

ESTATE MAJOR PROJECTS AUTHORITY COMMITTEE - MINUTES

Venue: Meeting held by WebEx

Date: 26th June 2020, 15:00 - 16:30

Members:

Mr R Samuda (RS) Non-Executive Director (Chairman)
 Mr M Hoare (MH) Non-Executive Director
 Ms R Barlow (RBa) Director of System Transformation
 Cllr W Zaffar (WZ) Non-Executive Director (until 4pm)
 Ms D McLannahan (DM) Acting Director of Finance
 Mr H Kang (HK) Non-Executive Director
 Mr M Laverty (ML) Non-Executive Director

In Attendance:

Ms R Biran (RBI) Assoc. Director of Corporate Governance
 Austin Bell (AB) Project Director - MMUH

Apologies:

Mr T Lewis (TL) Chief Executive

Minutes	Reference
1. Introductions [for the purpose of audio recording]	Verbal
The Committee members provided an introduction for the purpose of the meeting recording.	
2. Welcome and declarations of interest	Verbal
RS welcomed Committee Members to the meeting. There was no change in declarations of interest.	
3. Apologies for absence	Verbal
Apologies were received from Toby Lewis.	
4. Minutes of last meeting held 24th April 2020	EMPA (06/20) 001
The minutes of the meeting held on 24 th April 2020 were reviewed and ACCEPTED by the Committee as a true and accurate record of the meeting.	
5. Matters and actions arising from previous meeting	EMPA (06/20) 002
The Committee reviewed the action log. It was noted that two of the three items listed were either closed or scheduled for later in the year. The following action was updated: <ul style="list-style-type: none"> • <i>EMPA (03/20) 005 - Clarify whether NHS England's Finance function or Estate function should be engaged for input into the Midland Met Project Team formation.</i> RBa advised that the Trust had demonstrated effective relationship management and working during fortnightly meetings with NHSIE/NHSM, therefore, the Trust could be assured there was satisfactory input at this stage. RBa stated that the action was now closed.	
DISCUSSION ITEMS	
6. Acute Care Model	EMPA (06/20) 003
RBa referred Committee members to the paper and explained that its purpose was to frame the discussion around the acute care model for adults and children. RBa reported that the intention was to	

further engage clinical teams to inform the acute care model documentation before bringing the paper back to the EMPA Committee in October for sign off.

RBa stated that the aspiration was for 70% of changes to be in place before the move [to MMUH] to avoid creating an unsafe, chaotic environment. Ward standardisation needed to be progressed before the move and ways of working adapted one in the building. There would be new teams operating in unfamiliar spaces.

Previously the frailty model in older people had not been concluded and RBa expressed the view that a detailed look at this would be required over the Summer to achieve clarity around the acute care model for elderly and frail people would need support. She expressed the view that ED would be a challenge at go live and likewise needed additional support to design the principles of care in the acute care model.

Clinical teams of some of the smaller specialties and pathways would also be consulted.

In response to a query from RS, about the future of A&E services utilisation, RBa commented that an Urgent Care Centre on the Sandwell site, dealing with around 40,000 patients per year would form part of the local Urgent Care provision. A Project Board had been set up because it was likely the facility would need to be opened in 2021. RBa advised that it was likely local urgent care centre in Parsonage Street would be decommissioned by the CCG.

RBa stated that the earlier opening of the Urgent Care Centre would be an advantage because it would allow bedding in time for services before A&E was taken off the Sandwell site. However, RBa reported that Project Board members had already begun to discuss a wider view of care and how patients could avoid needing urgent care from the Centre with better management in the community.

ML queried whether seeking external advice would be helpful in reviewing and validating the service plans for Midland Met. RBa stated that strict criteria already governed some areas which would give some measure of assurance. Some experts had already been employed in the design of clinical services. RBa acknowledged that international and national best practice ought to be investigated. RBa offered to bring reference points from best practice to the Committee.

HK queried whether advice had been taken from Centre. RBa commented that not all pathways would need to be changed if they were already achieving good clinical outcomes. She suggested that some hard measurables be put in place to better assess the outputs and impact of care.

RS suggested that Lesley Writtle (Assoc Non-Executive director) be consulted about some of the ambitions for mental health at Midland Met. RBa reported that a meeting had already been scheduled.

RBa confirmed that GPs, social services and mental health providers would also be engaged going forward.

DMc commented that NHSIE were very interested in the issue of patient flow when Midland Met opened. RBa commented that the main challenge would be to get patients directed away from general ED and towards the appropriate specialty areas within the department otherwise there would be a major problem with patient flow.

Action: RBa to pull together key measures to assure the Trust that the acute care model for MMUH was in alignment with best practice. To be produced for the October EMPA meeting.

7. Lessons Learnt

EMPA (06/20) 004

RBa referred Committee members to the paper and explained that the Trust, New Hospital Project Team and Director of System Transformation had commenced a Lessons Learnt process in which the wide range of experienced professionals within the project could provide insight into lessons learnt from previous and recently completed large Healthcare facilities. The contributors included Construction, FM, Clinical, Operations and Estates.

The main areas would focus on technical lessons learned, construction, culture and integration. AB

reported that a huge integration exercise had commenced to dovetail into the construction programme. He commented that other Trusts had reflected this would be one of the most important things to manage.

AB also highlighted three areas of focus:

- Workforce planning
- PR and communications - AB commented that it was important for Trust staff to feel excited about working at Midland Met and equally important for others to feel fine about not working in the new facility.
- Behaviours and culture – It was reported that work was ongoing in partnership with Balfour Beatty on this topic which was generally positive.

In response to queries from ML about stakeholder management, AB commented that the fortnightly sessions with NHSI had been very useful in terms of developing dialogue between the organisations and agreed that the conversation needed to be broadened out to other stakeholders. RBa commented that she would shortly take part in a session with external stakeholders and would be talking to voluntary organisations about how they could be involved. The aim would be to draw up a stakeholder strategy.

RS queried staff engagement. RBa commented that engagement strategies would be reviewed for staff too.

Leaders at service level would be identified by December and the creation of a more personalised communications strategy would be the focus.

8. Director of System Transformation Summary Report

EMPA (06/20) 005

RBa introduced the paper, which was a new addition to the EMPA agenda. RBa stated that she would welcome feedback on content from Committee members.

RBa highlighted the following:

Recruitment:

RBa reported that senior appointments in System Transformation recruitment had been very successful in the main, with just a couple of posts still waiting to be filled.

Austin Bell was now Project Manager for MMUH and a new Head of Improvement had been recruited. Full recruitment had also been achieved in the Improvement and Commissioning teams.

In response to a query from RS, RBa commented that she was confident the vacant posts would be filled.

Regeneration:

RBa reported that there had been a lot of ideas around regeneration [of the areas surrounding and connecting with the MMUH site] and work that the Trust had been undertaking as an organisation.

RBa stated that she would present the regeneration programme to the next meeting of the EMPA Committee (August) containing a clear vision of what the Trust was aiming to achieve over the next year. She commented there had been some exciting and innovative ideas in this area.

Hotel development:

RBa reported that the feasibility of a hotel development [on one of the development plots of the MMUH site] had been progressing.

ENGIE:

The ENGIE lot 3 and 4a [contracts] would be ready for signature in the coming week. The strategic

sustainability relationship with ENGIE going forward would be further discussed.

RS queried the effect of COVID-19 on the MMUH project and the delay to works. AB reported that a recovery plan would be in place, but the time would not be expected to be recovered until October 2020.

AB reported that stakeholders for the regeneration work included West Midlands Combined Authority, Birmingham City Council supported by Cllr. WZ, Sandwell Metropolitan Borough Council, Sandwell and West Birmingham Hospitals NHS Trust, Canal & River Trust and Homes England. Currently the group had been finalising the scope of procurement for a multidisciplinary team to develop a detailed masterplan.

WZ confirmed that interest in the regeneration part of the MMUH had been extremely high.

DMc queried progress of Lot 4b. RBa explained that the issue affecting Lot 4b had been about wider capital provision and commented that she had been working with ENGIE's Regional Director towards a proposal. A decision would be expected in July.

AB highlighted the contingency in the paper.

There was potentially £13.5m (plus VAT) of Trust held contingency remaining. The itemised spend profile was accepted and the Committee noted the forward contingency commitments.

AB reported that there were risks the Trust was responsible for which were mainly related to damage. The contingency had always been designed to be consumed by works and there were some elements funded by the contingency which had previously been flagged.

Some risks had been mitigated by working with the Balfour Beatty team which was positive. Some of the emerging risks included damage to the initial paintwork in the atrium, but whether this would be the Trust's or Balfour's responsibility was currently uncertain. This potentially could pose a £1m risk.

How to collectively protect the contingency pot had been the subject of discussions as it made sense not to have to spend it at all. AB expressed the view that the full risk position would likely be a lot clearer by the beginning of Q4 2020.

The Committee agreed to ask the Board to approve the last piece of contingency. AB confirmed that NHSI had been informed of the all the spending details.

9. SBAF

EMPA (06/20) 006

RBa made the following comments in relation to the SBAF:

SBAF 6 – RBa reported that the assurance rate had been increased to 'adequate' and suggested that the level remain the same until the reviewable design data process had been completed in September 2020. It was anticipated that this risk would be reassessed at a level of sustained assurance.

SBAF 19 - The remaining gap in assurance had been a seven-day dashboard to serve the risk assessment of seven-day service provision.

RBa reported that this would be mitigated when Performance and Insight delivered the required information data set. A commitment had been made by Dave Baker to deliver this by August 2020. RBa stated that she was more confident this would reach 'adequate' status for the next EMPA meeting.

MATTERS FOR INFORMATION/NOTING

10. Meeting effectiveness/matters to raise to the Trust Board

Verbal

RS suggested the following topics be raised to the Trust Board:

- A summary of the contingency position

- Lessons Learnt
- Stakeholder engagement
- Regeneration work
- COVID-19 note

11. Any other business

Verbal

No other business was raised.

Details of Next Meeting

- The next meeting to take place on 28th August 2020 from 15:00-16:30 in Room 13, Education Centre, Sandwell General Hospital.

Signed

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Date