes. These will continue to be utilised during the OBC stage, augmented by comprehensive stakeholder engagement plans.

Patients and service users were involved in the public consultation through the NHS Future Fit process. We will continue to engage and involve local people, service users and local stakeholders as we develop the detailed models of care that will underpin the agreed service reconfiguration.



4.5 Management of key inter-dependencies

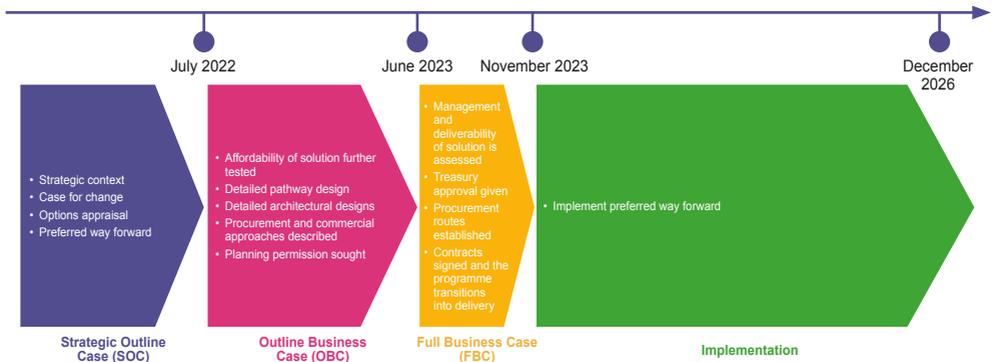
The successful delivery of this project is dependent on the timely delivery of a number of other key health system programmes of work. Collaborative working arrangements have been established with each of those programmes to ensure that the impact of any changes to assumptions and/or timings can be assessed and mitigated as quickly as possible.

Key inter-dependent programmes include:

- Transformation of Local Care Programme (our community transformation programme)
- Implementation of a day case unit at PRH (Elective Surgical Hub)
- Development of a new Energy Centre (zero carbon)
- System-wide digital transformation programme

4.6 Overall estimated timeline for delivery

Ambitious approval dates are being targeted for the Preferred Way Forward and the diagram below summarises a number of the key outputs at each stage of the national approval process.



Appendix

1 - Context

The Department of Health and Social Care and NHS England's Joint Investment Committee met on 29 July 2022 to review the Strategic Outline Case (SOC) submitted by The Shrewsbury and Telford Hospital NHS Trust on behalf of Shropshire, Telford and Wrekin Integrated Care System (ICS) for the reconfiguration of acute hospital services.

Formal approval was confirmed at the end of August 2022, subject to a number of conditions that will be addressed as we develop the Outline Business Case (OBC) during the next stage of the Hospitals Transformation Programme (HTP).

Details of the conditions can be found in the FAQs on the ICS/Trust websites.

NHS capital schemes national approval process

NHS capital schemes with an investment value greater than £50m require the support and approval of NHS England (NHSE), the Department of Health and Social Care (DHSC) and HM Treasury in order for the scheme to proceed.

The NHS has adopted the mandated HM Treasury Green Book approach to developing business cases using the Five Case Model across a three-stage business case development process.

The approved Five Case Model format comprises the following components which form the main sections of this SOC:

1. *Strategic case* – sets out the strategic context and the case for change, together with the supporting investment objectives for the scheme
2. *Economic case* – demonstrates that the organisation has selected the choice for investment which best meets the existing and future needs of the service and optimises value for money
3. *Commercial case* – outlines the content and structure of the proposed development
4. *Financial case* – confirms funding arrangements and affordability and explains any impact on the balance sheet of the organisation
5. *Management case* – demonstrates that the scheme is achievable and can be delivered successfully to cost, time and quality

The purpose of the Strategic Outline Case (SOC) is to:

- Demonstrate a compelling case for change
- Examine a wide range of options in a list
- Determine the shortlist and Preferred Way Forward
- Provide the Trust, NHSE, the DHSC and HM Treasury with sufficient information and assurance to progress to a thorough appraisal of the short list in the Outline Business Case

2 - The table below provides an overview of the qualitative benefits that are expected to be delivered

Investment Objective	Description	Option (2)	Option (3)	Option (3)
Clinical Quality and Safety	Improve cancer waiting times as a result of ring-fenced elective capacity/facilities and more effective pathways (improve cancer waiting times against peer trusts from lowest quartile 1 to highest quartile 4)			
	Support elective restoration and recovery in medium-term with additional, pandemic resilient, ring-fenced elective capacity (helping to deliver 130% of pre-pandemic activity by 2024/25)			
	Reduce average elective LoS by 0.5 days as a result of improved adjacencies and separation of emergency flows			
	Eliminate delayed transfers (longer than 2 hours) from critical care			
	Increase weekend discharges from 35% of the average weekday discharges to 75%			
	Increase adoption of zero length of stay pathways (meeting Directory of Ambulatory Emergency Care upper recommended levels for patients deemed suitable for AEC treatment)			
	Eliminate mixed-sex breaches			
Patient Experience	Eliminate 'day before' and 'on day' elective cancellations resulting from emergency escalation			
	Improve patient experience (increase Friends and family uptake from 13% to 20% and maintain 99% positive outcomes)			
Effectiveness	Improve referral-to-treatment performance (exceeding national target of 90%)			
	Eliminate 12-hour breaches			
	Reduce 4-hour emergency wait breaches (exceeding NHSE/I A&E target of 85%, upper quartile performance vs peer NHS Trusts)			
	Improve general and acute bed occupancy (from an average of 92%, peaking at 98% during winter escalation, to a target of 89% across the year)			
	Ensure 95% of patients are admitted to ward within 45 minutes of decision to admit time (including resus)			
	Reduce ambulance handover times (95% of handovers within 30 minutes)			
Workforce	Positive impact on staff experience leading to improvements in recruitment and retention (increase staff recommending SaTH as a place to work into the upper quartile of peer NHS Trusts, reduce staff turnover by 5%)			
Estate	Improve the standard of the hospital estate, reducing overall estate risk and improving experience (for patients, families and staff)			
Key	No improvement Minor improvement Moderate improvement Major improvement Significant improvement			

3 - The images below provide high-level site plans of the changes associated with the Preferred Way Forward

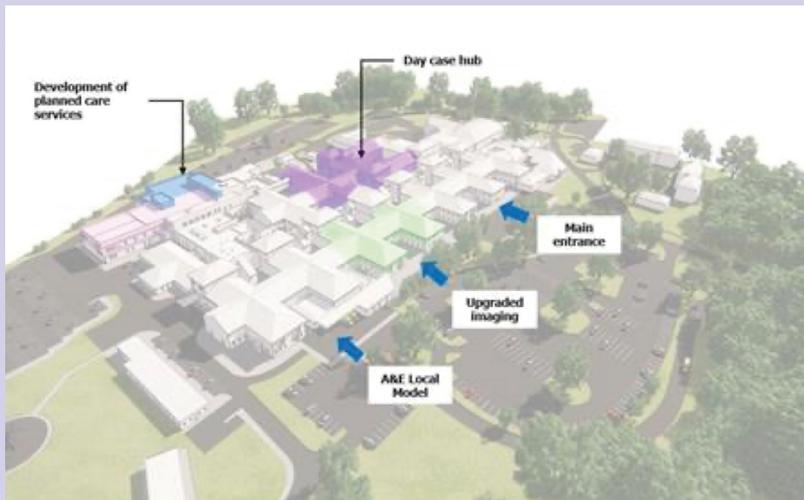
RSH Site option 2 (phase 1)



Option 2 is based on a reduced scope of new build development at RSH, with most of our ward capacity remaining in the existing tower block

- Enabling & estates works
- 4 Wards
- A&E, C/C, W&C
- Expansion of Pathology & Imaging capacity (Trust Funded)

PRH Site option 2 (phase 1)



Option 2 builds on the work completed to implement the consolidated day case hub (separate programme development) and delivers:

- A&E Local Model
- Upgrade of Imaging
- Development of planned care services



**Integrated
Care System**
Shropshire, Telford and Wrekin



**The Shrewsbury and
Telford Hospital**
NHS Trust