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Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Next Steps on Midland Met		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive		
Meeting	Public Trust Board	**Date**	2nd January 2019

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

Last month's Board meeting received a detailed paper on three aspects of Midland Met: Commercial close, our clinical model, and neighbourliness beyond the project with the local community. We have upcoming discussions with relevant Local Authorities, WMCA and the Canals and Rivers Trust on how we work together to deliver that.

This paper focuses on the practicalities of launching our change programme and on the governance of the construction work and Go Live readiness. It asks the Board to delegate oversight to the Estate MPA which meets bi-monthly.

We would expect to return to the naming issues previously discussed at the next Board meeting. The paper notes other upcoming 'moments' in the project's life with the planned celebration event, as well as the launch of the Your Trust charity fundraising appeal later in March 2020.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	X	Public Health Plan	X	People Plan & Education Plan	X
Quality Plan	X	Research and Development		Estates Plan	X
Financial Plan	X	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

n/a

4. Recommendation(s)

The Trust Board is asked to:

a.	**RE-CONFIRM** the governance model that we will apply during 2020
b.	**CONSIDER** how Board members will contribute to the overall clinical model programme

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

Trust Risk Register		Various					
Board Assurance Framework		Various					
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 Public Trust Board: 2nd January 2020

Next steps on Midland Met

1.0 Introduction and purpose

1.1 We are all aware that contract signature does not guarantee success. There is a shared commitment to making sure that we deliver the quality of facility that is needed and that we use the time left before opening to prepare staff for the changes in approach that the building can enable.

1.2 In the same way as Unity before Go Live, we now need **both to develop our new models and train teams in using them**. 2020 is very much the year for finalising the models, leaving a further 18 months for the activities of training, simulation, testing and improvement. That is why we are seizing the opportunity of contract signature to alter our leadership arrangements to provide dedicated resource to support service change not simply relocation.

1.3 Whilst Gleeds provides expert project management of the construction contract we retain a Trust side architectural and engineering team to ensure that our contractors meet standard. And we are responsible for commissioning and equipping the build, as well as implementing changes like robotics in our FM services.

2.0 Commercial close x two

2.1 **December saw us close both contracts relevant to opening the new hospital**. On December 11th we signed the contract with Balfour Beatty that the Board authorised with its FBC approval in June and Preferred Bidder decision subsequently. The Estate MPA reviewed the contract arrangement amendments on December 10th and their minutes are before the Board for record. On December 24th we signed relevant Lot 1 and Lot 2 documents with Engie to support FM mobilisation.

2.2 **Further to those contracts cash-flow arrangements were made from Trust accounts during 2019 and relevant MOUs with central government will be secured in January**. Our 2019-20 accounts will be 'back to back' with the amended FBC and contract. The bulk of funding flows direct from central government to the Trust to meet the contract costs. A proportion comes via NHS England as Taper Relief to meet the costs of double running and prolongation. An arrangement to address PDC liabilities was agreed in writing with both Julian Kelly and David Williams, and will apply on a per annum basis. In other words it will carry forward between financial years. As the Board is aware in 2023-24 an additional in-year CIP obligation above FBC will be met by the Trust in delivering the Midland Met dividend and other commitments.

2.3 The position is consistent with our wider capital programme, including Lot 4a which meets the lifecycle costs of our estate as a whole. It will be important that we deliver that programme to time and end our recent habit of 3-6 month overruns to programme. We have a series of changes left to make at City to release the estate from December 2022 and a series of changes at Sandwell to get the estate Midland Met ready. There is then work to be done for twelve months afterwards to complete that site. That then releases the Hallam end of the site, which we may proceed to sale in coming months with a view to lease-back as we have done with much of City. Greater attention must be paid to the equipping budget and prioritisation so that when we move into the new hospital we have in place what is needed either new, or nearly new, from our current kit. As part of resolving the contract for Midland Met, we are now able to look again at 2021 and 2022 estate commitments on non-retained estate and expect to have completed that process by the end of March. This will help us to support the contingency required.

2.4 Contract management has a rhythm to it, with standard reports against key milestones. This process worked well with Carillion and identified up-stream the MEP issues we faced. We expect to implement this system monthly with Balfour Beatty and provide summative reports of progress to plan to the Estate MPA and CLE. The Estate MPA has been briefed on the process for considered and approving Compensation Events. Depending on the spend involved this is either a delegated SRO matter or goes to that committee. Timetabling may occasion a need for virtual approving meetings and **the final £5m of contingency is proposed as a reserved matter for the full Board**.

2.5 Mobilisation of the current FM lots is taking place and staff briefings commence in January on other lots. Subject to that process and negotiation, staff changes to Engie will take place during 2021-22. Linked to that, and the wider work on Midland Met, we will be establishing **a quarterly Strategic Partnership Board** to consider our estate developments across those involved, reporting to the EMPA. We would expect to hold the first such meeting in March. Conscious of the Trust's relative expertise in this field and potential to be of wider assistance to the STP a seat will be offered to partners to build confidence in the work being done.

2.6 <u>It is suggested that in respect of estate delivery and contract budgeting matters only exception reporting to the Board is necessary</u>, outwith coverage in committee minutes and update reports.

3.0 Midland Met clinical model

3.1 The prior paper outlined the types of changes implied by the original business case, and underpinned by discussions in 2018 about acute care. **The appointment of two deputy medical directors responsible for service changes will be complemented by the creation of the role of director of system transformation to replace the extant Estate Director**

role. Paula Gardner and Lydia Jones will work to ensure that the ward based care model is appropriate. Whilst the Midland Met project director and Head of Estate profession roles will support that post, along with the commissioning team, and improvement team, this new post will be asked to ensure clinical engagement is purposive and delivers in aggregate across specialties. The CLE-estate committee will continue project oversight of buildings, but the Clinical Leadership Executive will oversee the clinical model each month.

3.2 A summary of the purpose and meaning of Midland Met as an acute centre was outlined last time and is repeated again below.

- *The site is our acute centre, with the vast majority of outpatient care being provided in other places*, including both our Sandwell and Birmingham Treatment Centres. This distribution is also true of day surgery, endoscopy and imaging. We have provided purpose built ambulatory care space for emergency arrivals, as well as for specific populations like adults and young people with sickle cell or thalassemia

- The general inpatient bed base is located at the sixth floor or above, with a majority of single rooms, and all bed spaces having light through a window either onto a courtyard or exterior views. Fifth floor amenity space exists for patients, staff and visitors, but *the therapeutic care model* that we want to adopt is different to the current. For example, in many cases patients will choose to cook for themselves while in our care. En-suite toilets which are wheelchair accessible should also encourage independence.

- Our adult and our children's A&E departments are supported by co-located diagnostic facilities, especially 'hot' imaging. This should improve access and turnaround times further, as should *the separation of planned and unplanned care throughout the site.*

- We have sought to create and retain *a calm and supportive care environment across* the building. In addition to restaurant and café space, we have external gardens and walkways, a large art gallery, atrium exhibition hall, and some sports facilities. The transfer of equipment and of waste will take place in separate corridors and be robotically delivered.

In submitting plans for 2021-23 (a two year plan) at the end of 2020 we would expect each directorate to have clear responses to the ideas above in place.

3.4 Notwithstanding any ground-breaking work being done as part of Midland Met we are looking to finalise by May 'reference sites' for specific changes that we are making, whether that is technical like robotics, or operational, like the hot/cold split. Key learning from Unity was that we found those impactful individuals and role model sites too late in the journey of transformation and although we have in-house expertise, we know that our staff respond positively to seeing what has been achieved elsewhere.

3.5 Whilst above the delivery of the building is 'delegated' into the Estate MPA, **it is suggested that the Board should play the primary role in ensuring that we are delivering the clinical purpose of the development**. A quarterly report from the new Director of System Transformation will come to the Board, in a standard format. In time this will be the basis for post project evaluation. In 2020 the focus however will be on whether we are on track with agreeing the material changes needed internally to make Midland Met work best as a therapeutic experience, operating across seven days, with the improving outcomes we wish both in respect of infection and HAFD.

4.0 Enablers beyond our boundaries

4.1 Both the BCWB and BSol STP teams remain committed to delivering a major success with the opening of the hospital. Presentations took place across both STPs to help partners to understand the role that the build would play in the local health landscape and what we needed from them. With the likely incorporation of the specialist Gynae Cancer Centre into Midland Met, as well as the regional Sickle Cell Centre, it is even clearer how we are supporting the wider health system with this hospital.

4.2 The key step which we have suggested to the Joint Overview and Scrutiny Committee of both Local Authorities merits continued focus is **the development of "post-code" blind services that reach across the boundaries of local care systems**. Specifically such a postcode blind system will not operate differently if one is a Sandwell or a Birmingham resident. To make the hospital function well, we have suggested that this mentality must be applied to:

- Liaison psychiatry
- Community nursing for adults and children
- And to continuing care including social work support

The test is not about who provides what, nor indeed what is provided. It is about ensuring that the experience of being referred or supported by such services pre or post hospital care is seamless. The intention is to spend time in Q1 and Q2 working through with partners what in practice this means, and giving ourselves time to then develop streamlined pathways across the existing City and Sandwell hospitals that we can then take with us into the new single site.

4.3 Board members will note that in developing our Single Point of Access service, and our bridge post discharge service, we have ourselves sought to apply these principles. There is learning from both of those exercises in how this approach can be best developed such that it is sufficiently known among staff and GPs to be effective.

5.0 Charitable Funds Appeal Launch

5.1 Under either PF2 or public finance, the funding for the hospital will certainly deliver an excellent standard facility. We have always indicated a desire to go beyond that, using philanthropy and community giving. We know from work done over the last two years how much appetite there is to meet that ask.

5.2 **Your Trust charity has been working hard behind the scenes on our Appeal over recent months. Significant private donations and pledges have already been received.** The fundraising committee have indicated that we are moving close to launch of a Public Appeal and events to mark that occasion are being planned. I would expect that launch to take place in March.

5.3 Fundraising is associated in particular with our Research work, with our Arts programme and with environmental efforts targeted at children and young people using the hospital with their families. We have always stated that Midland Met is about raising ambitions and aspirations locally, especially in schools, and so that focus is on point in every way.

6.0 Community celebration

6.1 Over the recent life of the long journey to Midland Met we have held four celebration events; OBC approval at Rowley Regis, a 'big tent' event on site in 2016, the topping out ceremony and a 1000-days unveiling. All have helped to reaffirm the narrative of what we are trying to do and to cut through a sense that "it will never happen" or "I don't know what is happening". With the collapse of Carillion it is understandable that some confusion persists about what is due to happen and some scepticism persists about what will happen and when.

6.2 **Our communication aim over the coming 12 months is to offer clarity about is planned where and why that makes sense for local people and for our workforce**. Midland Met will only ever be one piece in our jigsaw, but it is a piece without which we cannot re-shape acute care locally nor deliver the multi-specialty emergency care that we consider offers the best outcomes. With that in mind we are expecting to host an event, probably in mid-February, with invitations issued in coming weeks, to give partners, local residents and our employees chance to re-engage with the project.

6.3 The event will also begin to create the networks by which people can contribute their questions and issues to trying to make the Go Live a big success. For example, businesses may want to know how they can register an interest in retail spaces, or arts organisations may want to understand how they can contribute to the work we are doing to make the space a thriving one for community artists and young people.

Toby Lewis
Chief Executive
27th December 2019