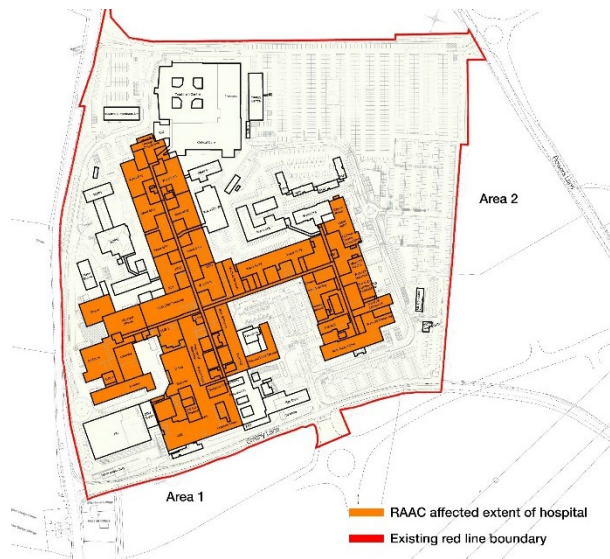


SOC Summary

Leighton Hospital is one of a number of “best buy” hospitals built in the 1970s from Reinforced Aerated Autoclaved Concrete (RAAC). This material today makes up 62% of the Trust estate (see figure 1 below) and contributes significantly to the £430m of backlog maintenance reported in ERIC. Following a SCOSS alert in 2019 and an NHSE directive requiring removal of RAAC from the NHS estate by 2030 due to safety concerns related to this material Leighton was announced as part of the New Hospitals Programme (NHP) in May 2023.



Leighton Hospital, located on the outskirts of Crewe, Cheshire, serves a population of c. 300,000 across Cheshire East, Cheshire West and Cheshire and Staffordshire. The community served is characterised as semi-rural, older than the England average, with pockets of severe

deprivation in areas of Crewe, Middlewich and Winsford where life expectancy is 11.6 years lower for men and 12.1 years lower for women than in the areas least deprived areas.

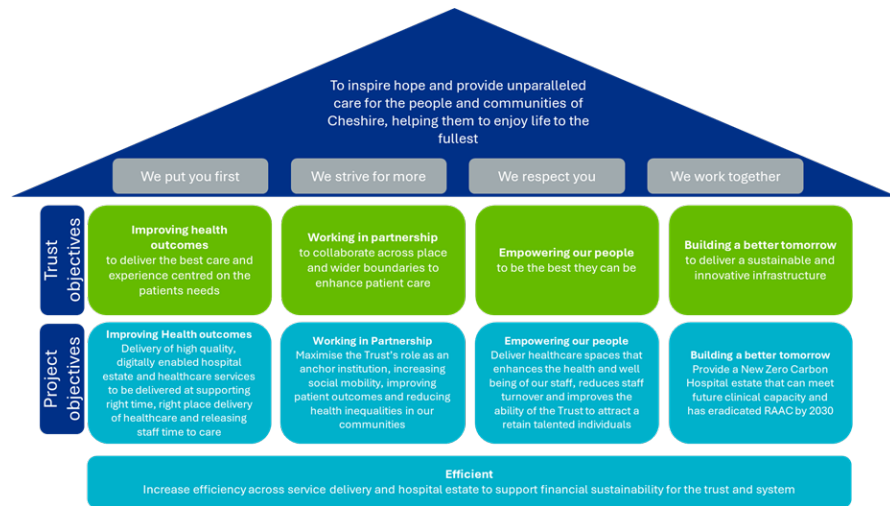
As a District General Hospital in a semi-rural location but within the same region as the major conurbations of Manchester and Liverpool and within easy reach of Birmingham the Trust often faces difficulties in recruiting and retaining staff despite being an overall CQC rated Good organisation, particularly in the category Well Led.

The Trust’s key drivers and required future state for the development of a new Leighton Hospital are set out below;

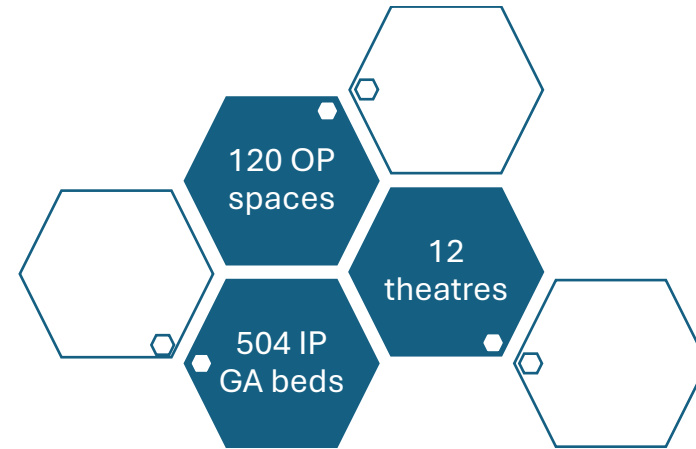
Business need / driver	Required future state
Difficulties recruiting and retaining staff due to rural location and also in same region as large conurbations such as Manchester and Liverpool, limited training opportunities.	Resilient, empowered workforce
Ageing, operationally inefficient and energy intensive estate, incapable of being retrofitted for many digital technologies to reduce operational costs. Few opportunities for increased revenue generation.	Financially sustainable estate
Main location for delivery of healthcare for MCHT, concentrating healthcare activity on an acute site despite catchment covering wide geography, and in places deprived communities.	System / Place based solutions delivering right care, right place, right time
Bottom quartile on Model Hospital for outpatients services, inflexible estate with difficulties separating elective and emergency flows for year-round provision of planned care diagnostics and treatments impacting on RTT and waiting list performance. Poor wayfinding internally and externally, many areas without direct access to daylight and limited access to green spaces.	Improved patient outcomes and experience
Site which is difficult to access via public transport, has limited digital delivery of services and limited ability to offer space to partner organisations including VCSEs to offer prevention-based services and advice	Reduced health inequalities
Estate built to 1970s space standards and consists of 62% RAAC, 20 years beyond design life, significant asbestos throughout and issues in achieving fire compartmentation requirements.	Safe, adaptable estate

As a result of the above and in line with continued work on our Target Operating Model the Trust has developed the following mission for the scheme and associated Strategic Investment Objectives.

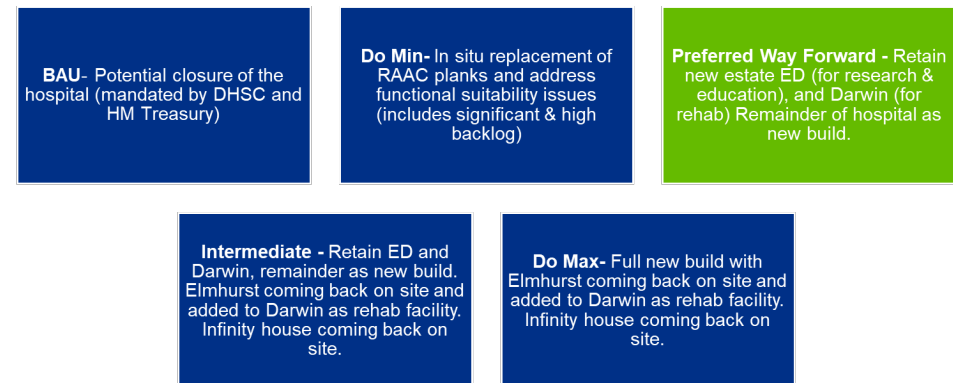
Our Healthier Futures Mission: To re-imagine the District General Hospital model, creating a healthier, more sustainable, future for the people and communities of Cheshire.



The key clinical capacity required in 2036/37 as determined by the Trust's Demand and Capacity (D&C) model is set out in the figure below. Clinical Output Specifications have been completed to inform the design of the building at SOC stage.



The figure below sets out the short list options for re-provision of Leighton Hospital with the Preferred Way Forward highlighted in green.

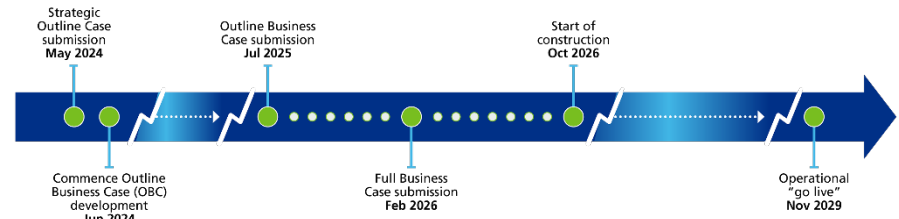


The below diagram sets out the targeted benefit categories established at SOC stage. These will be developed further following completion of the Target Operating Model development in June 2024 and a full benefits realisation plan developed during OBC.



The PWF has incorporated all key NHP Hospital 2.0 principles and legally required provisions such as 100% single rooms, net zero carbon compliant, essential vs. non-essential estate arrangements, NHP digital Minimum Viable Product, 10% Biodiversity Net Gain improvement and social value metrics.

The Trust completed the acquisition of adjacent land on 12th March 2024 via a SFBC approved by JISC in January 2024. The land acquisition was necessary for the single-phase build required to achieve the programme set by NHSE and reinforced by the Public Accounts Committee (PAC) for the removal of RAAC from the estate by 2030 (see key milestones below).



The PWF has been developed to RIBA Stage 1 and formal discussions with the Local Authority have commenced on the basis of a 5 storey plus plant building. The Trust is currently in the process of entering into a PPA with the LA and is targeting December 2024 for the submission of outline planning. The below figure shows current design development based on available information relating to the Hospital 2.0 reference design and aligned to Clinical Brief and likely capital and revenue affordability parameters.



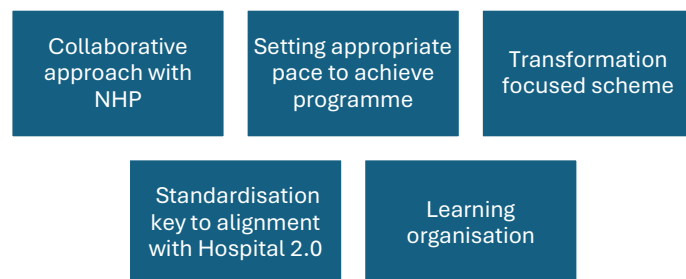
The site's electrical capacity will require upgrade and the Trust undertook steps in 2022 to secure 7.5MVA of additional power to site. New load estimates (excluding onsite energy generation) are 12MVA and the Trust is currently in the process of securing this additional capacity, having recently submitted an amended connection request and is advised that this is unlikely to cost more than the current

connection cost of c. £1m, largely due to investments that SPEN have made in their own network infrastructure over the last 3-5 years.

The total cost of the scheme is currently £1.2bn and work is ongoing to look at routes to narrow the current affordability gap which settles to an annual affordability gap of £22m from 2031/32 on top of the Trust's current underlying deficit. The Trust is clear in its significant transformational ambitions and is likely to be able to improve on the cash releasing benefits currently identified due to the potential around digital innovation, however this needs to be carefully balanced against the benefits already identified as part of the DCS programme to ensure no double counting occurs.

The Trust has put in place rigorous governance, project management, reporting and risk management processes. The scheme has a substantive SRO and full time Programme Director and is in the process of recruiting to an agreed project team resource profile and procuring professional advisors to commence the OBC phase from 1st June 2024. This governance has been reviewed by Q5 in September 2023 and will be reviewed by Q5 again in 2024. To date ongoing discussions with Q5 have placed MCHT as a progressive trust within the NHP.

The Trust agreed the following principles to guide them in the establishment and management of their new hospital immediately following the NHP announcement in May 2023.



As a result the Trust has submitted all required information to NHP within the timescales set from the Data Gathering exercise to monthly NHP reporting and enabling works business case submission for the land acquisition. This has also resulted in the Trust being involved in the following key NHP activities / working groups which has aided continual alignment of the scheme to NHP requirements throughout the SOC refresh process.

- ✓ NHP Standard SOC pilot
- ✓ Benefits framework pilot
- ✓ Q5 capacity & capability pilot
- ✓ Hospital 2.0 reference design site
- ✓ Social Value Working Group
- ✓ Revenue Impacts Working Group