

Report Title	Next Steps on Midland Met		
Sponsoring Executive	Toby Lewis, Chief Executive		
Report Author	Toby Lewis, Chief Executive Austin Bell, Project Advisor		
Meeting	Public Trust Board	Date	5 th December 2019

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

The Board will be aware that we wished to achieve commercial close at the end of October and revised that position to November. If work is to re-start on site before the end of 2019, we need to complete a contract in coming days. The two issues to resolve to do that are outlined herein.

The paper reminds Board members of work done since 2014 to develop clinical models and services consistent with Midland Met. That is ongoing and in 2020 will see further emphasis on the acute assessment and admission model, consistent with our emphasis on Frailty and the recent respiratory reconfiguration.

At a macro and micro scale the Trust has done considerable work in recent month on both regeneration and on neighbourliness associated with the site. These are two sides of the same coin as we look to strengthen community assets and create community value.

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 <i>[specify in the paper]</i>	

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

n/a

4. Recommendation(s)

The Trust Board is asked to:

- a. **NOTE** the progress made, and slippage experienced, in achieving commercial close
- b. **RECOGNISE** the governance applied, and intentions of, the optimisation and neighbourliness work outlined

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: 5th December 2019

Next steps on Midland Met

1.0 Introduction and purpose

- 1.1 We are all aware of the legacy issue inherited from the collapse of Carillion in January 2018. The Chief Executive's report to the Board details progress with implementing interim reconfiguration and site changes to manage clinical and estate risk to 2022.
- 1.2 At our last Board meeting we confirmed the decision, after due procurement, to award a Hard FM Contract to Engie to support the build, to be executed when the construction contract is signed. Both decisions follow from the approval of the Final Business Case for the replacement contractor agreed on October 12th 2019, following Trust agreement on June 2nd 2019.
- 1.3 This paper both updates the Board on the remaining process to conclude the construction contract, which is clearly running behind schedule, and sets out the mobilisation steps that we will begin to take early in Q4.

2.0 Completing the construction contract's commercial close

- 2.1 At the end of November, **we agreed and both signed a memorandum of understanding with Balfour Beatty** which confirmed that the majority of material matters consistent with start on site in December 2019 are now concluded. There is some detailed design reconciliation work to undertake over the coming fortnight. That needs to be completed sufficient to undertake a sensible early phase construction programme recognising that an NEC 4 contract contains mutual flexibility for adjustments during implementation. In neither word nor spirit is this contract a fixed PFI type deal. Consistent with the Board's decisions in 18/19 and since, risk transfer for MEP will sit with Balfour.
- 2.2 **DHSC have confirmed that the contractual arrangements and financial phasing are acceptable and in line with the intention of the FBC that they approved.** As outlined in the Board's last public meeting, we have to resolve the discrepancy between the agreed Final Business Case for Midland Met and NHSI/E's Financial Improvement Trajectories issued in the days shortly after approval. It will not be possible to proceed nor sign a contract until that discrepancy is resolved. The Trust has been raising this matter for six weeks, and the involvement of national officials has now been secured to ensure that the options are all considered and one selected.

2.3 As with any negotiation, nothing is agreed until everything is agreed, by **at the time of writing there are no obvious reasons why we will not be able to achieve contract signature in the next two weeks**. I do recognise that we had targeted an October 31st and then November 30th deadline for same. We would hope that the extra time taken has assisted Balfour and others to ensure that start on site proceeds at pace.

3.0 Implementation teams

3.1 The on-site Balfour and BBK teams are in place with their wider supply chain to mobilise. Likewise the NEC 4 Project Management function, through Gleeds, is in place. The Trust team remains extant. During Q4 we will re-shape some of our estate and delivery functions to make sure that we shift the balance of emphasis from contracting to construction, and from design to the re-design of clinical service models. We would expect to complete that programme of adjustment by the early days of March. **Governance of the Midland Met programme remains through the dedicated Board committee, our Estate MPA**, which will be joined in future by colleagues from NHS Improvement. We will consider at our January meeting what data items will be routinely reported into that meeting.

3.2 In anticipation of contract signature, we have given consideration to the '**optimisation**' of the new assets. This combines familiarisation with the space for staff, who will move in two years' time, with innovation and change in the way we work. We will of course maintain a programme of visits to the site, as construction permits, and have a move-in programme for 2022 already designed. In addition to this we are seeking to secure VR technology to permit 'tours' of the building for employees and volunteers, such that the scale and adjacencies of the space can be experienced.

3.3 It is worth remembering the role and design of Midland Met:

- **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 thalassaemia
- 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.

3.4 With these distinctions in mind, and bearing in mind too our July 2018 work on an acute care mind-set, **we will implement a system transformation programme from spring 2020 to support teams to develop now the ways of working and skills required to make the new facilities a success.** It is especially important that we plan carefully the service design of our other sites which are co-dependent with Midland Met. Of course over the last six years we have implemented a series of changes with the future model in mind. These include:

- Creating nearly 200 community based beds across our localities to support step down, intermediate, and increasingly step-up facilities.
- Invested in outpatient space in Sheldon at City, at Rowley Regis, and in the Sandwell Centre that brings them to the standard of Midland Met in internal design
- Established the 23-hour surgical treatment hub which has moved significant volumes of surgery from an inpatient to a day or short stay model
- Pooled and shared waiting lists and clinic rosters as we look to support specialties to work better in teams, even at sub-specialty level
- Implemented an Electronic Patient Record, and other changes, which should permit us to move information across and between sites and locations in a manner not possible when we had paper notes in 2017
- Created our main Education Centre on our Sandwell which will form the hub for learning activities across all our settings including general practice. We now have

the MDT supporting video conferencing technology that we need to make better use of these spaces

- Put in place our Consultant of the Week model in medical specialties designed to support continuity of care for admitted patients, and a team-endeavour across half a dozen senior clinicians who on any given day are responsible for acute care

There remains work to do in short order to make sure that our acute assessment areas are able to function optimally, bearing in mind the scale of the new Midland Met, and that we have the right balance of centralised and distributed monitored beds across our disciplines.

4.0 Neighbourliness

4.1 Although we have owned the site on which Midland Met is being completed since 2009, and are two-thirds through construction, the re-commencement returns to the front of mind work we want to do alongside and through the local communities who sit around the Windmill Estate. Of course, the area is changed by our arrival and by other developments. **The Midland Met will create public space and amenity for the area**, with our grounds and gardens being open, and including both children's play space and community planting.

4.2 A key local residents' concern is **traffic and car parking**.

- Time has been spent on designing public transport access to the site, and this work continues with WMCA and with National Express. We are keen to confirm the Birmingham bus routes, including that for the number 11! There remains work to do to make sure that train and metro connections are as good as they could be. With our staff and with visitors we will want to seek to guide a variety of routes of access and to work to dissuade use of 'cut throughs' or 'rat runs'. Alongside both councils and the WMCA we are undertaking further traffic study to see what design measures could be implemented to help reinforce those choices. Of course any such study is also a function of our work to tackle Air Quality.
- The scale of car parking provided at the site is significant, and our partner Q Park will operate NPR access both from the turning circle patient entrance off Grove Lane, and for employees from London Road. Clearly, we retain site car parking at City and Sandwell, by 2021 to be converted to multi-storey, and we will operate inter site green travel plans. However, many roads in both LA areas adjacent to the site have no or very limited parking restrictions. We share residents' concerns that there may a hazard, or certainly a nuisance, created by that.

4.3 It is really important that, as a Trust, we seek to get these basic practicalities right, even **as we develop far-reaching plans for wider regeneration**. We see the vicinity of both Midland Met and the city site as a remarkable opportunity for investment across the private and public sector to raise the quality of housing stock, create local employment

opportunities and match wealth with health. We have in place our Learning Works team already, embedded locally, and focused on training, apprenticeships, and induction programmes like HOP. Dialogue continues with the USE-IT CIC to see what connections can be made with their community researchers, and we have a community assets programme that we are looking to seed in the area around the site.

- 4.4 Some, but by means most, of this work is then connected through our **Your Trust charity programme**. With the launch next year of our appeal the visibility of that charity will grow further both in the local area and across the wider West Midlands. It will be important that both the charity, the Trust as a whole, as well as Balfour Beatty, are able to work with local voices and communities, as we take forward thoughtful and proportionate changes in the area we share.
- 4.5 Whilst of course the Estate MPA referenced above will take some view of these matters, it will be our Board's Public Health, Equality and Community Development committee that will hold the executive and wider to account to **make sure that we fulfilling our promises to local residents**.

Toby Lewis
Chief Executive
30th November 2019