



REPORT TITLE:	Midland Metropolitan University Hospital (MMUH) update		
SPONSORING EXECUTIVE:	Rachel Barlow, Managing Director for MMUH Programme Company		
REPORT AUTHOR:	Liam Kennedy - MMUH Delivery Director James Fleet – Interim Chief People Officer Jayne Ilic – Director of Communications MMUH programme Simon Shepperd – Acting Chief Finance Officer		
MEETING:	Public Trust Board	DATE:	3 rd January 2024

1. Suggested discussion points *[two or three issues you consider the PublicTB should focus on in discussion]*

As we prepare to open MMUH to patient services later in 2024, the scale of work to be ready to open MMUH safely is gaining pace and intensity. The Trust Board should discuss the update on our progress towards transforming our clinical services and our forecast fit into the new MMUH acute bed base, our workforce preparedness and the engagement activities with our local population and stakeholders.

The paper starts to describe how we measure the programme critical success factors, operational readiness measures, risks and clinical hazards all of which will inform a decision to move later on this year. We also set out how we measure the delivery of the strategic benefits of the new hospital longer term which will inform future Trust Board assurance.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives	X

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

None

4. Recommendation(s)

The Public Trust Board is asked to:

- ACCEPT** the update on the MMUH Programme.
- UNDERSTAND** the focus on clinical transformation and workforce readiness.
- EXPECT** assurance reporting on critical success factors, operational readiness, risk and clinical hazard management in future reports leading to a recommendation to move later in the year.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01		Deliver safe, high-quality care.
Board Assurance Framework Risk 02		Make best strategic use of its resources
Board Assurance Framework Risk 03	X	Deliver the MMUH benefits case

Board Assurance Framework Risk 04		<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05		<i>Deliver on its ambitions as an integrated care organisation</i>					
Corporate Risk Register [Safeguard Risk Nos]							
Equality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	
Quality Impact Assessment	Is this required?	Y		N	X	If 'Y' date completed	

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Private Trust Board on Wednesday 10th January 2024

Midland Metropolitan University Hospital (MMUH) update

1. Introduction

- 1.1 The start of the New Year is a significant milestone – 2024 is the year in which MMUH will open to patient services.
- 1.2 There is now a maximum focus on readiness to ensure we have a safe and successful move for our patients, staff and local population. The Trust Board has previously been briefed on our **Ready, Set, Go timeline** which illustrates the main stages of the journey over the next year.
- Ready – involves checking and preparing the building and infrastructure, service models and workforce to prepare for handover. This is the phase we are currently in.
 - Set – Getting the building and colleagues ready for the start of clinical services provision, testing workflows, equipment and operational processes/ clinical systems. This phase is scheduled to start at the end of March 2024.
 - Go – Involves transitioning patients to the new site, the ramp up of clinical services and finally the day of opening. We anticipate moving into MMUH in autumn 2024.
- 1.3 We remain in the 'Ready phase', with the building works completed, the focus on site is to complete the technical commissioning which is progressing well. We are delighted to see the final finishes of the hospital to a high standard both internally and externally come to fruition.
- 1.4 This paper provides an update on our progress towards transforming our clinical services and our forecast fit into the new MMUH acute bed base, our workforce preparedness as well as the engagement activities with our local population and stakeholder.
- 1.5 We also start to describe how we measure the critical success factors, operational readiness measure and risk and clinical hazards to inform a decision to move later this year. We also set out how we measure the delivery of the strategic benefits of the new hospital longer term which will inform future Trust Board assurance.

2. Patient objective - To be good or outstanding at everything we do

- 2.1 The MMUH Programme patient objectives are:
- Enabling outstanding health outcomes for patients with equality of service provision no matter where you live.
 - Provide a safe and welcoming environment for care.
 - Provide integrated care services that are seamless for our patients.

2.2 In previous papers, the Trust Board has received updates on our key clinical pathway transformations which not only improve clinical outcomes and patient experience but enable us to fit into the acute bed base in MMUH through reducing unnecessary admissions or reducing length of stay. These clinical pathway transformations include:

- Frailty Same Day Emergency Care.
- Medical Same Day Emergency Care.
- Improved Heart Failure pathways.
- Respiratory and Elderly care virtual wards.
- Care home admission avoidance.

The pathways are all evidence based and the work we are leading in frailty virtual ward and care home admission avoidance has been recognised nationally as being exemplary during site visits with the national NHS England and New Hospital Programme teams.

Most identified transformation schemes are working to their forecast impact currently with Respiratory Virtual Wards and Heart Failure deviating over the last 2 months. There is further transformation to be achieved as we both embed and scale up the new pathways.

2.3 The planned acute bed occupancy rate in MMUH business case is planned at a lower rate than experienced now. Our intention is to protect the bed occupancy assumptions of 80% for direct admitting areas and 90% for inpatient wards, which will enable effective flow of patients to be assessed and treated in the right place by the right clinical team without inherent delay.

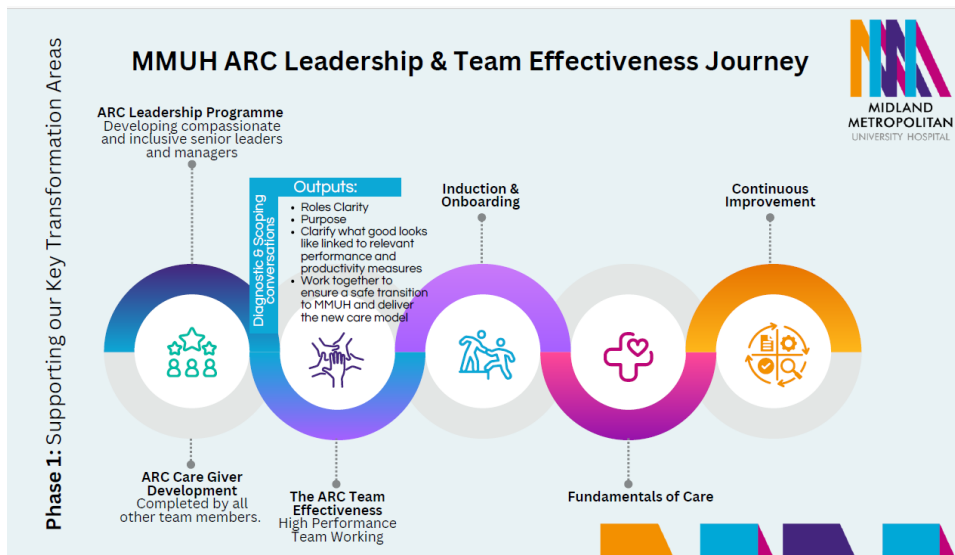
2.4 Based on current patient activity and associated bed day usage, once we have delivered all the transformational impact associated with the schemes in section 2.2, and the impact is recognised of modelled activity shifts from patients arriving by ambulance to Walsall as the nearest Emergency Department once Sandwell ED has closed, we have determined the need to reduce a further amount of bed days to protect the new acute bed occupancy rates and fit into MMUH.

2.5 The MMUH Programme have identified 3 clinical pathways transformation schemes to add into the original cohort; Pathway 2 (discharge pathways from hospital-based care to short term residential care) length of stay reduction, admission avoidance from expanding the falls service and an enhancement to the heart failure pathway. These opportunities avoid the need to use 21 beds. These schemes have been agreed at the MMUH Programme Group to be formally added into the rightsizing clinical pathway transformational schemes for MMUH.

2.6 Assuming we maintain the intended bed occupancy rates and successfully deliver the transformation which to date is largely on track to deliver the planned bed day reductions, our forecasts show we can fit into MMUH acute bed base protecting the occupancy rates for 6 months of the year. For the remaining months, with the exception of January, we would need to derogate the bed occupancy rates by circa 1-3% or identify further bed reduction schemes.

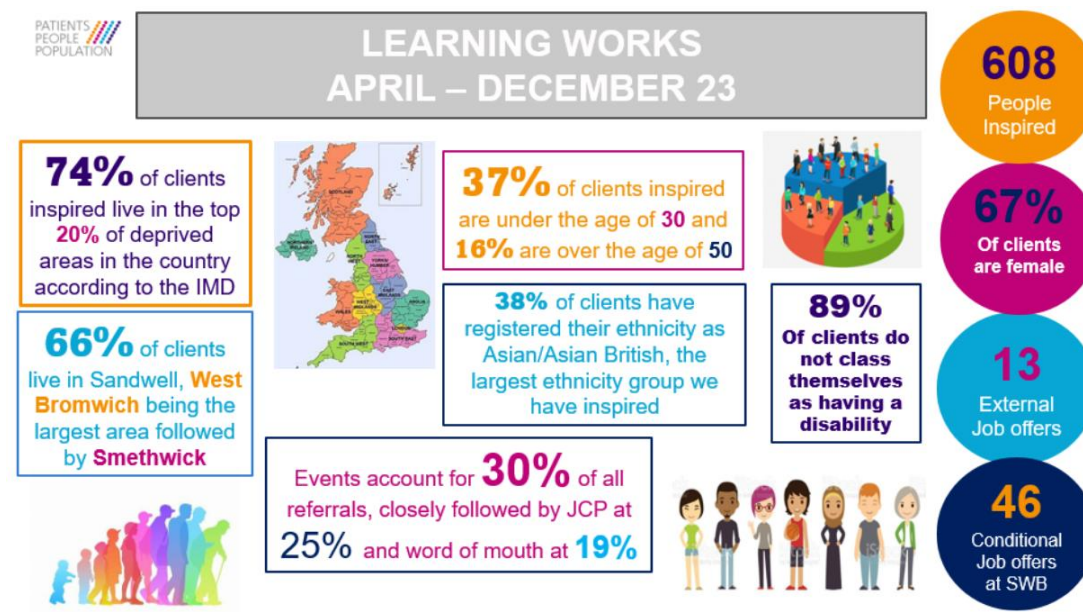
- 2.7 The demand of our peak winter month January is the exception to this with 15 beds (capacity) modelled above the demand for acute beds. Assuming activity stays consistent, we would require derogation of occupancy levels by 5% or further clinical transformation to reduce bed days. **Annex 1 MMUH Capacity vs Demand (October and January)** shows waterfall charts of bed day demand and capacity.
- 2.7 The MMUH Programme will seek to further mitigate the January demand and capacity gap to maintain the planned occupancy levels through evidence-based care pathways. Assurance of this ongoing work will be provided to the MMUH Opening Committee and our ability to 'fit' into the MMUH acute bed base reassessed in March 2024.
- 3. People objective – To cultivate and sustain happy, productive and engaged staff**
- 3.1 The MMUH Programme people objectives are:
- Develop career pathways for local people.
 - Provide an inspiring and inclusive place to work.
 - Provide comfortable and productive spaces that make people feel valued.
- 3.2 Our **Management of Change (MOC)** is a very significant part of getting our workforce ready for MMUH to open. The work specifically focuses on supporting the formal and informal change management implications of the new Clinical Care Model and the movement of teams to MMUH.
- 3.3 The focus is to ensure that staff across the Trust are engaged, through partnership working with trade unions, thereby enabling all staff to have a voice and opportunity to share their views on the change proposals and their impact on services, roles and individuals (where applicable).
- 3.4 Whilst concerns regarding the MOC were escalated to the November 2023 Trust Board meeting, some focused work has been undertaken during October, November and December to strengthen and streamline the MOC process, as well as enhance the effectiveness of partnership working with trade unions. This has had some really positive impact.
- 3.5 **Annex 2; Management of Change activity schedule** shows a scheme overview (v2.2) of the current progress, by consultation phase.
- 3.6 Consultation with Sonography staff has now closed and we are also anticipating that the consultation in ASU will formally close shortly. Infection Prevention & Control has now completed the formal notice period following consultation meaning that the changes are now being implemented.
- 3.7 Consultations in Endoscopy, Matrons, Improvement Team, our community based '1-Beds' services (x 10 separate cases), Sterile Services and Theatres have now been approved through STaCC and are being prepared for active consultation to start through January 2024.

- 3.8 Elderly Care and Respiratory ward consultations have been removed from the requirement to go through STaCC subject to the result of workforce forecast analysis which has demonstrated there is no need to formally change the membership of these teams.
- 3.9 **Recruitment** continues to represent a challenge. In June 2023, the target number of Trust hires per month was set at 125 FTE, this reflects the hiring rate required to achieve the staff numbers inclusive of those required for the opening of MMUH. The average number of hires per month since June has been 104.32. However there has been success in hiring from the local community with 74% of substantively employed staff representing our local communities which is significantly above of the 34% original goal and there has been some significant success at speciality and professional level with the recruitment of Band 5 nurses, radiography, acute medicine medical staff and consultant recruitment.
- 3.10 Additional resources are being mobilised from January 2024 to increase the rate of recruitment for the 'hard to fill' roles (172 FTEs); these include some senior medical and nursing posts, a proportion of Allied Health Professional and particularly ED and maternity staff at service level. The workforce risk assessment and Quality Impact Assessments do not consider that recruitment is a risk to open MMUH but is required to improve to enable more consistent substantive staffing Trust wide.
- 3.11 The **Organisational Development** (OD) Programme has a core aim to support and enable staff and teams to transition into the new hospital by creating the necessary conditions to deliver the sustainable benefits of the new care pathways and ways of working.
- 3.12 The incoming Interim Chief People Officer (CPO) has undertaken a comprehensive review of the OD programme which is being supported by external partners Affina OD. This review has confirmed a high level of confidence that the programme provides the platform and scale required for MMUH and aligns strongly with the Trust People Plan. The OD programme also draws on the commitment to embedding compassionate leadership and building high performing teams.
- 3.13 8 teams have been identified for focussed OD intervention, to support the transition to MMUH. The schematic on the next page provides a consolidated overview of the Leadership and Team Journey for each of the 8 teams which goes beyond MMUH opening. Programme success measures are being determined. A full briefing session is also being organised with Clinical Groups in January 2024.
- 3.14 Currently Clinical Group capacity to engage in the delivery of the OD programme is a risk. Additional clinical change capacity has been deployed into the Clinical Groups to bolster the capacity to drive forward the outstanding MOC requirements by the end of February 2024. Following which this additional capacity could be used to help free-up leadership capacity for the Clinical Groups to engage in the OD programme.



3.15 An OD Steering Group has been established and will begin meeting in January 2024. The group will monitor the progress of the programme, ensuring sufficient capacity to meet the agreed deadlines.

3.16 In advance of MMUH and the **Learning Campus opening, the Trust are starting to demonstrate people associated benefits.** Since 2023 through the Learning Campus Education and Employability Programme the Trust has achieved the following impacts:



3.17 At the People and OD Committee in November 2023, two staff stories were shared which highlighted the life changing effects of the work by the Employability team. Given the powerful impact of these stories the People Committee recommended that they be presented at a future public meeting of the Trust Board.

3.18 From January 2024 the Interim Chief People Officer will become the Executive Senior Responsible Officer for the Learning Campus, working closely with the Trust’s external advisors for the Learning Campus (including benefits realisation), Rachel Barlow as the

Managing Director for the MMUH Programme Company and Simon Shephard, as the Finance Lead MMUH Programme Company and acting Chief Finance Officer.

4. Population – To work seamlessly with our partners to improve lives

4.1 The MMUH Programme population objectives are:

- Be #morethanahospital engaging with local people to provide accessible and inspiring community spaces.
- Seize every opportunity for MMUH to regenerate the neighbourhoods.
- Create a catalyst to improve life chances for today's' and future generations.

4.2 Engagement within the immediate vicinity of MMUH continued throughout the latter part of 2023 with a programme of activity which included the Midland Met Community Bus, GP stakeholder events and Near Neighbours meetings. We were also invited to talk to Sandwell Deaf Community Association, Sandwell Visually Impaired, Healthwatch Town Teams meetings, Patient Participation Groups in general practice and the Wednesbury Agewell Forum about the new hospital.

4.3 In addition, the team has undertaken a number of Stakeholder visits to MMUH in the last quarter of the year, these have included local Members of Parliament, local businesses, Healthwatch, local GPs and national, regional and local NHS leaders.

4.4 **Midland Met Community Bus;** As part of our mission to inform and connect with our local communities about MMUH, we've taken our Midland Met bus on the road and engaged with over 2000 people to date. The bus has visited libraries and shopping malls across West Birmingham and Sandwell, attended Sandwell Safer 6 events and the focus in the new year will be children's centres and family hubs. This has also included the bus being part of the hugely popular Diwali street celebrations on the Soho Road Handsworth with over 1000 attendees.

Our local communities have passionately shared their thoughts, with key concerns revolving around accessibility, service continuity, language and translation services, mental health provision, and faith and cultural considerations which will inform our readiness to open and our future communication plans.

4.5 **GP Stakeholder Event;** The first in a series of GP stakeholder events was held in October 2023 for Sandwell GPs.

As part of our goal to strengthen relationships with general practice and improve patient flows with general practice before MMUH opens, we held an engagement event for our Sandwell GP colleagues. We discussed care model, patient flow improvement, and how, as a Trust we can play our part to support patient access to general practice. We aim to replicate this session for our West Birmingham GP colleagues in the new year.

4.6 **Near Neighbours Events;** The second series of Near Neighbours events were held in November 2023 at venues close to MMUH and to City Hospital. Several attendees from

earlier events in Winter 2022/23 came along to hear more on the updates around travel and connectivity. We were pleased to also have in attendance, Transport leaders from Transport for West Midlands (TfWM), Birmingham City Council and Sandwell Council as well as the local neighbourhood police team. Our partners listened and discussed the lived experience of local residents with regard to current concerns about connectivity, local accessibility, congestion and safety. Commitment was made by Sandwell Council to visit some local residential developments to access the current challenges. We anticipate hearing the outcome of plans to improve bus transport connections to MMUH early in 2024 from TfWM.

- 4.7 **Continuing the Stroke Conversation;** Engagement continues on our plans to improve acute stroke in MMUH and relocate stroke rehabilitation services once the new hospital opens to Rowley Regis Hospital. A number of stroke 'patient user' groups have been part of the conversation as well as The Stroke Association Charity.

A 'Changes to Stroke Services' conversation document has been created which includes a Have Your Say Survey (which closes on Friday 12th January 2024). The feedback from this piece of engagement work will help to improve the Trust's stroke services and will support the on-going staff Management of Change programme.

- 4.8 **Volunteer Programme;** The Volunteer programme continues to gain momentum. During September to December 2023 there have been several volunteer recruitment events and induction sessions. We have very much appreciated receiving over 150 expressions of interest in volunteering at MMUH when it opens.

- 4.9 **Future communication and engagement focus;**

- Communication and Engagement will be strategically linked with key themes and milestones throughout the year such as Maternity and Emergency Care pathways, opening events and move plans, travel, connectivity, and parking.
- Near Neighbours events in Spring and Summer 2024 will also be undertaken along with MMUH tours for regular attendees to these Near Neighbour sessions.
- The MMUH Community Bus will continue to tour throughout 2024.
- In addition, the second of our series of GP Engagement events will be held between January – March 2024 for West Birmingham GPs.

5. **Ready, Set, Go**

- 5.1 As we travel through the journey of Ready, Set, Go to make an informed decision to move into MMUH, we measure 4 criteria.

- Critical Success Factors – a set of key measures at programme level which are critical for safe opening of MMUH at day 1.
- Operational Readiness – a set of operational readiness criteria that all departments need to meet to inform a decision to move.
- Programme Risks – programme risks have been forecast with acceptable likelihood and consequences at building handover and planned completion. We will track the levels of risk to inform conditions to safely move.

- Clinical Hazards – an open list of hazards raised by the clinical groups is reviewed to inform validation and resolution, or transfer into active risk management.
- 5.2 Of our 19 Programme critical success factors (CSF's), 14 are delivering or are within the agreed tolerance levels. 2 are off track, which relates to our operational readiness and our stroke 'decoupling' modelling.
 - 5.3 The stroke model is currently out to public engagement and will conclude in January 2024. Following this further work will be conducted to rectify the CSF.
 - 5.4 The current operational workload to plan a resilience response for Junior Doctor Industrial Action and dealing with unprecedented winter pressures, is impacting on the availability on of some teams and creating some delays in the operational readiness assessment, with only c7% completion against an expected 18% completion rate of readiness activities in November 2023. Specifically, there is delay in development policies and standard operating procedures. However, plans and resource have been identified to be able to bring this back on track by the end of January 2024.
 - 5.5 The 3 CSFs next to start reporting are related to recruitment, the establishment of the logistics service and success measures of a Rhythm of the Day being established as part of the Fundamentals of Care work.
 - 5.6 Our CSF's link closely to our programme risks, of which most are tracking to forecast with a few exceptions in month which will be rectified. The most significant and immediate risk to be managed is the alignment of the MMUH co-located Urgent Treatment Centre (UTC) being ready to open at the same time as MMUH. The timeline for the UTC to be completed is currently scheduled a maximum 6 months after MMUH opens. A review of the project critical path, governance, leadership and delivery capacity has been completed to support the UTC project. In January 2024 we will better understand the critical timelines from potential construction providers as the work is currently out to tender. The project will have completed the activity modelling and Quality Impact Assessment to inform a transitional service provision to be in place before the substantive service is established in the MMUH co-located UTC. Assurance of this project and the associated risks will be provided to the MMUH Opening Committee.
 - 5.7 A separate paper on the revenue risks is presented at the Private Trust Board today.
 - 5.8 The Clinical Hazard Group will have its inaugural meeting in January 2024, which is a triaging process for any and all clinical concerns raised by staff. The group ensure that the concern is validated and addressed through the MMUH programme or whether a new risk / action plan needs to be developed to address.
 - 5.9 Future Trust Board reports will provide assurance on the 4 criteria of the Ready, Set, Go journey which inform part of a Safety Case that the Trust Board will receive in the late summer to inform a principle decision to move.

6. Benefits delivery

6.1 The Trust Board is aware of the detailed benefits work undertaken with our benefits partner, Price Waterhouse Coopers (PwC). This identified over £2bn of benefits across the 58-year period against a total capital cost of £544m, and revenue cost of £1,113m (total cost £1,658m), resulting in a benefits surplus of £363m.

6.2 We have also aligned the benefits with MMUH critical success factors and simplified the benefits, into two groups as follows.

- **Operational** – these are classified as those benefits 365 days pre and post opening.
- **Strategic** – the longer-term benefits of the programme.

6.3 The focus regarding the operational benefits of beds, workforce and operational productivity is now on delivering these benefits and ensuring robust reporting and early mitigation if off plan.

6.4 In terms of the overall governance and leadership the approach is reflected below

Benefit	Executive Lead	Operational Committee	Assurance Committee
Beds	Chief Operating Officer	Performance Management Group	Quality Committee
Workforce	Chief People Officer	Performance Management Group	People Committee
Operational Productivity	Chief Operating Officer	Performance Management Group	Finance & Productivity Committee

6.5 In addition to the Committees above until handover to the Core organisation the benefits will also be reported to the MMUH Programme Group and MMUH Opening Committee.

6.6 The date for the first quarterly Strategic Benefits Group is being rescheduled for the end of January / early February 2024. In readiness for this the benefits register has been completed. This draws on previous work undertaken by Price Waterhouse Cooper (PWC). This document considers every Benefit related component and as such it contains the key themes; Strategic, Economic, Management and Financial components.

6.7 To support the strategic benefits, we have identified a number of areas for ongoing work and benefits quantification;

- Learning Campus
- DHL Logistics benefits – inventory optimisation and warehouse storage
- Elective Hub - Forecast of elective income / activity
- Pharmacy – end to end process and automation.
- Fundamentals of Care
- Key Worker Accommodation

6.8 The inaugural meeting of the Strategic Benefits Group will concentrate on:

- Discussing and agreeing the critical path of the agreed schemes.

- Further discussion on the new opportunities arising – stakeholder work in train with councils and West Midlands Combined Authority to secure a delivery plan for the Smethwick to Birmingham corridor; Grove Lane Masterplan: Learning Campus; Urgent Treatment Centre.

- 6.9 The immediate priority is the Learning Campus, with the draft report to be presented to the Senior Responsible Officer by 31 December 2023. During January 2024 the remaining schemes will be further scoped and indicative timelines of assurance work determined.
- 6.10 The Trust is currently in the process of planning for the 2024/25 including reviewing the recurrent and substantive structure to support the efficiency and benefits programme. As part of this assessment regarding the substantive structure the MMUH benefits and ongoing support to deliver will be a critical factor. The draft proposal will be submitted to the Executive Group in January 2024 and the Finance & Productivity Committee on 1st February 2024.

7. Summary

- 7.1 As demonstrated in this paper, the scale of work to be ready to open MMUH safely in 2024 is gaining pace and intensity.
- 7.2 Clinical transformation is starting to embed to reduce bed day demand, with further planned impacts to happen over the coming months. We will reassess our 'fit' into the MMUH bed base again in March 2024.
- 7.3 Focus on operational readiness, specifically the completion of Management of Change for our staff and the agreement of how services will be provided through the writing of operational policies will be largely complete when the Trust Board next meets.
- 7.4 We anticipate starting soft activation in March 2024, which is when our non-clinical teams start working in MMUH to get the building ready with kit installed and start technically looking after the building infrastructure. From March, we will also start our scenario testing of pathways to ensure we identify and can correct issues in advance of opening. This is an important safety component of our preparedness work.
- 7.5 The detail of our move plans and dates will be further defined and agreed in the next Trust Board reporting period.
- 7.6 As well as the Trust itself getting ready to move, from January 2024 work scales up to track critical provider readiness for the safe opening of MMUH eg; other acute providers who will support the move period, social services and mental health providers who need to be prepared to work in the new facility and our commissioners who with us will ensure services are in place to enable MMUH be a success.
- 7.7 Our planning to optimise how we work in MMUH goes well beyond the move itself with the workforce OD programme and strategic benefits work being 2 examples.

8. Recommendations

8.1 The Public Trust Board is asked to:

- a. **ACCEPT** the update on the MMUH Programme.
- b. **UNDERSTAND** the focus on clinical transformation and workforce readiness.
- c. **EXPECT** assurance reporting on critical success factors, operational readiness, risk and clinical hazard management in future reports leading to a recommendation to move later in the year.

Rachel Barlow - MMUH Managing Director

Liam Kennedy - MMUH Delivery Director

James Fleet – Interim Chief People Officer

Jayne Ilic – Director of Communications MMUH programme

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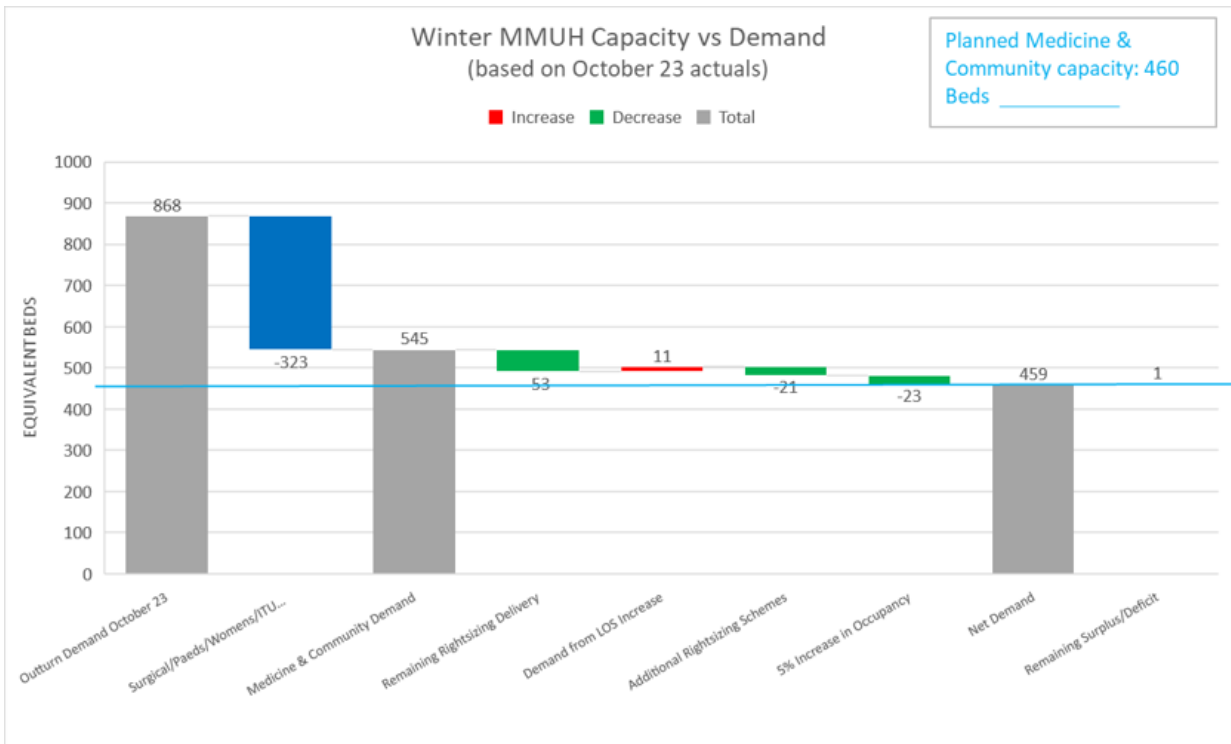
Annex 1 MMUH Demand and Capacity of acute beds

- a) **MMUH Capacity v Demand based on October 2023 actual activity**
- b) **MMUH Capacity v Demand based on January forecast**

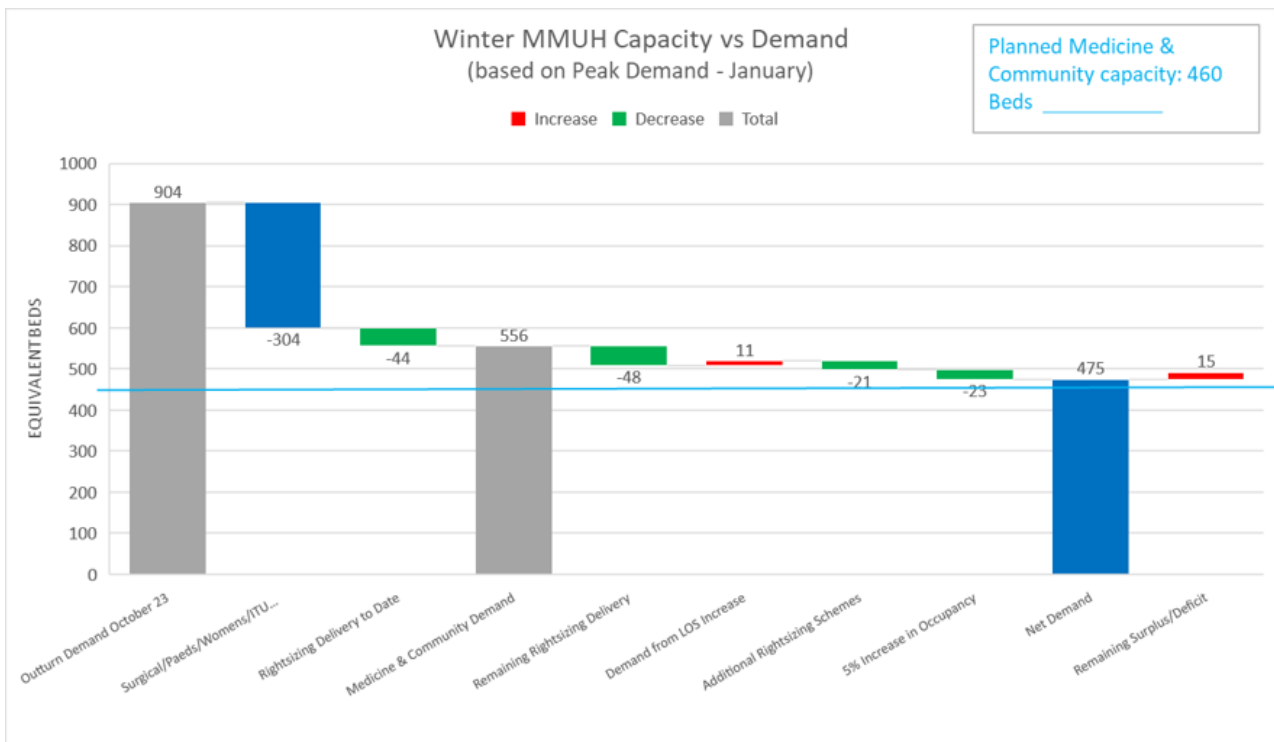
Annex 2: Management of Change activity schedule

Annex 1 MMUH Demand and Capacity of acute beds

a) MMUH Capacity v Demand based on October 2023 actual activity



b) MMUH Capacity v Demand based on January forecast



Annex 2: Management of Change activity schedule

Consultation Update

Version 2.3 as at 18/12/23

Target End State:

All consultations complete and notice commenced by April 2024

An illustrative view of where each consultation is along the consultation process.

