



Healthier
Futures

Cheshire East Council Scrutiny Committee meeting – 12th December

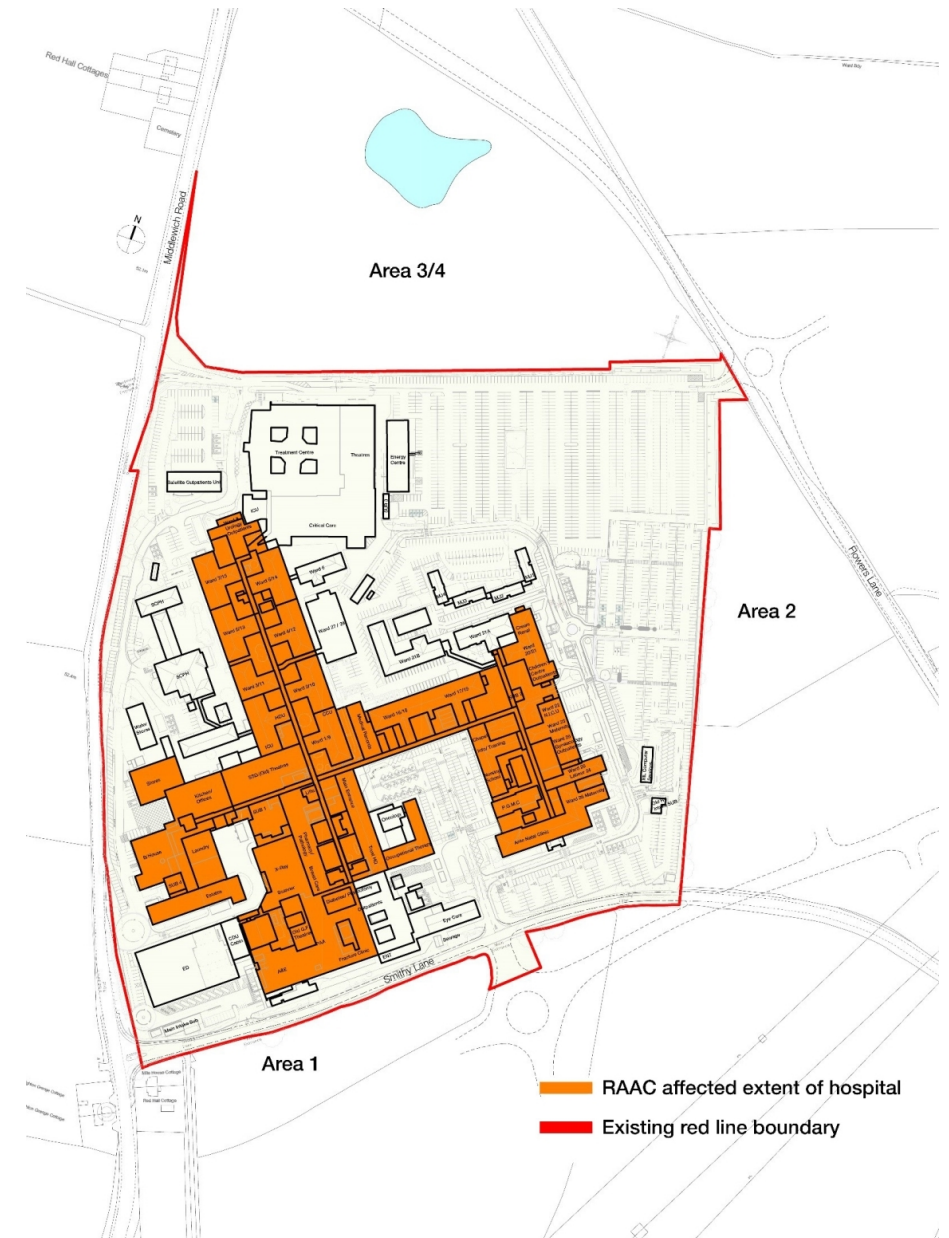
Leighton Hospital Context

- Built in the early 1970s
- Located in Mid Cheshire by Crewe
- Employs around 5,500 staff
- Serves a community of over 300,000 people
- 450,576 patients seen per year
- Has a number of infrastructure issues including RAAC and asbestos



Existing site

- 'Bubbly' lightweight form of reinforced concrete
- Shelf-life estimated to be about 30 years
- Committee of Structural Engineers (SCOSS) issued a notice in 2019 highlighting the significant risk of failure of these planks
- Mid Cheshire has over 16,000 roof and 100,000 wall planks. Over 80% of the hospital estate at Leighton affected by RAAC, including acute services
- NHSEI issued instructions requiring the removal of RAAC planks by 2030
- 7-year remediation programme initiated to install failsafe steel work



Existing Hospital and Site

- Large spread of footprint with excessive travel distances and disconnect between acute services
- Large amounts of accommodation does not meet HBN technical standards
- Inflexible environments with limited opportunity for future adaptability and future expansion
- Clinical and operational inefficiencies
- Poor aspect and daylighting impacts on patient, staff and visitor wellbeing and satisfaction
- Poor wayfinding externally and internally
- By end of current financial year circa £100m has been spent since 2020 on RAAC works



Preferred Way Forward

- Main new hospital build containing theatres, ED, women's & children's, inpatient wards, main outpatients etc
- Maximise retained estate where practical – ED converted to training and education and Darwin converted to a rehab bed model
- Optimised clinical and operational functionality, adjacencies, flows and travel distances
- Compact and efficient footprint provides the necessary access for blue light, service and public traffic, and a landscaping setting benefitting patient and user wellbeing
- Footprint pulled away from Flowers Lane / existing and consented development
- Fully net zero carbon compliant
- Fully digitally enabled hospital



Preferred Way Forward scheme at a glance



To inspire hope and provide unparalleled care for the people and communities of Cheshire, helping them to enjoy life to the fullest

We put you first

We strive for more

We respect you

We work together

Trust
objectives

Improving health outcomes

to deliver the best care and experience centred on the patients needs

Working in partnership

to collaborate across place and wider boundaries to enhance patient care

Empowering our people
to be the best they can be

Building a better tomorrow

to deliver a sustainable and innovative infrastructure

Project
objectives

Improving Health outcomes

Delivery of high quality, digitally enabled hospital estate and healthcare services to be delivered at supporting right time, right place delivery of healthcare and releasing staff time to care

Working in Partnership

Maximise the Trust's role as an anchor institution by working with partners to increase social mobility, improve access into community services and reduce health inequalities in our communities

Empowering our people

Deliver healthcare spaces that enhances the health and well being of our staff, reduces staff turnover and improves the ability of the Trust to attract and retain talented individuals

Building a better tomorrow

Provide a New Zero Carbon Hospital estate that can meet future clinical capacity and has eradicated RAAC by 2030

Efficient

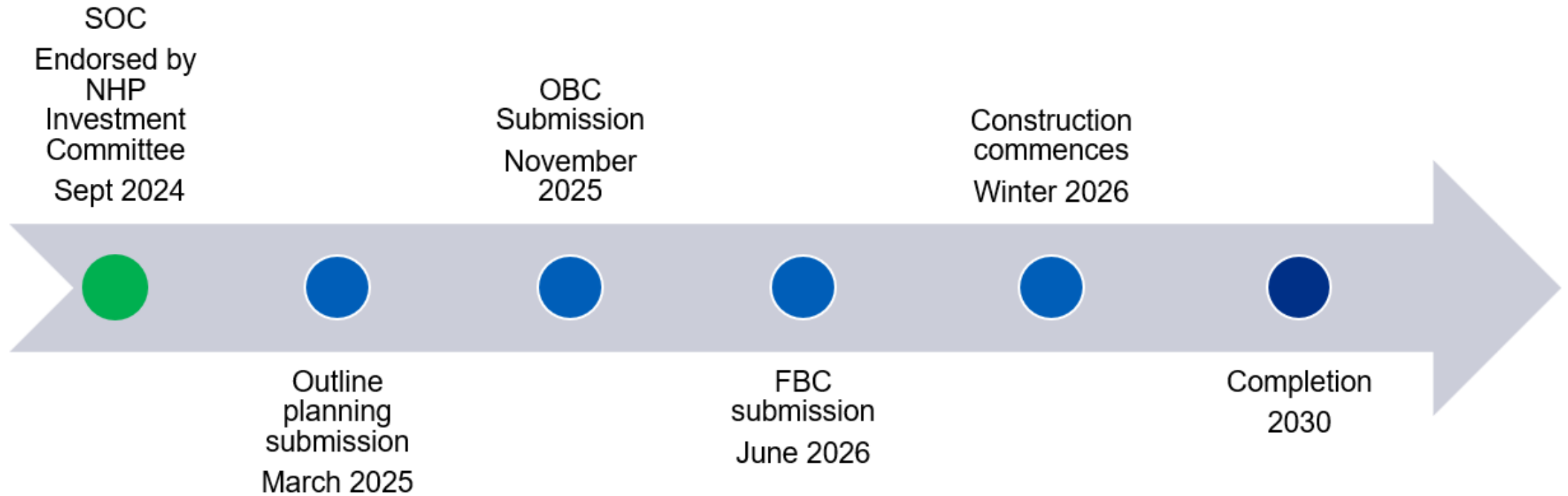
Increase efficiency across service delivery and hospital estate to support financial sustainability for the trust and system



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Timetable

Redevelopment – Target Dates



Next steps – Outline Business Case stage

Key deliverables during OBC

- RIBA stage 2 – December 2024
- Outline Planning application – April 2025
- Outline approval – September 2025
- ICB support – October 2025
- Trust Board approval – November 2025
- Submission – November 2025



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Clinical and Digital Transformation

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UNCLASSIFIED

Clinical vision

In 2021, the Trust launched population segmentation work to gain a deeper understanding of the healthcare needs of the local population.

Key findings revealed an anticipated population growth of 5-8% over the next five years, with the highest growth among individuals aged 65 and above.

Additionally, 17% of children live in low-income families, and 11% of areas within the Trust's catchment area rank among the UK's 10% most deprived regions.

As the Trust aims to optimise care, it has created four models of care centred around these distinct needs.

These models of care underpin the transformation plans for a new Leighton



Transforming Care

- D&C modelling completed with transformation levers applied
- Transformation group to be established including system and PLACE partners
- Mapped existing Trust transformation plans against D&C transformation levers
- Total of 25 levers selected covering a number of areas such as;

Community falls prevention

ED attendance avoidance and frequent attenders

Care home response

Virtual wards (admission avoidance)

Patient Initiated Follow Up

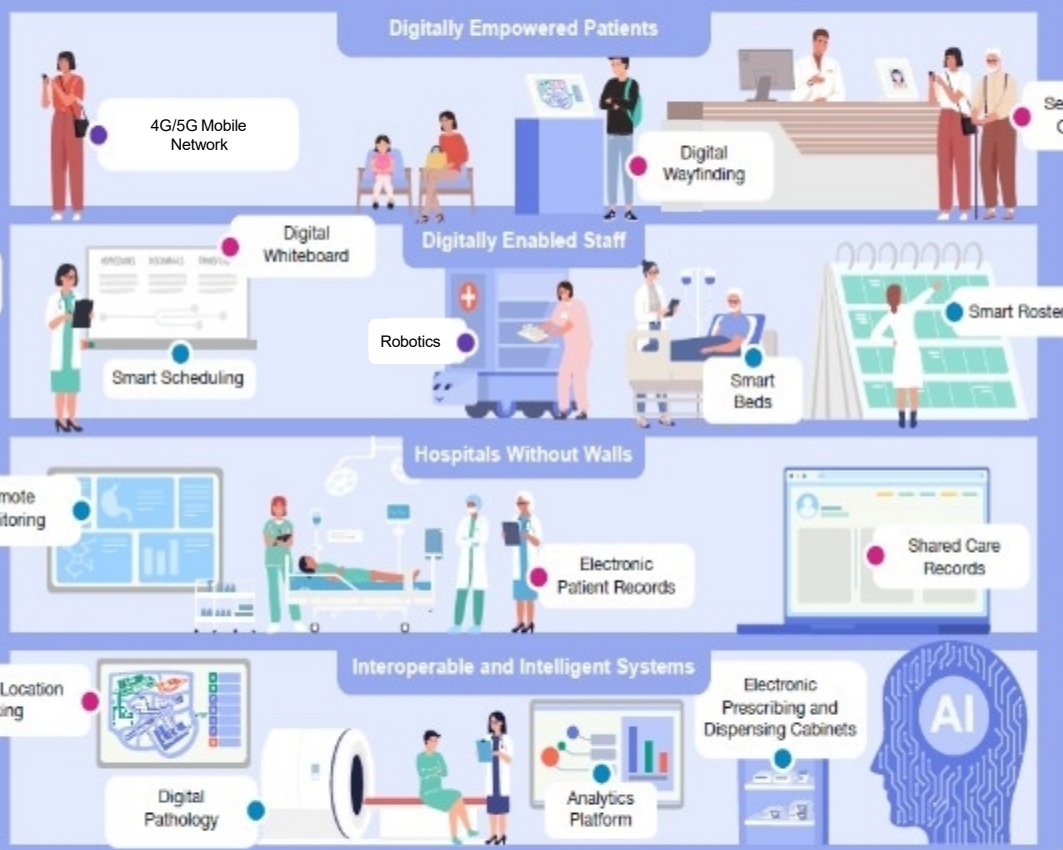
Expansion of SDEC model

Provision of hot clinics

Early supported stroke discharge

● Flow technologies ● Footprint technologies ● Fabric technologies

CONNECTED INTELLIGENT HOSPITAL



At home care increasing patient comfort

Natural transitions allow for smooth transfers of care



Home care

Telemedicine

Holistic data enabling Cross Pathway Population Health



Community care

- School Nursing
- Voluntary Sector
- District Nursing
- Hospices/ Palliative Care
- Community Physiotherapy

Integration Gateways

Patients experience a single organization and clinicians provide fully informed care



Primary care

- Community Nursing
- Dentistry
- General practice
- Urgent Treatment Centers
- Eye Health

Interoperability means no unnecessary tests are repeated



Digital transfer of Care means more flexible and appropriate care

Aunt Betty's Care Home

Department of Health & Social Care

NHS
New Hospital Programme

Inpatients

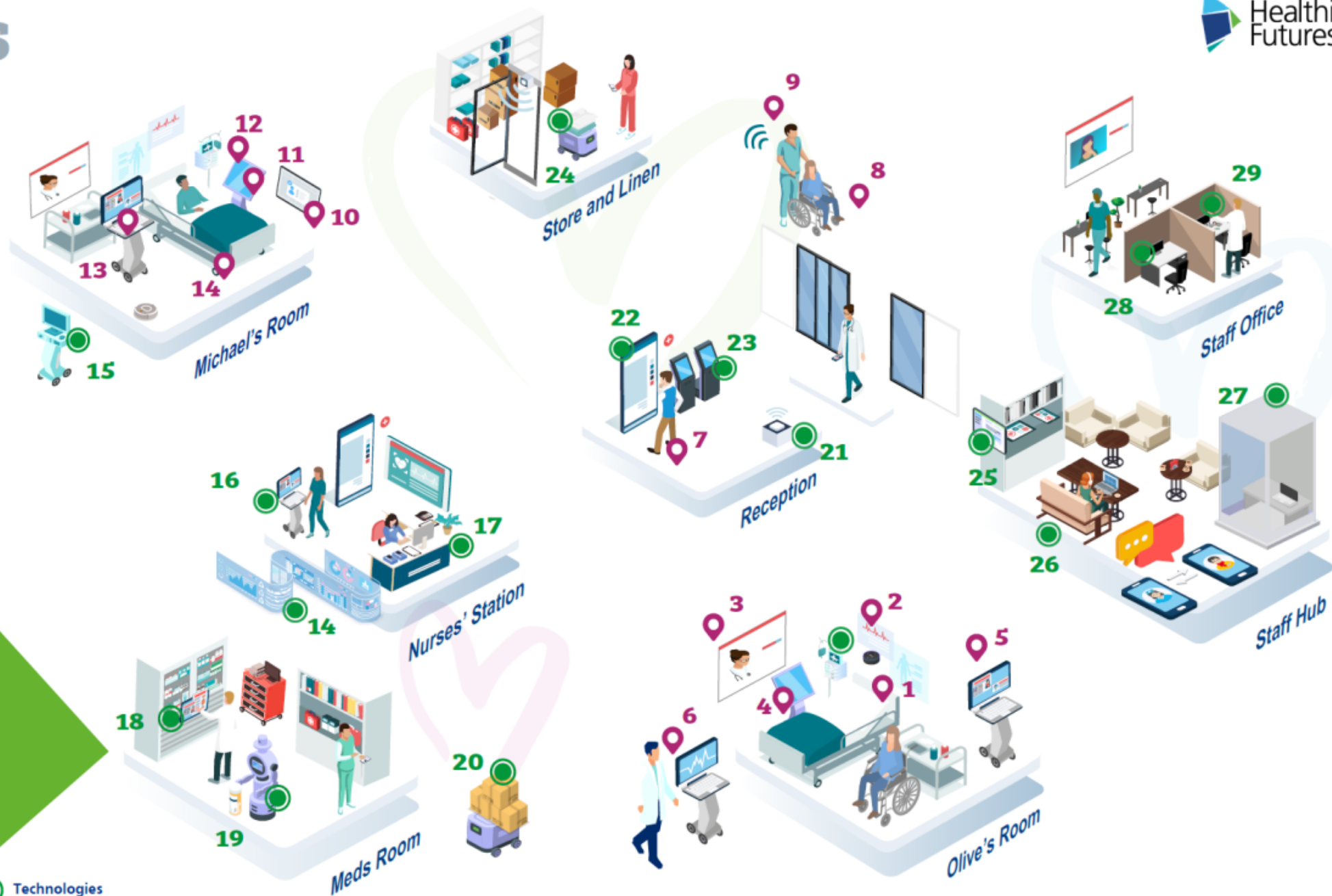
New Leighton Hospital



Michael



Olive



START HERE

Outpatients

New Leighton Hospital



Fiona



Sadha



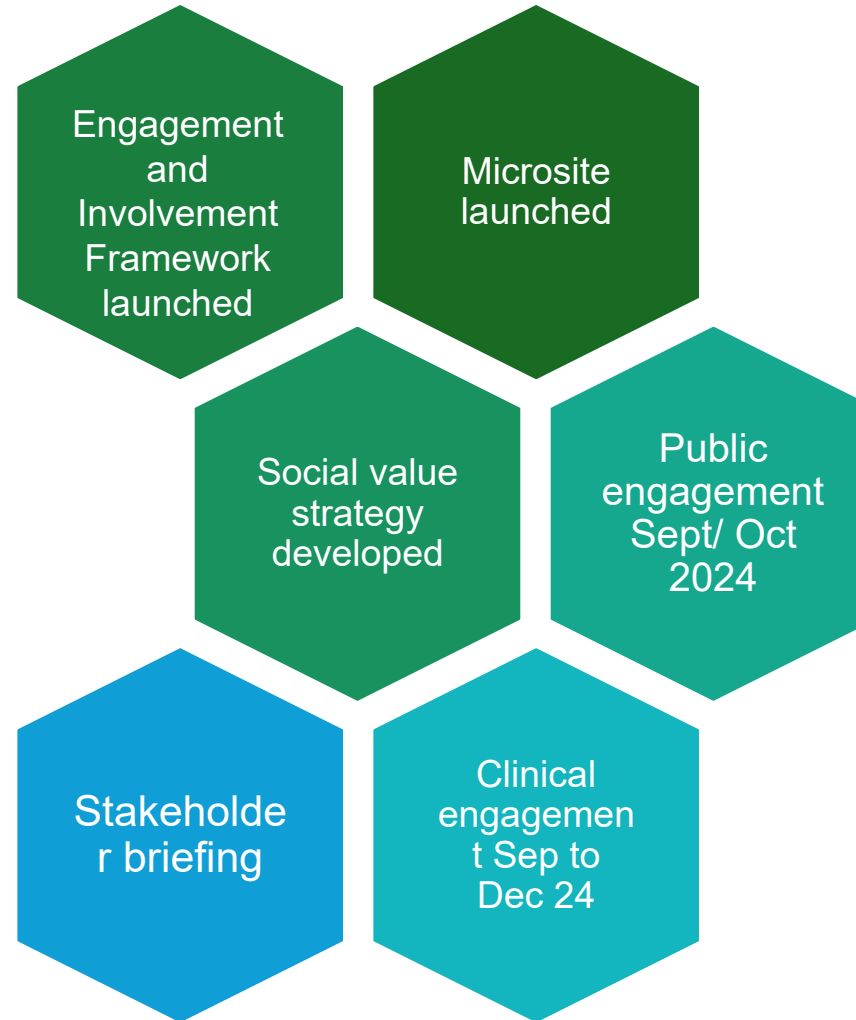
Malcolm



Wendy



Communications & engagement



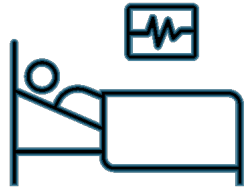


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The Design

What is Hospital 2.0

Standardised repeatable design



- Consistent Design Across all New Hospital Construction
- Some Be-spoking for Site Specific issues example ground conditions
- Kit of Parts e.g. bathroom components, doors (27k to 700)
- Uses Modern Methods of Construction

Efficiencies

- Integrated whole systems approach enabling best-value procurement and construction
- Schedule and Time Savings as Design already Completed
- More cost certainty due to designs being re-used and less risk of design flaws.
- Allows more investment by private sector to innovate

Improvements in patient care

- Enables consistent approach to transformation across the NHS
- Encourages standard and tested patient flows due to standardised patient pathways
- Greater Staff familiarity when working out of multiple hospitals
- Allows more input from Staff, Patients and patient representative groups

Illustrative Visual of a Future Healthcare Campus





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