



REPORT TITLE:	MMUH Report		
SPONSORING EXECUTIVE:	Rachel Barlow – Managing Director; MMUH Programme Company		
REPORT AUTHOR:	Rachel Barlow – Managing Director; MMUH Programme Company		
MEETING:	Public Trust Board	DATE:	13 th September 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, scoping of the Organisational Development Programme and the transformational improvements resulting in a reduction in beds.</p> <p>Engagement with the local population shows some impressive results in increased local employment and expressions of interest in volunteer roles to support the MMUH.</p> <p>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>

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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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	<i>Recruit, retain, train, and develop an engaged and effective workforce</i>					
Board Assurance Framework Risk 05		<i>Deliver on its ambitions as an integrated care organisation</i>					
Corporate Risk Register [Safeguard Risk Nos]							
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 the Public Trust Board on 13th September 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 – February 2024**).
- 1.3 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. The paper provides an update on the patient pathway transformation we are embedding ahead of MMUH opening, which delivers evidence based Same Day Emergency Care (SDEC) and care provided in our community based respiratory and frailty virtual wards, as an alternative to hospital admission and longer lengths of stay.
- 1.4 Our patient pathway story this month describes innovation we are delivering in our planned care endoscopy pathway.
- 1.5 The paper also provides an update on the progress of our workforce transformation including our Management of Change (MOC) and Organisational Development (OD) in getting our staff ready for the new hospital, as well as some early and really positive impact on additional local employment opportunities being realised.
- 1.6 As we get ready to go 'on the road' with our Midland Met bus to talk with our local population, we provide an update on volunteering interest and opportunities related to supporting MMUH opening and our arts programme.

2. Critical path road map

- 2.1 **Annex 1 Midland Met Critical Milestones; July – February 2024** shows the major points of our critical path for the next 6 months.
- 2.2 Achievements in July and August 2023 and work in progress includes:
 - Patient pathway changes in Frailty SDEC, Frailty Virtual Ward and SDEC are resulting in admission avoidance and a decrease in avoidable hospital stays that improves patient experience and reduces the need to use 50 acute beds.
 - Siemens our radiology equipment provider are near completion of their beneficial access work for our Imaging equipment.

- Mobile infrastructure has begun to be installed in addition to the IT network which is already switched on.
- Recruitment continues to go well particularly for acute medicine, radiology and nursing. Our commitment to create more local employment continues to be realised.
- Our volunteering campaign has commenced with over 100 expressions of interest already.
- Our move partner Health Care Relocations have been working with us. Our move planning is now supported by 80 departmental Move Champions and a clinically led Patient Transfer Group. This creates capacity to plan the logistics of departmental moves as well as focus on patient experience and safety when we move to the new hospital.
- 120 participants completed the MMUH zip wire challenge raising over £7500 for Our Trust Charity, which supports research, arts and environmental benefits for our local population.
- Our Critical Success measures have been agreed and will be tracked and reported from September this year. They will partly inform a decision next year that we are ready to safely move.

2.3 Major activities in the future period include:

- Establishment of our Organisational Development programme supporting teams to be ready to move in to MMUH.
- A Go/ No Go decision making governance proposal will be agreed – this informs how we make a decision in 2024 that we are ready to safely move.
- Urgent Treatment Centre (UTC) capital funding decision to be confirmed.
- Meetings with key partners in Birmingham City Council, Sandwell Metropolitan Borough Council and West Midlands Combined Authority about the further development of the strategic regeneration benefits case.
- Agreement of our move plan to relocate City and Sandwell acute hospital based services to MMUH next year.
- The MMUH Programme Exit Strategy and handover mechanism will be agreed to close the programme after MMUH opens.

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

3.1 The MMUH Programme patient objectives are:

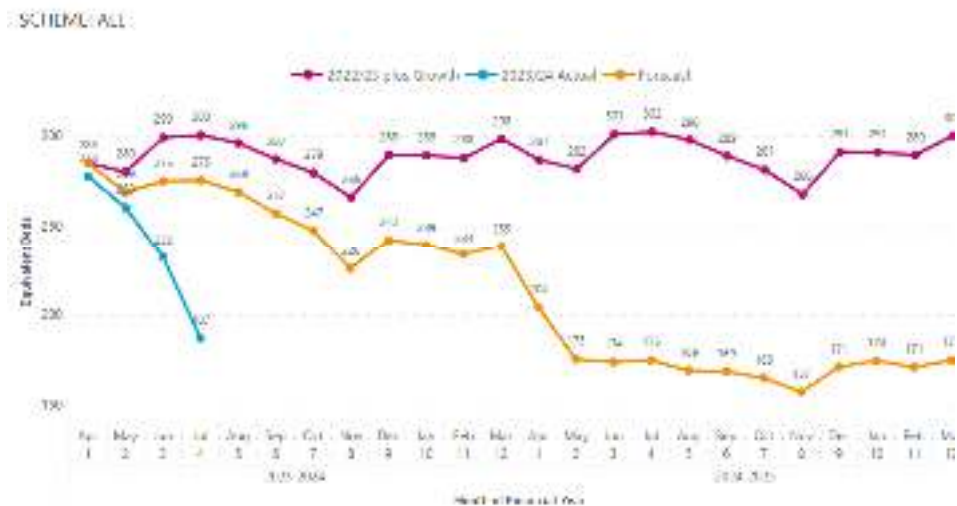
- Enabling outstanding health outcomes for patients with equality of service provision no matter where you live.
- Provide a safe and welcoming environment for care.
- Provide integrated care services that are seamless for our patients.

3.2 This section of the paper provides an update on key projects for the MMUH Patient objectives including the new patient pathways and clinical transformation related to the 5 major transformation schemes* were outlined in the last Trust Board paper:

- Frailty Same Day Emergency Care.
- Medical Same Day Emergency Care.
- Improved Heart Failure pathways.
- Respiratory and Elderly care virtual wards.

- Care home admission avoidance.

- 3.3 The paper also offers a patient story based on our new Transnasal Endoscopy patient pathways which is a new outpatient procedure within our planned care pathway, which replaces the need for some complex endoscopy procedures for some of our patients.
- 3.4 To ensure we can meet the urgent care needs of our population, we have designed 5 major evidence-based transformation schemes* to ensure patients receive the right care at the right time.
- 3.5 As well as improving patient experience and outcomes, the delivery of schemes is linked both our preparedness for winter and financial bed closure programme, of which 50 of the 62 beds have already been closed.
- 3.6 We are ahead of where we thought we would be and the leadership and efforts of our clinical team running our Frailty and Respiratory virtual wards for patients, was show cased at our Trust Annual General meeting last month. Our virtual ward teams provide care in the patient’s own homes and oversee multi professional input through virtual ward rounds and multi professional meetings to ensure the best of holistic care is given to our patients on these pathways. By working in this way, the team are able to avoid unnecessary admission and reduce length of stay which avoids preventable harm. We will be further evaluating the new care model with patient surveys this year.
- 3.7 Likewise, our same day emergency care pathways that avoid hospital admission on evidenced based assessment and treatment pathways, are starting to show that unnecessary admissions and use of acute beds has been avoided. The investment to the SDEC Unit at Sandwell has contributed to that positive impact.
- 3.8 The graph below shows the progress on avoiding unnecessary evidence-based admission and stay in hospital compared to if we had not applied these evidence based changes to patient pathways. The top purple line shows the acute beds days required based on patient activity forecasts, if we had not changed our pathways to evidence based best practice. The middle orange line shows what we planned to happen as we changed our practice in providing virtual ward and SDEC pathways and the bottom blue line is what we are actually achieving showing we are ahead of plan. The project also tracks outcome and counterbalance measures to ensure the changes are not causing unintentional harm.



- 3.9 Over the next reporting period, the MMUH Programme and Core Executive team will document and recommend business continuity arrangements to mitigate the potential risk that the intended impact of clinical redesign is not fully delivered or sustained. The Trust Board will be briefed on that risk mitigation at the next meeting.
- 3.10 **Patient journey** This month we provide an example of a new patient experience on our planned care pathway. A **transnasal endoscopy (TNE)** is a diagnostic test that via a small camera looks at the food pipe (oesophagus), stomach and small intestine (upper GI - gastrointestinal tract). It is an alternative to the traditional method of looking at the upper Gastro Intestinal tract called OesophagoGastoDuodenoscopy (OGD).
- 3.11 The traditional OGD test requires a clinician to insert a tube or scope mounted camera through the patients mouth down into the food pipe (oesophagus). This procedure is likely to cause gagging or retching as a natural reflex response. To control this symptom and enable the procedure to be completed safely and comfortably for the patient, sedation is often administered. The procedure as carried out in accredited endoscopy suites with full recovery facilities. Post procedure patients are not able to drive or operate machinery for a short period.
- 3.12 The TNE procedure uses a flexible tube mounted camera called an endoscope which is passed through the patients nose and down the back of the throat. This procedure is generally better tolerated than an OGD as the camera is inserted via the nose and does not touch the back of the tongue. It means it is unlikely to cause gagging or retching reaction during the procedure. Sedation is not required for this procedure and consequently the healthcare facilities required to complete this procedure both comfortably and safely are an outpatient procedure room.
- 3.13 The Gastroenterology and Endoscopy team have already completed 12 TNE procedures successfully and have a trajectory to develop the workforce and facilities to expand this service over the next 18 months.

This innovation in clinical services involves support from teams across several areas, including medical engineering, clinical, nursing and operational leads and representatives from NHS England.

- 3.14 As we develop the retained Sandwell Hospital post MMUH opening into a Treatment Centre facility largely providing planned care patient pathways, the new scopes and imaging equipment have been procured and a specifically designed outpatient procedure facility will be established for TNE procedures.
- 3.15 From a workforce perspective the clinical team is recruiting more clinical endoscopists (non-medical healthcare professionals e.g., registered nurses) to enhance its capabilities and capacity to perform such procedures.
- 3.16 The benefits of the TNE procedure include:
- Increased capacity for a range of gastrointestinal diagnostic tests and procedures.

- A reduction in recovery time for TNE eligible patients compared to the OGD procedure.
- Reduced cancellations and waiting times for endoscopy procedures.
- Workforce and career opportunities created for nurse led procedures, which releases consultant time for more complex interventions and aligns with the consultant-led care model planned at MMUH.
- Enhanced patient experience.

3.17 Warren Chapman, Advanced Clinical Practitioner and Endoscopy Speciality Lead, explained how the team has proactively implemented an education and familiarisation programme for clinical endoscopists and consultants. This will ensure that the team is well-equipped and confident in making the changes, leading to a successful outcome.

Warren said: “We have successfully run several TNE patient lists using our existing endoscopy suite at Sandwell Hospital, and we are planning to continuously build up the number of procedures we carry out. In addition, we are recruiting two new trainee clinical endoscopists who will help us further expand our capacity to offer TNEs. This is expected to further reduce waiting times and aid quicker diagnosis resulting in more efficient treatment, improved patient outcomes and experience. We are also working to ensure that our work is being completed in compliance to nationally recognised standards for TNE and will include patient experience and feedback in evaluating our work.”

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 Transnasal Endoscopy pathway. The paper shares an update on recruitment, management of change and our organisational development plans.
- 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 Our Management of Change (MOC) process continues with cases for change approved to proceed to consultation for the Emergency Department, Same Day Emergency Care Unit and Infection Prevention and Control. The Acute Medical Unit has recently started consultation. We have worked in collaboration with our Staff Side colleagues to ensure that the process is fair and equitable for all staff.
- 4.4 Questions raised by staff thus far are mainly specific to their department and how it will work in MMUH. Anticipating travel, connectivity and transport to be a cross cutting line of enquiry, the MMUH Programme is establishing a Transport Focus Group to oversee the delivery of effective transport provision for MMUH. Both staff and patient representation will be part of the membership of this work.

- 4.5 There has been a significant amount of work done to scope the Organisational Development (OD) proposal which has 3 primary objectives:
- **Leadership** - compassionate and inclusive leaders equipped with the skills to lead change and new ways of working, effectively plan and manage resources, performance and risks.
 - **Team health and effectiveness** - high performing team and inter-team working with role clarity, shared objectives and working collaboratively.
 - **New Ways of Working** - empower, engage, and involve staff to actively embed new pathways and future ways of working that enhance patient care and experience.
- 4.6 These objectives will be delivered through a hybrid approach of individual in-house practitioners and an insourced arrangement of an experienced and successful OD Partner (Affina OD) who are specialists in team-based working and who will be able to help us develop and strengthen our in-house capacity through a “train the trainer “approach as well as support positive team based working linked to the embedding of our new values and our ARC Leader programme. The team based working is focussed towards the Acute Medical Unit, Same Day Emergency Care, the Emergency Department, Frailty services, Imaging, Logistics, Theatres and ward standardisation (which will align to our Fundamentals of Care safety framework).
- 4.7 This arrangement allows us to retain the flexibility of approach for each priority area, ensures we use standardised methodology and provides sustainable delivery beyond MMUH opening. The assurance will be overseen by the People and OD and MMUH Opening Committees.
- 4.8 Whilst recruitment overall continues to progress, we have been delighted to see the results of our first Sector-based Work Academy Programme (SWAP) which supports upskilling the local population into employment opportunities. This programme which is in partnership with Sandwell College has already resulted in 15 substantive job offers have been made.
- 4.9 The Learning Campus due to open on the MMUH site in 2024, will create 1280 new local learning opportunities annually from entry level to level 7 learning. Through the Learning Campus facility we have committed with partners to support 50 people a year through the SWAP programme into substantive employment, create 100 apprenticeship and 250 work experience opportunities a year and support 10 internships a year through programmes such as Project Search supporting young adults with Learning Disabilities in accessing employment.

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 Our **MMUH volunteer programme** has been launched and continues in earnest to gain momentum and support. We are looking to increase our volunteers by over 100 people to support the opening of MMUH. The volunteers will act as navigators to the new hospital on opening as well as other roles that include interest in creative health and well-being with patients, gardeners, catering assistant support and more.
 - 5.3 A social media campaign (including local press) was undertaken in early August which created an interest from over 100 members of the public to become a volunteer at the new hospital. We have been thrilled with this initial and early interest from our local community who are invested with us in making MMUH a success.
 - 5.4 Our volunteer roles are a fantastic way to get to know about aspects of the local health service, with a 15% conversion rate into sustainable employment.
 - 5.5 We are holding volunteer briefing sessions as an introduction to volunteering at MMUH and the first two will begin in September 2023. The sessions aim to give a clear introduction to MMUH and the role of volunteer. Our aim is that all successful applicants will volunteer on one of our current sites, to gain experience in the role before MMUH opens, enabling a smooth transition. Both sessions are fully booked, and we are now taking bookings for December 2023 and February 2024 sessions which can be booked via email by contacting Patricia Hunt our MMUH Volunteer Recruiting Manager on patriciahunt@nhs.net.
 - 5.6 Our Arts Programme is extremely busy delivering projects linked to our current sites as well as planning the MMUH Arts Programme.
 - 5.7 Our Arts Programme is also seeking to recruit a cohort of specialist arts volunteers required to support the ongoing arts programme at MMUH. We have identified two potential volunteer roles for our Art in Hospital programme. Creative health and well-being Workshop Volunteer and People's Gallery Assistant (Invigilator).
 - 5.8 We have successfully received funding from Creative Black Country to run a 4-month (September -December 2023) programme to explore the training and development needs of such a group of volunteers.
 - 5.9 Volunteers will be recruited to attend the programme, which will include visits to regional galleries, gallery invigilators training, attending artists workshops and working alongside artists to develop volunteers' own arts practices to share with patients through informal drop-in sharing sessions.
 - 5.10 Bringing art inspired projects to our other sites, in July 2023 we launched Buzz Stop at Sandwell Hospital which is a sanctuary garden outside space that has been co-designed by community partners and delivered by arts organisation Spectra as a sanctuary space for patients, visitors, staff and visiting pollinators. The project was funded by West Midlands Combined Authority – Community Green Grants and Arts Council England and contributes towards our objectives to provide accessible and inspiring community spaces.

- 5.11 We are currently in the process of pulling together a £250,000 bid to The Heritage Lottery Fund for 'Our City' (hospital) project which will gather stories and personal accounts, from visitors, patients and staff and highlight the important role of our migrant community to the life of the hospital aiming to create a lasting testament to the profound impact it has had on individuals and the broader community.

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 A majority of the construction of MMUH will be completed this calendar year and full technical commissioning and testing of the building will then be completed before Balfour Beatty hand over the hospital to the Trust next year. We will then have a period of running the building, stocking the necessary equipment, doing clinical simulation testing and staff induction before we move in.
- 6.3 We continue to prepare our patients and local population for the opening of the new hospital in 2024, through public engagement, more Near Neighbours meetings and taking the Midland Met bus on the road to community locations to talk with and listen to our local community about Midland Met.
- 6.4 Before Christmas the MMUH Programme Company will put in place the governance that underpins a decision to move safely next year, called Go/ No Go decision making criteria. These criteria will be based on a set of risk assessments, measures of operational readiness and evidenced critical success criteria that show positive outputs from our workstreams that create the environment in which we can safely move later in 2024. These will be summarised in a Clinical Safety Case which will be the ultimate Board level recommendation from the Managing Director as Senior Responsible Officer and the Clinical Safety Officer that we are ready to move.
- 6.5 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

Rachel Barlow
Managing Director MMUH Programme Company
September 2023

Annex 1: Midland Met Critical Milestones; –September – February 2024

