

Halesfield 6
Halesfield
Telford
Shropshire
TF7 4BF
Tel: 01952 580300

Our Ref: JP/CAT

29 September 2021

Dr Catriona McMahon
Chair
Shrewsbury and Telford Hospital NHS Trust
Trust Headquarters
Royal Shrewsbury Hospital
SHREWSBURY
Shropshire
SY3 8XQ

Dear Catriona

Letter of Support to the Board of SATH in relation to the refreshed Strategic Outline Case (SOC) for the Hospital Transformation Programme

The Governing Body of Shropshire, Telford and Wrekin CCG met on Wednesday, 22 September to consider the refreshed SOC presented by your team with a view to establishing CCG support. It is recognised that a refresh at this point is absolutely necessary and the update provided was welcomed.

Since the previous version of the SOC was supported (November 2019), the Governing Body appreciates that we have experienced significant events that have required the need for the core planning assumptions used in the model to be reviewed. The global pandemic has materially impacted on demand for healthcare as well as how it is provided which has brought further challenges to an already challenged system. It is clear to see the pressures that our health and care system are facing on a daily basis and this is even before we move into winter. It is, therefore, an opportune time to review the SOC in light of these events. We are pleased to see that the refreshed case continues to deliver the fundamental model that was consulted on whilst taking into consideration a set of revised demand and capacity assumptions.

We recognise the importance of the Hospital Transformation Programme in contributing to improved care for our patients and are pleased to consider an addition to the previous case of a proposition to accelerate elements of the programme if funding can be secured to do so. That particular consideration was noted in our previous letter of support (November 2019) which Drs Julian Povey and Jo Leahy signed as the Chairs of the two CCGs at the time.

The Governing Body supports a proposition to do this given that it would result in earlier than originally planned improvements to the hospital environment and, through that, provide improved quality and safety of services to patients. We do however, also acknowledge that this model comes at a much increased cost compared to the original case for £312m and recognise that as a system we will need to work hard to secure the funding.

In our previous letter, the CCGs also noted at the time a requirement to do further work to scope the impact and risks of maintaining the programme within the original £312m capital envelope quoted. The addition of this information to the revised SOC has provided helpful context.

We accept that the document shared with the Governing Body is a working draft and will be subject to a rigorous process to finalise it. We do not expect this to result in any material changes to the substance of the case and would expect to be notified if this were to occur.

When overseeing the development of plans over recent years, the CCGs have asked for a number of things. Prior to the Decision Making Business Case (DMBC) for example, five mitigations were requested to be achieved prior to decision making. These focused on:

- A travel and transport report and mitigations. (Which were included in the DMBC and are the subject of ongoing work in the programme).
- An Equality Impact Assessment and mitigations. (Also included in the DMBC with appropriate updates through the SOC process).
- Progress on the Out of Hospital Care strategies for Shropshire, Telford and Wrekin. (Which has been seen and will continue to develop as our system work matures).
- A clear description of the services on each site. (This has been given in the SOC though we would ask that this is given further attention immediately in order to help our patients and the public better understand the proposals).
- Clarification on affordability. (Again, modelling presented in the SOC does give this clarification and will continue to be refined as the case is progressed).

In addition to this, in the previous letter of support, the CCGs noted a number of 'caveats' that were required to be addressed prior to the submission of an OBC. Work to address these through the refresh of the SOC is apparent however. In line with previous support, the CCG must insist that its agreement continues to be subject to a number of important things. These are:

- Alignment of the activity and other key assumptions within the SOC and the OBC with those set out within the NHS Long Term Plan (LTP), including the aspirations within the LTP around outpatients, elective and non-elective care. This will need to take into account any infection prevention measures assumed to be in place in the longer term as a result of the COVID19 pandemic and any learning taken from our experience of caring for patients safely during this time.
- Further work around the options for delivery of the scheme and the financial affordability for SATH and for the STW system recognising the need to achieve a balanced position across the system as a whole.
- Delivering robust and ambitious workforce transformation plans across the system and assurance around their deliverability and affordability, this needs to include where appropriate new or expanded roles.
- Continued alignment of the SOC/OBC with the system's Local Care model and SATH's engagement with our wider aspiration for Place Based Care.
- Active engagement, participation and leadership of SATH in STW ICS, in particular facilitating and encouraging the clinical body of SATH to be actively involved in the development of our care models.

- Further details that help the public understand what the care model will mean for patients in Shropshire, Telford and Wrekin. For example (but not limited to), how urgent and emergency services will operate for residents of Shropshire or Telford and Wrekin across both hospital sites. We think this work needs completing rapidly (three months maximum).

In addition to these points, the CCG Governing Body would like to make its own commitment to SATH. We will continue to ensure that we convene our partners (including Local Authority, community, mental health and primary care) to work together in delivery of the System's vision for care in the county. We recognise that the Hospital Transformation Programme is an important part of a much broader scope of work and we will continue to engage with partners (including those in Wales) and the public to maintain transparency and encourage support for progress. We will make sure that through this work, our partners continue to be heard.

To conclude, the CCG Governing Body supports the urgent need to progress with the proposed changes and the recommended way forward outlined in the draft Strategic Outline Case for STW's Hospitals Transformation Programme (accelerated delivery model). We are fully committed, along with our system partners, to working with regulators, the Department of Health and the Treasury to secure the required funding.

As the programme develops, the Governing Body will continue to seek assurance that delivery is in line with the model that was consulted on and that the points above are being addressed. This will be through continued Executive involvement in the HTP Programme Board as well as through drawing feedback from the CCG Chaired Implementation Oversight Group (IOG). Recognising that the CCG will be dissolved at the end of March 2022, we have put in place arrangements to ensure that the ICB will then pick up this responsibility.

We look forward to moving into the next phase of work for this programme.

Yours sincerely



Dr John Pepper
Chair
Shropshire Telford and Wrekin CCG

cc Mark Brandreth
Neil Mckay
Louise Barnett
Chris Preston