

REPORT TITLE:	Midland Metropolitan University Hospital Programme Critical Path update
SPONSORING EXECUTIVE:	Rachel Barlow Managing Director MMUH Programme Company
REPORT AUTHOR:	Rachel Barlow Managing Director MMUH Programme Company
MEETING:	Public Trust Board
DATE	8 th May 2024

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

The current Midland Metropolitan University Hospital (MMUH) Programme critical path sets out deliverables and assurance activities to open MMUH to patient services from October 2024.

The paper sets out to provide assurance and evidence of some of the key foundations that inform the current critical path to open MMUH to patient services and the content of the Safety Case Trust Board is due to receive in August to inform of the anticipated conditions for a safe patient move in October 2024.

As with a major infrastructure project of this scale and complexity, the Programme has a risk profile that needs continuous and effective mitigation and management. The paper is transparent about those risks.

The Trust Board should discuss the assurance, evidence and risks as presented.

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

OUR PATIENTS	- To be good or outstanding in everything that we do	X
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION	- 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:

- a) **RECEIVE** assurance on the critical path plan to open MMUH to patient services in October 2024, inclusive of the significant risks and mitigation approaches.

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	<input type="checkbox"/>	Deliver safe, high-quality care.
Board Assurance Framework Risk 02	<input type="checkbox"/>	Make best strategic use of its resources
Board Assurance Framework Risk 03	<input type="checkbox"/>	Deliver the MMUH benefits case
Board Assurance Framework Risk 04	<input type="checkbox"/>	Recruit, retain, train, and develop an engaged and effective workforce

Board Assurance Framework Risk 05		<i>Deliver on its ambitions as an integrated care organisation</i>
Corporate Risk Register [Safeguard Risk Nos]		
Is Quality Impact Assessment required if so, add date:		
Is Equality Impact Assessment required if so, add date:		

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on Wednesday 8th May 2024

Midland Metropolitan University Hospital Programme Critical Path update

1. Introduction

1.1 The Midland Metropolitan University Hospital (MMUH) Programme continues working to a critical path to open MMUH to patient services in October 2024. Construction is now complete and Balfour Beatty are completing the technical commissioning of the building. The major preparatory focus for the Trust is now on being operationally ready to open MMUH to patient services in October 2024. This was the subject of the Trust Leaders Conference in April, engaging our top 200 leaders.

1.2 The critical path is informed by a number of milestones:

- **Soft Activation commenced on March 28th 2024** which is part of a (minimum) 26 week period of commissioning where major equipment is installed, clinical scenario stress testing is completed, equipment and provisions are loaded into the building and staff are safely inducted. This is a major milestone in the Programme and the penultimate milestone to Planned Completion.
- Soft activation focuses on major equipment installation. In the last reporting period work has progressed cleaning spaces such as the pathology laboratory which has enabled the installation to start for major pathology equipment.
- **Building Handover (Planned Contract Completion) is now scheduled for 1st June 2024**, this has slipped by a month since the last public Trust Board report. The conditions for Planned Completion are contractually explicit. Construction is now complete and Balfour Beatty are completing the technical commissioning of the building. In order to protect a 2024 opening date, a 'soft landings' scenario has been worked up to enable Trust Soft Activation starting before Planned Completion.
- The Trust and Balfour have agreed the detail of a 'red line' of critical technical systems that must be authorised compliant and fully commissioned before Planned Completion. Major efforts in focus and collaboration continues between the Trust and Balfour Beatty, supported by the New Hospitals Programme to manage the risk profile to Planned Completion.
- Full activation is scheduled to follow on from 1st June 2024, which includes the Trust completing clinical scenario stress testing, installing all equipment and provisions are loaded into the building and staff are safely inducted.
- **Patient Day 1 will occur in October 2024.** The total move plan will be over a 6-week period, of which the patient moves will take place on 3 days. Based on the current critical path and subject to operational readiness, Sandwell patient services will move first on the 6th October 2024, then 5 weeks later the City patient services will move; Maternity and Neonatal patients will move on the 6th November and adult patient

services will move on the 10th November 2024. MMUH will be fully operational by December 2024.

- **Transition to Business As Usual (BAU)** and closure of the MMUH Programme will occur approximately 100 days post last patient move.

1.3 To be assured of the Programme trajectory and readiness to start the patient move in October 2024, there will be some key assurance activities prior to a formal recommendation to an extraordinary Trust Board on August 21st 2024 of the readiness to move. This recommendation will be made by the Senior Responsible Officer (SRO) and Clinical Safety Officer in a Safety Case which will include the following assurance:

Evidential assurance to inform a decision to move at the August 2024 Trust Board

<p>Programme Information</p> <ul style="list-style-type: none"> Critical Success Factors include Fit into Bed Base Operational Readiness. Risk profile. Clinical Hazards. 	<p>Regulatory Assurance</p> <ul style="list-style-type: none"> CQC Registration IPA Gateway 4 Review – Readiness for Service. Licenses to Practice.
<p>External Stakeholders</p> <ul style="list-style-type: none"> Other Providers Readiness – WMAS, Acute Providers, Community and Mental Health Trusts, hosted or outsourced services. Local Stakeholders – Councils, WMCA, Healthwatch Birmingham. Local population – patients and the public Commissioners – ICBs and NHS England. New Hospitals Programme 	<p>Individual No Go Factors</p> <ul style="list-style-type: none"> Technical commissioning. Extraordinary events – sickness / weather / industrial action.

#MoreThanAHospital Sandwell and West Birmingham NHS Trust

1.4 Today’s paper provides assurance to the Trust Board on aspects of the Programme to date and the forward critical path to meet the milestones set out in section 1.2 and inform the recommendation to the August 2024 Trust Board to safely move patient services in October 2024.

2. Programme Information

2.1 In order to ensure we can safely open MMUH in 2024, the MMUH Programme has set criteria under the banner of ‘**Ready, Set, Go**’ that must be delivered to demonstrate preparedness and readiness for service. Readiness will be demonstrated by the aggregated position in relation to Programme Critical Success Factors (CSFs), Operational Readiness, Programme Risk and Clinical Safety/Hazard management. The Ready, Set, Go criteria agreed at MMUH Opening Committee in 2023, will inform the August 2024 Trust Board a Safety Case for which the criteria are part of an evidence and assurance base of readiness to move in October 2024. Board Committees review this information monthly.

2.2 At the time of March 2024 reporting the measures were rated:

Measure	Current RAG rating
Programme Critical Success Factors	RED
Operational Readiness	RED
Programme Risk	RED
Clinical Safety/Hazard management	GREEN

The subsequent sections in the paper provide oversight and assurance on these Ready, Set, Go criteria.

3. Critical Success Factors

- 3.1 The **Critical Success Factors (CSFs)** are output measures from workstreams of performance indicators that inform a) safe move eg; Bed fit or b) Benefits eg; Sickness rate reduction. The goals to inform safe conditions to move are well defined.
- 3.2 **13 of the 21 CSFs measured are in line with or ahead of their current trajectory.** These include Management of Change Consultations, MMUH Essential Recruitment, Hard Facilities Management (FM) Recruitment, Planned Proactive Maintenance Plans, Group 3 equipment and Retained Estate Pathology plans.
- 3.3 There are 8 CSFs currently behind trajectory or failing. Six of these inform a safe decision to move. **The key exceptions to the CSFs performance are related to the fit into the new acute bed base at MMUH and operational readiness.** Other measures underdelivering this month such as construction defect management, procurement of Hard FM sub contracts and future Pharmacy Distribution Hub arrangements are expected to be back on track in the next reporting period.
- 3.4 **Fitting into our acute bed base is one of the most significant risks on our Programme risk register, if left unmitigated.** The scale of challenge is equivalent to 100 beds.
- 3.5 There remains evidence based opportunities to manage the 2 major variables of delivering our acute bed rightsizing schemes and reducing Length of Stay (LOS).
- 3.6 The acute bed rightsizing schemes include establishing Frailty Same Day Emergency Care (SDEC), Same Day Emergency Care, Virtual Ward and ambulatory cardiology pathways. The schemes impact has been behind plan for 6 months, however were delivering prior to the winter period. Positive progress in the last month has been seen as the expansion of the Frailty SDEC service has been achieved, which has resulted in a 32 equivalent beds reduction compared with 2022/23, owing to the Frailty SDEC area not being bedded with inpatients and extension of the current one-site service to 6 days. This gives us further assurance on our ability to deliver when we merge the sites and deliver the service for patients across both our sites. In the same period Medical SDEC services further mature and have reduced bed-usage for the target cohort by equivalent of 10 beds. This takes the expected impact of the acute bed rightsizing transformation for bed

day reduction back on track with the programme trajectory. Continued tracking against trajectory up until MMUH opening is still very much reliant on a step-change in Medical-SDEC admission avoidance and circumvention of the Frailty SDEC area being used for inpatient outlier capacity.

- 3.8 Since September 2023, the Medical LOS has increased compared to the previous year. In March 2024, this equated to a 0.7 days (+13%) Medical LOS above that of the previous year, which is equivalent to a 60 bed requirement. There is improvement work in train focussing on reducing LOS back to 2022-2023 levels. It is essential that there is a reset in LOS management in advance of moving into MMUH. This work includes recruitment of substantive consultants as well as using LOS data at ward team level, alongside fully implementing rhythm of the day standardisation to plan and ensure decision making which avoids unnecessary hospital stay. This improvement effort does not yet have an improvement trajectory. Commitment will be given to an improvement trajectory this month.
- 3.9 The MMUH Programme has a healthy risk management culture and has undertaken deep dives into programme risks previously resulting in enhanced mitigation and subsequent improved assurance. Given the risk profile of the acute bed fit, the Managing Director as the Senior Responsible Officer and Chief Operating Officer are jointly convening an internal Risk Summit in May 2024. The Risk Summit creates a focussed opportunity to review the risk of acute bed fit in MMUH and assess the assumptions of the forward plans, approach and anticipated outputs for both the acute bed rightsizing schemes and Medical LOS reduction. The Summit will also look ahead to the assurance related to the preparations of the Winter 2024/25 plan. This Summit will identify any further actions needed as a result of the risks identified. The Risk Summit outputs will report to the Quality and MMUH Opening Committees.

4. Operational Readiness

- 4.1 Getting operationally ready to move into MMUH requires a set of readiness conditions to be met to inform a decision to move. Those include the completion of management of change processes, documentation of standard operating procedures, business continuity planning, patient pathway interdependency assurance, completion of staff induction, agreed departmental move plans and staffing rotas.
- 4.2 The Operational Readiness project has a scheduled set of activities which are aligned to a trajectory of measures. The March 2024 performance is behind trajectory, with 23% of activities achieved against goal of 49%.
- 4.3 The main outstanding areas of completion include:
- Departments updating receipt of poster packs for support services to inform pathway and service interdependency work - when fully completed this would improve overall

operational readiness performance to 42% v. the 49% goal. The assurance process has been revised to ensure this is completed in month.

- Operational Policies sign off - there are just 3 out of 75 Operational Policies outstanding, 2 of which had location decisions made in the last month to enable the policies to be completed. The final and more complex outstanding operational policy is the Emergency Department (ED). With new ED Leadership and engagement of the wider team, a workshop scheduled in May will sign off the ED Operational Policy.
- A list of Contracts/Service specifications that need to be changed for the new MMUH location change has been baselined. The tracking of these to completion for assurance will now be profiled.
- Business Continuity Plans (BCPs) submitted to Emergency Planning Response and Resilience Team will contribute circa 7% total of activity to the 49% operational readiness completeness goals. However, in terms of a high volume of work this is the most notable exception in March's Operational Readiness reporting, with only 30% of the BCPs completed on time. The deadline has been reset for April 2024.

4.4 The gap in delivery of the Operational Readiness work is totally recoverable. However, with just 5 months until the scheduled move of patient services to MMUH and a set of interdependencies between tasks to demonstrate full operational readiness, repeated slippage can no longer be tolerated. For example, the Operational Policies must be complete to inform the Business Continuity Plans. Both Operational Policies and Business Continuity Plans need to be complete to inform Induction. Staff induction commences in July, for which the induction materials need to be produced in June 2024.

4.5 Forthcoming operational readiness activities must have a 'red line' determined as a mandated deadline to ensure operational readiness aligned to an October 2024 first patient move day is protected. Such activities include:

- April
 - Patient pathways fully documented
 - Management of Change completed for staff
 - Future place of work confirmed
 - Business Continuity Plans completed
- May
 - Patient Communication Plans are documented
 - Internal Call Centre changes are clarified
- June
 - Rotational staff cross site working is fully operational
 - Consultant job plans are completed
 - Cost centres and nominal roles agreed for all departments
- July
 - Scenario testing completed and evaluated

4.6 The MMUH Delivery Director, the Chief Operating Officer and Chief Integration Officer are aligning to ensure the operational readiness delivery trajectories have commitment from Clinical Group and Directorate leaders.

4.7 The MMUH Opening Committee will now have a deep dive each month into operational readiness.

5. Programme Risk

- 5.1 There is a robust and healthy culture to risk management in the Programme with the risk register driving the agenda planning for the MMUH Programme Group and Opening Committee. The risks are reviewed and updated monthly and managed against a trajectory linked to the critical milestones in section 1.2 of activation, planned completion and patient day 1.
- 5.2 There are no risks reported in March without mitigation and management plans that are currently anticipated to stop progress through the critical milestones of activation, planned completion and patient day 1. **Annex 1 Programme Risk Register** documents the risks as presented to the MMUH Opening Committee for March 2024. The 5 top risk themes include:
- Rightsizing and bed fit (Safeguard risk 5157)
 - Construction Planned Completion date (Safeguard risk 5168)
 - Capacity to deliver and delivery of the operational readiness objectives (particularly with the ongoing impact of industrial action) (Safeguard risks 5159, 5143 and 5691)
 - Revenue funding (Safeguard risks 5158 and 5166)
 - Urgent Treatment Centre (UTC) interim plans (Safeguard risk 5730)
- 1.2.1 Acute bed rightsizing and operational readiness have already been referred to in this paper.
- 1.2.2 The risk related to achieving Planned Completion by the 1st June 2024 remains significant and the Trust team continue to manage this risk profile actively and in collaboration with Balfour Beatty with support from the New Hospital Programme.
- 1.2.3 Revenue funding continues to be worked through as part of 2024/25 annual planning with the Integrated Care Boards. At present, there is no resolution agreed for the additional revenue costs of the new hospital and care model.
- 1.2.4 Both risks should be explored further in the Private Trust Board meeting by means of a real time update.
- 1.2.5 The interim UTC plans have been subject to 2 workshops thoroughly analysing the demand and activity profiles and interim potential locations. The capacity required is known and clarity of the interim location will be confirmed in mid-May to inform public engagement.

6. Clinical Hazards

- 6.1 The **Clinical Hazard process** is starting to embed. This process enables staff to log a hazard they are concerned about and the Hazards Group review this to identify if it is a programme issue, risk or if departments need support. Examples of hazards raised to date are mainly related to the patient pathway interdependency work in train.

7. External Stakeholders

- 7.1 As well as our own organisational preparedness to open MMUH safely, we are reliant on a range of critical providers to be ready to enable MMUH to open too.
- 7.2 The Trust is working with the Integrated Care Boards and the Critical Providers organisational groups listed below:
- Acute providers
 - Community providers
 - Mental Health providers
 - West Midlands Ambulance Service (WMAS)
 - Social Care providers
 - Council providers
 - Transport providers
 - Education providers
- 7.2 In the last reporting period, the main critical provider focus has been on acute bed fit and system activity profiling. A review of the activity profiles and risks for Winter 2024/25 was commissioned for May 2024 by the Black Country Integrated Care System's Urgent Emergency Care Board. This will inform Integrated Care Board assurance as well as inform Programme critical provider assurance. The methodology of this work and consequent risks is explored in the Trust Board report from the Chief Executive Officer.
- 7.3 In May, there is a mental health providers workshop scheduled to sign off of the mental health patient pathways and interdependencies for MMUH. The known residual risk for the mental health pathways is Adult Mental Health Practitioner capacity and responsiveness which will be risk assessed at the same workshop.
- 7.3 There are no other known red flags for critical provider readiness identified.
- 7.4 A baseline assessment of Critical Provider Readiness assurance will be reported into the MMUH Programme Company from next month.

8. Regulatory assurance

- 8.1 There are 2 main regulatory activities that will inform the Safety Case to the Trust Board; firstly the Infrastructure Project Authority (IPA) Gate 4 Readiness for Service review and secondly gaining Care Quality Commission (CQC) registration.
- 8.2 The Trust continue to prepare for the IPA Gate 4, in April holding a preparedness away day with senior leaders, supported by the New Hospital Programme Team and Non-Executive Director Mick Laverty.
- 8.3 A preparatory meeting with the SRO and Project Director, NHP and the IPA is scheduled for May 24th 2024 and the Gate Review itself anticipated to be held the final week of June. This enables time to consider the outputs and act on the recommendations as points of learning and assurance, enabling a better chance of Programme success.

- 8.4 The Gate 4 Review outcomes will inform part of the assurance process to inform the Safety Case that is scheduled to go to an August 2024 Trust Board to inform a decision to move.
- 8.5 CQC registration is another critical assurance milestone to be ready to open MMUH to patient services. Led by Kam Dhami, the Chief Governance Officer, engagement continues with the CQC new hospital registration lead. A meeting scheduled in early May is expected to provide clarity on the registration assessment process the CQC will undertake over the summer.

9. Communication and Engagement Workstream

- 9.1 With less than 6 months to go until patient services are scheduled to move into MMUH, the intensity of the Communications and Engagement Workstream is now ramping up with regard to patients, people and population. The May 2024 MMUH Opening Committee is an important assurance milestone of the quality and anticipated impact of the communication and engagement plans.
- 9.2 Active work has been progressed with Patient specific communication which is centred around 13 patient pathways inclusive of maternity, referral to treatment and cancer pathways. The communication plans for the forward patient journeys impacted by the opening of MMUH to patient services will be confirmed this month.
- 9.3 From a People perspective, this month the future site configuration and working locations will be confirmed for our staff. There will be various tools and approaches used for this including 'Welcome to ...Sandwell, City, Rowley and MMUH sites' describing the retained and future services and representing 'a day in the life on site' which will include travel, retail, catering, agile working, learning and meeting facilities plus future site investments. This high impact video launch and poster campaign will be followed by open Question and Answer session and line managers briefings.
- 9.4 Ensuring effective communication and engagement in the operational readiness period is crucial to ensure all staff know their part to play. Learning from Unity (the electronic patient record deployment) and Covid focussed communications, Trust wide communications will be focussed on operational readiness for MMUH opening to patient services, including control of posters and banners across the estate. A 'We are Midland Met' staff briefing will be published twice a week, alongside a schedule of departmental visits to 'temperature check' local understanding and engagement and line managers briefings.
- 9.5 With regard to buildings we move out of and decommission, we appreciate the upheaval and sense of loss which will be felt by many staff at the loss of working particularly in the original City Hospital (which will be demolished making the site available for residential development). This site has an emotional attachment for many staff, many of whom have worked there their entire careers. As part of our Arts programme we will be creating a piece of work around the history of City Hospital which will feature many 'our city' oral histories (sharing memories of city hospital) and original artifacts will also be displayed along with visual representation of history in the People's Gallery, which will be located in

the Winter Garden at MMUH. We are also creating a 'Saying Goodbye' to City campaign which will feature in the pre 100 day period prior to move.

- 9.6 The wider population engagement will be delivered by public engagement specialists and commissioned in partnership with the Integrated Care Boards this month. Assurance will be provided to the Integration Committee of the population engagement plans.

10. Summary

- 10.1 The paper sets out to provide assurance and evidence of some of the key foundations that inform the current critical path to open MMUH to patient services in October 2024.
- 10.2 A Programme of this scale and complexity will have significant risks at this stage. The paper has been transparent about those risks.
- 10.3 The Programme is on track with some identified significant risks, which are being closely mitigated and managed. The Programme will continue to be proactive in learning from others and seeking 3rd party support.
- 10.4 The MMUH Opening Committee, Audit Committee and other relevant Tier 1 Trust Board Committees will continue to have high visibility of information that will inform the Safety Case due to go to the August Trust Board.
- 10.5 As part of the forward Trust Board assurance journey, the Trust Board should expect to receive assurance on the IPA Gate 4, Readiness for Service and CQC registration process, prior to the Trust Board meeting in August 2024, which is scheduled to receive a Safety Case with a recommendation to move patient services to MMUH in October 2024.

11. Recommendations

- 11.1 The Public Trust Board is asked to:
- a. **RECEIVE** assurance on the critical path plan to open MMUH to patient services in October 2024, inclusive of the significant risks and mitigation approaches.

Rachel Barlow
Managing Director MMUH Programme Company

May 2024

