



Mid Cheshire Hospitals

NHS Foundation Trust

Our Strategy

2021-26



Because you ♥atter

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Foreword

The National Health Service has endured a uniquely challenging period since the spring of 2020 and there is no doubt the impact of Covid-19 will be long-lasting. At Mid Cheshire Hospitals NHS Foundation Trust, our top priority remains to provide the highest quality care and experience for our patients and to ensure the wellbeing of our dedicated staff, who have been exemplary throughout the pandemic.

Against a complex backdrop, the Trust has developed a new exciting five-year strategy for all the patients we serve, working closely with our staff and our highly valued healthcare partners. Our strategy aligns well with the significant changes across the NHS, with a revised approach to system working and emerging legislative requirements.

Through this document, we are sharing with you the strategic vision that will guide us from now until 2026.

We have reviewed how we can create clinically and financially sustainable services that are best able to meet the changing and growing needs of the local population.

There is no single answer but, working with our partners, we will collaborate in new and innovative ways so that we can truly transform the way we operate as a health and care system.

With patients at the heart of everything we do, we will harness the benefits of digital technology, maintain investment in enhancing our infrastructure via our new-build programme and empower our staff to continue to provide the very best care possible.

Over the coming months, we will provide further updates on the evolution of these strategic initiatives. Our future success will ultimately be built on the pooling of great ideas, shared ambition and the resilience and determination to deliver.

The Trust Board, Council of Governors and staff remain unequivocal in our ethos: the needs of our patients come first.



Dennis Dunn MBE JP DL
Chairman

A handwritten signature in blue ink, appearing to read 'D Dunn'.



James Sumner
Chief Executive Officer

A handwritten signature in blue ink, appearing to read 'J Sumner'.



Our mission

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

Our values



We put you first

involving you in decisions which affect you and making time to learn from what you tell us to get it right for patients and staff every time.



We strive for more

setting ourselves high standards, encouraging innovation and sharing best practice to be the best we can be and deliver great quality, safe care.



We respect you

embracing diversity and treating everyone with understanding, dignity and compassion to support and care for the people we work with and for.



We work together

with colleagues and partners to go beyond traditional boundaries and deliver care which truly benefits our patients and meets their individual needs and wants.

...Because you tter

About us

Mid Cheshire Hospitals NHS Foundation Trust (MCHFT) provides good quality, safe and effective healthcare to the people of Cheshire and beyond.



Leighton Hospital, Crewe

The Trust, which manages Leighton Hospital in Crewe, Victoria Infirmary in Northwich, and Elmhurst Intermediate Care Centre in Winsford, was established as an NHS Trust in April 1991 and became a Foundation Trust in April 2008.

We employ almost 5,000 members of staff, have 500 hospital beds, with a range of services including accident and emergency, maternity, outpatients, therapies, and children's health.



Reception at Victoria Infirmary, Northwich



Elmhurst Intermediate Care Centre, Winsford

The Trust is also responsible for the provision of a range of community services for people across South Cheshire and Vale Royal, working in partnership with local GPs and Cheshire and Wirral Partnership NHS Foundation Trust.

During the pandemic, the Trust was recognised nationally for its 'Be Safe Be EquiPPed' campaign, which aimed to make the Trust as safe as possible for staff and patients, through supporting the correct use of PPE.

The results of the 2020 national NHS Staff Survey showed 92% of respondents from the Trust, felt their role made a difference to our patients. We were also recognised nationally for our workforce health and wellbeing initiatives.

At Mid Cheshire, we really value our staff and appreciate that in order to give our patients the best quality, compassionate care, we also need to look after our colleagues.

"It doesn't feel like a job to me, it's very rewarding working within a great team which makes a huge difference for patients."

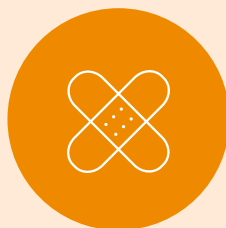
Sam, Health Care Assistant

Trust facts and figures



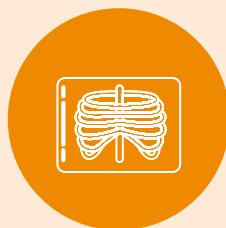
450,576

Total number
of patients seen
in a year



233,688

Number of
outpatients seen



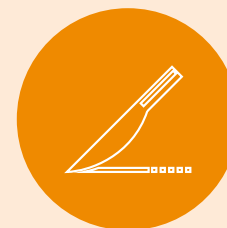
169,330

Medical imaging
requests



4,899

Number of staff



16,105

Procedures
performed



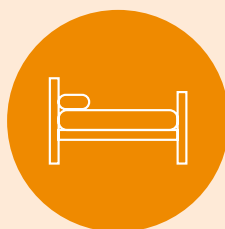
77,610

Visits to our A&E
Department



3,127

Births



500

Number of beds



£19.8m

Invested in building
and infrastructure
projects



£323.1m

Turnover



9,570

Number of
Foundation Trust
Members

Developing our strategy



Why we did it

With the social and economic effects of Covid-19 still impacting hugely on people's lives, this is a pivotal moment to assess our future health and social care needs, in the face of a high level of uncertainty.

A shared ambition with our partners is to improve the health outcomes of people within our local population, reduce health inequalities and deliver the right kind of care at the right time in the right place to every person within the area we serve.

We believe now is the time for significant change in how care is delivered for our population.

A combination of complex care needs, people with multiple health conditions and

the increasing reliance on social care, are all part of the success story of people living longer. Our population is increasing and care needs are changing, as is the modern technologically savvy world around it.

However, the way care is delivered in our communities and hospitals has not changed at the same pace, leading to crowded hospitals and pressure on all aspects of the health and care system.

In our view we need a reset; a new proposition that will help us deliver the high-quality care our population requires, when they need it most. We recognise we cannot do this alone. We will be developing our strategy with many others across health and social care, as part of the emerging place-based partnerships, to help realise this new approach.

Essentially, to provide outstanding care that is sustainable and continues to meet the changing needs of the people of Cheshire, we need to think completely differently about how we do that, given the environment in which we are operating.

How we did it

Our strategy has been determined through obtaining a deep understanding of the needs of our local population - an innovative analysis of the requirements and health conditions of our population, combined with a detailed look at how they are currently served.

We started with a focus on the population across the whole of Cheshire and North Staffordshire and analysed the following:

- **Need** – in-depth research and assessment of the views of patients to understand their requirements, expectations of their care and how this is likely to change in the future
- **Behaviours** – how people currently use our services and where they go for care
- **Service use** – how we meet existing demands and whether they are on the increase
- **Acuity** – (health of the population) where we combined several research sources to analyse and model future demand. These included the Joint Strategic Needs Analysis which our local authorities and public health departments use, NHS data, Office of National Statistics data, quality data and several other established data sources.

We took all of the above and combined it with an innovative methodology to divide the population we serve into ten different segments. Unlike the previous way of assessing people by age or clinical condition, this approach looks more holistically at population needs and what services are required to meet them.

The next diagram shows how our population breaks down into segments and what proportion they represent e.g. one in every two people are healthy and do not need our input at present.

Population breakdown

<p>1. Carefree</p> <p>Relatively healthy people supported in the community.</p> <p>1 in 2</p>	<p>2. Well mother and baby</p> <p>People using maternity services only, including both mothers and babies.</p> <p>1 in 50</p>	<p>3. Consult and follow-up</p> <p>People feeling unwell and looking for a diagnosis and short-term treatment.</p> <p>1 in 13</p>	<p>4. Urgent need</p> <p>People requiring urgent attention, generally in A&E without needing other services.</p> <p>1 in 12</p>	<p>5. Quick fix</p> <p>People with known issues requiring a one-off inpatient treatment which is usually short stay.</p> <p>1 in 40</p>
<p>6. Unwell high consumer</p> <p>People with no previous diagnosis or long-term conditions with high level of service usage.</p> <p>1 in 8</p>	<p>7. Living with it</p> <p>People with long-term health conditions, mostly self-managing but needing ongoing support.</p> <p>1 in 36</p>	<p>8. Intense need</p> <p>People with long-term health conditions and a high level of service need.</p> <p>1 in 17</p>	<p>9. Complex elderly</p> <p>People with multiple long-term health conditions currently spending a lot of time in hospital.</p> <p>1 in 300</p>	<p>10. End of life</p> <p>People with gradual decline and toward the end of their life.</p> <p>1 in 450</p>

For each of our segments we have a very detailed profile, including which areas people live in, their age, the services they access and how this is catered for in our organisation. It also helps us to understand the resources going into their care.

What we know from this is there are several segments of our population where the current way we deliver care does not work as well for them e.g. it involves them attending or being admitted to hospital when it may not have been necessary if other alternative services were in place.

We also know that for those with complex care needs, hospitals are often the wrong place for their ongoing care, and we need to maintain their independence at home wherever possible, with enough of the right care and support in place.

"I had an Ultrasound Scan at the Victoria Infirmary, Northwich, and wanted to thank the two members of staff who saw me. They showed compassion and kindness which was very much appreciated. Thank-you."

When we have looked at all the needs our population have, and how they want to access services, there are some key commonalities within the different segments i.e. people with different health conditions but with similar needs in terms of how to access care or the timescales in which they need it.

We have concluded four different care models are required to cater for the population we serve. These are:

Hospital-based care for emergency and planned situations – fix me

There will always be a need for specialist care for our population. However, from our analysis we can do more to improve their care and experience of services and deliver better outcomes. This is going to be vital as we address the waiting list backlog caused by Covid.





Diagnostic and treatment planning – what's wrong with me?

Some of our population have a particular need to understand what is wrong with them. Perhaps they are unwell at that moment and need to know quickly, or they are seeking help from their GP or community services and need a specialist opinion. Many people end up coming into hospital unnecessarily and we want to reduce this.

Helping people stay well

Whether elderly with complex needs, or coping with chronic conditions, everyone needs better support to stay well. This should come from a range of health and social care services and be much more proactively delivered to support people in their own homes wherever possible.

End of life care

A segment of our population, at the end of life, need our support and care more than ever. We need to focus on working with other sectors and organisations to provide the best support for both those who wish to die at home, as well as those spending their last days in hospital.

"I would like to pass on my thanks to the staff in the Treatment Centre and Endoscopy. I came for a procedure and was impressed by the efficiency and kindness shown. I understand how difficult it is in these current times with social distancing, availability of rooms and staffing levels, however, this did not affect my visit today, which was met only with kindness and efficiency."

Four care models



What happens next?



We will work with our partners to develop four new care models using what we have learned about our population and working with our local communities.

The decision-making and design will be based around care communities (populations of 30-50,000 people reflecting a local area). Our population analysis shows different areas require different services, tailored to their respective needs.

To succeed, we must enhance our skills and abilities. Locally, we will bring together our collective resources to assess where they are best deployed and how we deliver the best possible value for every Cheshire pound.

"Why would I work anywhere else? The staff here supported me through difficult times, they celebrated my achievements with me, they kept me going when I was struggling most, and they were genuinely happy for me when I finally achieved my goal."

Carol Darlington, Emergency Department

How we will deliver

Key areas of development to support our new strategic direction:

1. Build back healthier
2. Embrace digital technology
3. Inspire the workplace
4. Champion partnerships
5. Leadership commitments





1. Build back healthier

Vision for a new Leighton

At the heart of our strategy to invest in quality infrastructure, our vision for a new Leighton is to deliver a net zero carbon hospital that transforms the quality of healthcare for the people of Cheshire and across the North West of England. In short, a vibrant hospital which sits at the heart of the communities it serves, supporting a network of partners. We believe the case for change is potent:

- Failing infrastructure, clinical risk, inadequate accommodation
- Opportunity – cost-effective, digital innovation to support new services, first class patient experience, sustainable purpose-built design
- Track record of improving facilities – investment in a new Emergency Department and Critical Care Unit at Leighton and ambitious plans for Victoria Infirmary, Northwich
- New offsite corporate facilities and a review of our community estate to support the new models of care.



2. Embrace digital technology

During the pandemic, we have all experienced the power of technology and how it can enhance the quality of care by connecting patients, carers and professionals. In the past, our investment in digital has been constrained due to the challenges of the hospital estate. Now, however, we have plans to upgrade our infrastructure and develop digital health solutions.

Our proposals for a new Leighton give us the opportunity to create a truly digitally enabled organisation, linking people, processes and technology. This will enable our staff to work in new and more efficient ways and support the improvement in quality of care. We are finalising plans for a hospital-wide electronic patient record, known as the Digital Clinical System. We are also working on a programme with national partners looking at the use of innovative and future-proof technologies.

We want to enhance the experience via digital health apps and solutions. Our work continues with partners to develop better patient access to services, allowing them to have more control over their care.

From our population analysis, we understand the use and knowledge of technology varies. We recognise it can never replace the human touch when most needed, but we believe it will be a critical aid.

"Being a nurse is very rewarding, helping patients to recover from illness and traumatic injuries, as well as being a patient advocate. It's sometimes challenging and extremely busy, but being a nurse is full of variety and achievement."

Julie Hutton, Advanced Clinical Practitioner

3. Inspire the workplace

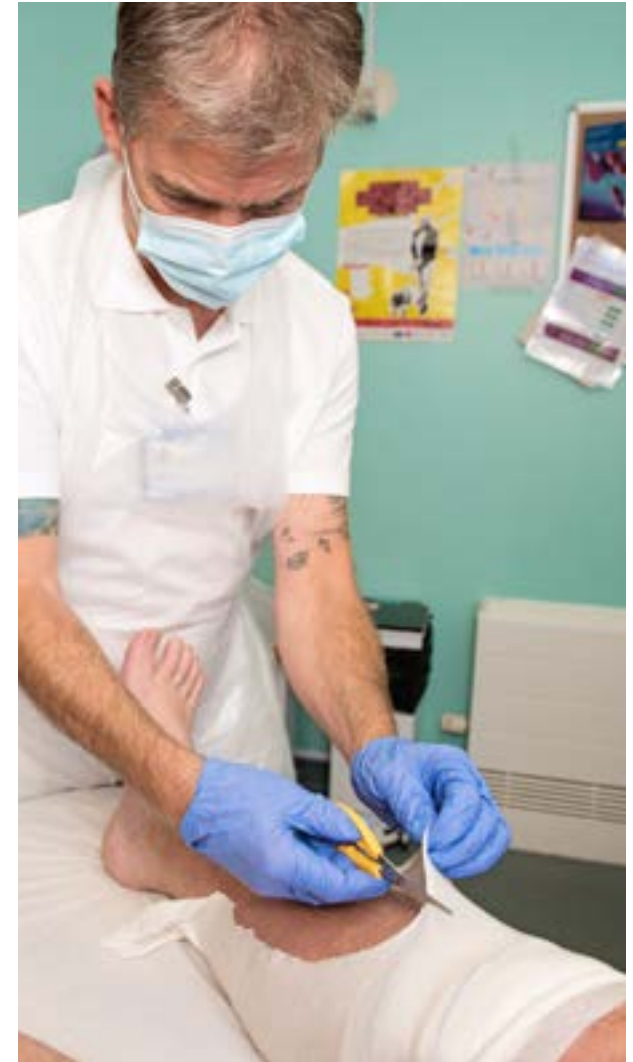
We will foster an environment in which people feel empowered to make decisions, guided by information which supports our drive for continuous quality improvement. We want to attract and retain the best and most diverse talent – people with ideas and ambition who will enable the organisation to develop its future skills and capabilities. We will create a workplace where staff are healthy, happy and productive, and where the safety and quality of patient care benefits from the positive wellbeing of our staff.

In conjunction with our network of partners, we will review the design and structure of our future workforce, so we have the right people with the right skills in the right place to deliver the appropriate care and treatment for our patients. Together, we will be agile, responsive and supportive in the face of challenges to come.

4. Champion partnerships

We are proud to work alongside so many valued partners, as part of the Cheshire and Merseyside Integrated Care System (ICS). The Trust is a key partner with two local collaboratives, Cheshire East and Cheshire West. We work with local authorities, acute NHS providers, Clinical Commissioning Group, Mental Health Trust, GPs and voluntary groups.

We will be part of two collaborations of providers across the whole of Cheshire and Merseyside. The premise of one of these is how acute and specialist hospitals can work together to enable less variation in patient care, reduce inequalities and adopt best practice. The other is focused on mental health, learning disabilities and community services with a similar agenda.



5. Leadership commitments

The global pandemic and the ongoing pressures to restore services to a 'new normal' present enormous challenges for all health and social care professionals. At Mid Cheshire, we believe it also creates an opportunity to adopt a different way of working, firmly rooted in our values and an imperative for compassionate and inclusive leadership.

"I enjoy job satisfaction through the daily patient interactions and seeing the value that my patients and colleagues find in what I do."

Julie Powell, Pharmacy Technician

Our expectations are reflected in the leadership commitments we adhere to, with the aim of ensuring the highest quality and most effective patient services:

Visibility – leaders must be seen by staff to be present around the organisation and should strive to understand challenges, while supporting colleagues to deliver solutions.

Improvement – we must continuously improve, with a focus on a deeper understanding of current challenges and a commitment to using improvement methodology to solve problems. We will train all staff in our approach.

Expertise – leaders will ensure they harness the expertise of colleagues, patients and partner organisations to enable sound decision-making based on professional advice, clear evidence and patient experience.

Measuring success – leaders must ensure they have a thorough understanding of data to drive the highest quality and standards we can achieve for our patients. We will train staff in how to understand and utilise data to best drive change.

Emotional intelligence – compassionate leadership and being aware of the issues affecting individuals and teams are prerequisites. We want to reaffirm a culture which supports improvement, innovation and empowers all staff to speak up. Diversity and equality will be cherished, and we will lead with kindness and compassion. We will recruit with such qualities in mind and staff will be supported to develop these skills.

The funding challenge



Even before the pandemic, there was significant financial pressure across our local health and care system. The reality is we cannot continue providing services the way we are now.

Even additional funding and continued efficiency saving programmes will not be enough. We believe we need to be radical and reimagine services around our population's needs.

Our strategy will require investment and we have gone through a thoughtful process to prioritise and sequence what is required, so it is not only affordable but delivers value for the taxpayer. Along with our partners, we will also look to reprioritise and reallocate resources where possible but also examine new ways of funding in addition to national support. Our aim is to innovate to deliver our strategy within our means.

"Thank you to the whole team linked with the Covid vaccination clinic at Leighton Hospital. The administration staff and manager, the reception team, volunteers, the vaccinator and others too. Staff instinctively showed compassion, discretion and kindness towards my partner and myself and the speed in which our needs were met. You are all a credit to yourselves and our amazing NHS. You are truly appreciated."

A foundation for the future

Our collective response to Covid-19 across Cheshire and Merseyside demonstrated we can achieve great things if we break down organisational silos, empower staff and reduce bureaucracy. With the planned changes to the NHS and, indeed, funding, still in a state of flux, there is clear agreement that collaboration is the only way to meet the health and care needs of the population.

We believe our strategy embraces and builds on these principles, and provides a platform for even stronger partnerships, a transformation of services and a patient-focused approach. Working together, our shared aspirations will play a crucial role in shaping a new and sustainable future for healthcare in Cheshire.

Find out more – www.mcht.nhs.uk





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