



Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	MMUH Report		
SPONSORING EXECUTIVE:	Rachel Barlow – Managing Director; MMUH Programme Company		
REPORT AUTHOR:	Liam Kennedy – Delivery Director; MMUH Programme Company		
MEETING:	Public Trust Board	DATE:	12 th July 2023

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>The Trust Board should discuss the progress made so far in our preparation towards MMUH including the commencement of our management of change and the transformational improvements resulting in a reduction in beds. The Trust Board should discuss the milestones over the next few months to keep on track with a successful delivery, noting that the organisation faces a huge challenge in completing all the necessary developments aligned with MMUH against the backdrop of financial scrutiny and core volume of work for clinical teams.</p> <p>The Trust Board should note that the delivery of our co-located UTC is a significant emerging risk that needs resolution by September 2023.</p>

2. Alignment to our Vision <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>												
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> <th></th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> <td>X</td> </tr> </tbody> </table>	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
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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 <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

4. Recommendation(s)
The Public Trust Board is asked to:
a. DISCUSS the critical path.
b. CONSIDER the MMUH report with respect to Patients, People and Population.
c. NOTE and DISCUSS the progress to date and the next steps.

5. Impact <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>				
Board Assurance Framework Risk 01	X	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	X	Recruit, retain, train, and develop an engaged and effective workforce		
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation		
Corporate Risk Register <small>[Safeguard Risk Nos]</small>				
Equality Impact Assessment	Is this required?	Y	N	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 12th July 2023

MMUH Report

1. Introduction

- 1.1 With the new Midland Metropolitan University Hospital (MMUH) due to open in 2024, there is now a real focus on readiness to ensure we have a safe and successful move for our patients, staff and local population.
- 1.2 This paper sets out the updated Midland Met critical path for the next 6 months (**Annex 1 Midland Met Critical Milestones; July – December 2023**).
- 1.3 The patient story this month describes our transformation efforts for patients who are triaged into our Same Day Emergency Care (SDEC) pathway, one of our major transformations for the MMUH and offers a patient and staff view on how this work.
- 1.4 The paper also provides an update on the progress of our workforce transformation including our Management of Change (MOC) and Organisational Development in getting our staff ready for the new hospital.
- 1.5 Since starting the journey into MMUH the Trust Board will be aware of the requirement to reduce our acute bed requirement, so we fit into the reduced bed footprint of MMUH and at the agreed occupancy rates. This is essential in ensuring we can provide safe, efficient, and timely urgent care for our population designed on evidence-based care models.
- 1.6 The paper outlines some of the progress to date against these transformations, covering the governance arrangements that demonstrate the synergies between MMUH Programme Company and the core organisation.

2. Critical path road map

- 2.1 **Annex 1 Midland Met Critical Milestones; July – December 2023** shows the major points of our critical path for the next 6 months.
- 2.2 Achievements in June 2023 and work in progress includes:
 - Stage 1 of the MOC process is underway with the first groups of staff being consulted.
 - Frailty SDEC has started to deliver improvements in treatment for frailty patients, which has supported the closure of 31 beds against our annual plan target of 86.
 - Siemens started their beneficial access work for our Imaging equipment.
 - Critical success factors for the opening of MMUH have been developed that support the reporting of success linked to a benefits plan.
 - Health Care Relocations (HCR) our move partner has been back on site working with clinical teams on the move plan.

- Move champions have been appointed at departmental level to start the planning of departmental moves with HCR.
- Establishment of a travel and transport group.
- First meeting of the Activation Group has been held bringing together services that will run the new hospital facility immediately after the construction practical completion; this includes security, logistics, procurement, catering, waste and cleaning services and estates.
- Lunch and learn staff engagement sessions held monthly.

2.3 Major activities in the future period include:

- Stage 2 of Management of Change consultations.
- Switch on and testing of our mobile networks within MMUH.
- Our community engagement roadshows take place.
- Our virtual wards will be fully opened.
- Launch of our Fundamentals of Care programme including the aligned / integrated governance and project definition.
- Focus on the implementation of our Medical and Frailty Same Day Emergency Care pathways continuing to deliver towards our set success trajectories.
- Commencement of the MMUH volunteering planning.
- Consultant recruitment day.

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

3.1 This section of the paper provides an update on key success factors for the MMUH Patient objectives and offers a patient story based on our new MMUH Same Day Emergency Care pathway design. This section also outlines aspects of the development of our Urgent Treatment Centre, which is to be located on the MMUH site.

3.2 To ensure we are able to meet the urgent care needs of our population, we have designed 5 major transformation schemes to ensure patients receive the right care at the right time. These schemes along with the conveyance of some West Midlands Ambulance Service patients to the nearest hospital once MMUH opens which results in a marginal redistribution of ambulances to Walsall Manor Hospital, will allow us to fit within the MMUH and Place capacity available. Walsall Manor Hospital has had investment in their emergency department and ward footprint to enable services to be rightsized for this change. The 5 major transformation schemes are:

- Frailty Same Day Emergency Care
- Medical Same Day Emergency Care
- Improved Heart Failure pathways
- Respiratory and Elderly care virtual wards
- Care home admission avoidance
- WMAS conveyance of patients to nearest hospital resulting in a movement of patients to Walsall Manor

3.3 We have established a governance framework and reporting dashboards that allow us to monitor the progress of each of these schemes with most now in the implementation stage.

- 3.4 The delivery of schemes is linked with the financial bed closure programme, of which 31 of the 86 beds have already been closed with a further 20 to be closed over the next 2 months. The Trust Board should note that although the overall bed closure shows marginal improvement, the frailty delivery at a scheme level is showing significant improvement.
- 3.5 These schemes also form the basis of the winter plan with full outcomes expected in November 2023 to ensure resilience during winter.
- 3.6 We continue with the estate design stage of our Urgent Treatment Centre (UTC) for it to be co-located with MMUH and to open in sync with the MMUH programme. There are still significant financial risks, both capital and revenue funding to deliver the UTC discussions are underway with both local ICB's. A decision needs to be reached by September 2023 to ensure we are able to continue as planned with the build and opening of the UTC in sync with MMUH. There is a significant risk to the delivery of safe ED services in the new hospital if the UTC is not co -located with an anticipated 30% of the ED footfall going through this unit.

3.7 Patient journey

This month we provide an example of a patient and staff journey which describes the experience of patients receiving care through our new Same Day Emergency Care pathways:

Same day emergency care – delivering the right care in the right place

Staff perspective

Midland Metropolitan University Hospital is a revolutionary healthcare facility that will transform how acute care is delivered. Our cutting-edge hospital provides a wide range of benefits, offering specialised acute, emergency and obstetrics care under one roof.

Same day emergency care (SDEC) complements Midland Met as it enables clinical teams to see and treat patients on the same day, avoiding the need for unnecessary hospital admissions.

Teams are currently busy transforming care pathways across paediatrics, gynae, medicine, surgery, and frailty, including single point of access pathways by primary care and community therapies colleagues. Other developments include reviewing the digital elements of recording/reporting systems, and within Midland Met, there are SDEC areas identified. Pathways are continually being reviewed and will be developed based on data analysis.

Notably, our medical same day emergency care facility opened to patients earlier this year at Sandwell Hospital. The SDEC model is a core part of our future Trust plans and forms an essential component of the care model at Midland Met.

Joanne Treacy, Senior Improvement Project Manager, explained: "Under the SDEC care model, patients presenting at a hospital with relevant conditions can be rapidly assessed,

diagnosed and treated without being admitted to a ward. If clinically safe, they will go home the same day they have received care.

“Patients can be streamed via the Trust’s single point of access directly into SDEC areas or via the emergency department or urgent care treatment centre into SDEC. There are other routes to SDEC, including:

- Direct referral from GPs.
- Direct transfer from ambulance services.
- Direct referral from NHS 111.”

Joanne added: “The ambitions from the NHS long term plan note that all hospitals with a 24-hour ED (type 1) will:

- Provide SDEC services at least 12 hours a day, seven days a week.
- Provide an acute frailty service at least 70 hours a week, with the aim of completing a clinical frailty assessment within 30 minutes of arrival in the ED/SDEC unit.
- Record all patient activity in EDs, urgent treatment centres and SDECs using same day emergency care data sets.

“This is within our plans for our SDEC areas, and we will continue to develop our plans up to and beyond the opening of Midland Met. We have a multi-disciplinary team in place with senior leadership support and guidance covering clinical, operational and project management to ensure that we’re all working together to achieve our goals around same day emergency care.”

A medical SDEC patient story

A 53-year-old gentleman was referred to the medical same day emergency care from the emergency department with chest pain. He had woken up early with heaviness of the chest radiating to the neck, unable to sleep due to the pain; he complained of an associated right-sided headache with no other neurological symptoms.

The patient had a background of hypertension and was a smoker, and a systolic murmur was discovered, along with a first-degree heart block. Given the systolic murmur, the acute physician carried out a focused echo and diagnosed an aortic dissection in SDEC. As a result, the patient was transferred urgently to a cardiothoracic unit where he underwent a Type A aortic dissection repair. He subsequently made a full recovery and is in contact with the cardiothoracic team for his follow up care.

Having the skills and resources in place within our SDEC model led to a lifesaving diagnosis. The thorough examination revealed the murmur and prompted the physician to carry out the POCUS (point of care ultrasound) which was critical in this patient’s survival.

4. People objective – To cultivate and sustain happy, productive and engaged staff

- 4.1 This section of the paper provides an update on key success factors for the MMUH People objectives and offers a staff story based on our new MMUH stroke services and recruitment update. The paper shares our recent staff survey results which forms a baseline measure of staff engagement in relation to MMUH.
- 4.2 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.
- 4.3 We have started our Management of Change (MOC) process. This is the consultation process with staff explaining the changes to their working conditions in line with the new models of care for MMUH. We have worked in collaboration with our staff side colleagues to ensure that the process is fair and equitable for all staff. We have our stage 2 MOC planned to start later this month.
- 4.4 Several teams are involved in an Organisational Development programme, specifically the teams that have the biggest changes moving into MMUH. This work has been developed with the clinical areas. There are a lot of clinical and corporate areas that require organisational development linked to significant changes in how they operate. The resource available to the organisation is limited from the investment made last year and decisions need to be made about the priority areas for intervention. We have completed an overview of the current OD scope and work completed to date and have created some options on next steps. This will form a wider discussion point at the next Trust Board.
- 4.5 **MMUH recruitment** update - We continue to recruit staff ahead of opening the new hospital. With over 65% of the first 2 stages of the MMUH recruitment delivered. However, an increase in the overall trust vacancy position has resulted in a very small marginal improvement in overall recruitment. Both MMUH and core recruitment posts are now aligned to budgets allowing a single and consolidated recruitment position
- 4.6 A new agreement has been reached with Remedium as part of a strategic partnership to support all recruitment in the organisation. The key focus being on reducing our current vacancies, enabling a sustainable workforce to take us into MMUH and reducing the spend on bank and agency.
- 4.7 As part of our objective to develop career pathways for local people, the recruitment team are working closely with Widening Participation team colleagues to develop Sector- based Work Academy Programmes (SWAPs) both with external partners (Sandwell College) and develop in house bespoke courses, typically of 4-5 weeks duration, with the aim of upskilling local people so they can apply for entry level roles such as Healthcare Support Workers and Ward Service Officers.
- 4.8 **Staff survey** - In order to assess staff knowledge and engagement in the MMUH Programme, two questions about MMUH were included in the May 2023 Pulse survey that is sent to all Trust colleagues. These will be repeated in each Pulse survey (quarterly apart from Q3 when the national staff survey takes place) up to the opening of the new hospital.

- 4.9 93% of staff responded positively to the first question that asks whether they know about the development of MMUH and increase in 3% from our previous response.
- 4.10 48% responded positively to the second question that asks whether they know about the impact that MMUH will have on their role and the way they work, an improvement of 6% from our previous response.
- 4.11 With the Management of Change now underway consulting with staff on their future roles, we would expect the survey results to increase significantly by the next quarter.

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

5.1 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.

5.2 MMUH Community Engagement and Citizen Participation Approach – MMUH Roadshow

5.2.1 MMUH has been a long time in the planning and although we have been talking about this new state of the art facility to our local communities for many years, it is now time that we adapt our engagement interactions to ensure through local community engagement and citizen participation, that the local community are prepared for the opening of MMUH next year. We have employed the skills of an experienced community development specialist who with colleagues across the MMUH programme team has established an engagement and participation plan aligned to our stakeholder mapping. We have ensured that we tailor our approach to each stakeholder accordingly, so for example we use local voluntary, community, faith-based sector organisations to reach into our communities many of whom suffer some of the worst health inequalities. These organisations are the trusted voices of many of our local communities and allow us access to people in their local community that we would ordinarily not have access to.

5.2.2 This summer we are launching our community engagement countdown to MMUH by 'going mobile'. We have identified a vehicle from our transport fleet, and we are working with our Medical Illustration team and procurement colleagues to appoint a local company to effectively wrap the vehicle to reflect the MMUH branding and over the next year or so we will be taking MMUH 'on the road'. Working with those trusted voices and others locally we will be reaching out and into our local communities, into our smaller neighbourhoods talking to local people in the places they live and work. This is an opportunity to talk to local people about the changes that are coming as we move towards the opening of MMUH. For example, we will be clear that we are closing our 2 local Emergency Departments and opening a state-of-the-art ED at MMUH including a separate children's ED and how to access urgent care through our new facilities and clinical pathways. The roadshow gives us the opportunity to inform, educate and importantly learn

from and listen to our local communities as we share all the services and facilities that will be part of our new hospital, and those that will remain at our other sites at Sandwell, the Birmingham Treatment Centre, Rowley hospital and those services provided in people's homes by our community teams.

- 5.2.3 The roadshow will also be an opportunity to continue a community based conversation about MMUH being #morethanahospital and the opportunities the local investment has as we cocreate a community asset. The roadshow is an important part of our engagement and participation programme of work and will include a full range of staff from across our workforce proactively engaging local people, ensuring as many of them as possible understand how to access the right service at the right time, in the right place for them and their families.

6. Summary

- 6.1 The Critical Path shows intensive transformational activity scheduled over the next 6 months, with good progress against the programme critical milestones.
- 6.2 The MMUH Programme Company is now fully established with over 95% of the staff required in post. Our commitment to learning and team development within the programme has continued with the completion of a 4th MMUH Programme Company away day. The focus of the day was delivering success and attendees included both Programme Company and core organisational colleagues responsible for delivering transformation and achieving a successful move to MMUH. The event was attended and supported by Mick Lavery Non-Executive Director and Richard Beeken Chief Executive Officer.
- 6.3 We have drafted the first version of our Critical Success measures, which are being reviewed and scrutinised with the executive team, they will be agreed through the Committee cycles in July and updated to Trust Board in September. The critical success factors will form part of our 'go / no go decision criteria' which will be presented to the Trust Board later this year.
- 6.4 Performance and insight dashboards have been developed along with a governance structure to ensure that set up of our MMUH and Place based rightsizing programme is effective at delivering the necessary patient improvements and resulting bed day savings. Success criteria are already showing positive delivery of clinical transformation in the frailty pathways and over all progress of bed reduction.
- 6.5 Our Management of Change process is underway to consult with staff about the move.
- 6.6 Over the future reporting periods the Trust Board should expect to:
- receive updates on our critical programme path
 - review our success criteria and receive recommendations for go / no go (move) decision making criteria
 - receive an update on strategic benefits delivery
 - receive updates on staff engagement and preparedness including that delivered through organisational development
 - receive updates on community engagement

- review a proposal for the MMUH Programme Company exit strategy

7. Recommendations

7.1 The Public Trust Board is asked to:

- a. **DISCUSS** the critical path
- b. **CONSIDER** the MMUH report with respect to Patients, People and Population
- c. **NOTE** and **DISCUSS** the progress to date and the next steps

Liam Kennedy
Delivery Director MMUH Programme Company
July 2023

Annex 1: Midland Met Critical Milestones; –July – December 2023

