

REPORT TITLE:	MMUH Report		
SPONSORING EXECUTIVE:	Rachel Barlow, Chief Development Officer		
REPORT AUTHOR:	Rachel Barlow, Chief Development Officer		
MEETING:	Public Trust Board	DATE:	11 th January 2023

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>The paper provides an update to the intensive programme to get ready for a move to the Midland Metropolitan University Hospital (MMUH) in Spring 2024, all of which is now being overseen by the 'MMUH Programme Company' agreed at Trust Board last calendar year.</p> <p>The Trust Board is invited to discuss:</p> <ul style="list-style-type: none"> • The MMUH Programme Vision that aligns with the Trust purpose, vision, values and objectives • The Midland Met Critical Path 6 month look ahead (annex 1) • The patient, people and population programme level work including progress as well as the challenges identified through inequitable access of services at Place level for our patients

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. ACCEPT the MMUH Programme Vision
b. DISCUSS the critical path
c. CONSIDER the MMUH report with respect to patients, people and population

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		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		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	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 11th January 2023

MMUH report

1. Introduction

- 1.1 With the new Midland Metropolitan University Hospital (MMUH) due to open in Spring 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 MMUH Programme Vision and shares the critical path for the next 6 months.
- 1.3 The paper also explores aspects of the forthcoming programme as we get ready to open MMUH through the Trust Strategic objectives and reports back on our transformation efforts for frail patients and offers a staff view on this work, as well as determining issues related to equity of care for our patients that the Programme must seek to resolve.
- 1.4 The paper also reports back on the formation of the MMUH Programme Company leadership team to deliver the final stage of this major transformation programme and reviews our stakeholder engagement approach.

2. The MMUH Programme Vision and Critical Path

- 2.1 A programme vision should be a compelling picture of the future that aligns stakeholders around a purpose for transformation, the scale of the ambition and the nature of its benefits. The Trust has a compelling vision, 'To be the most integrated health care provider' and this is underpinned by a set of values and strategic objectives.
- 2.2 The development of the MMUH Programme Vision does not deviate from the Trusts purpose, vision, values, or strategic objectives. MMUH itself and all it is a catalyst for, is an integral part of underpinning and delivering the Trust strategic objectives. It is a huge strategic enabler.
- 2.3 The MMUH Programme Vision shown on the next page was created over a series of workshops as the MMUH Programme Company formed, representing both the MMUH leadership team and also core elements of the business. At the time of writing this Programme Vision is subject to approval by the MMUH Opening Committee on 6th January 2023.
- 2.4 The MMUH Programme Vision will be boldly pursued and used to focus on the final destination of the Programme and the benefits we aim to deliver. The Vision will be consistently used with our internal and external stakeholders through authentic storytelling, open engagement and communication.

2.5 The MMUH Programme Vision



2.6 The Senior Responsible Officer for the MMUH programme will ensure the Vision stays relevant and engaging. The Vision will be subject to a refresh if the circumstances around the programme change.

2.7 Successful delivery of the Vision and Objectives will be measured within the MMUH Programme, particularly but not exclusively through the delivery of the benefits workstream. The MMUH Programme Vision and supporting objectives will be subject to evaluation as part of the MMUH Programme Company evaluation and exit strategy.

2.8 We are on a journey to open MMUH in 2024 and will now track our critical path. **Annex 1 Midland Met Critical Milestones** shows the major points of our critical path for the next 6 months. The 2 lane road map shows:

- i) Critical activities to redesign clinical care and prepare our workforce and the public for the new hospital opening.
- ii) Critical activities to getting the MMUH building itself ready.

Symbol key to annex 1:

- Blue circle signs are initiatives that are beginning during that month.
- Green triangles are markers for events or activities taking place that month relating to transformation.
- Orange hexagons indicate construction or technical developments.

2.9 Major activities in the current period include:

- Continued focus on clinical pathway transformation in Same Day Emergency Care (SDEC), Frailty and Cardiology pathways.
- Commencement of our Logistics project which includes preparing to use automated guided (robot) vehicles in MMUH to deliver goods to departments.

- Appointment of a Move Partner and establishment of the Operational Move Group as we start to prepare the detail of the hospital moves.
- Engagement with the public on stroke pathways and establishment of a local resident's forum.
- Reassessment of the benefits that MMUH will provide and a commitment to deliver those.
- Start preparing our staff for the future through training, organisational development intervention to support transforming teams and management of change.

2.10 Each month the critical path will be updated and refreshed and shared with both internal and external stakeholders. The success of delivering the critical path will be reviewed through delivering the Vision, Purpose and Objectives as well as delivering the benefits of MMUH.

3. Benefits

3.1 Benefits drive programmes and the identification and tracking of benefits becomes front and centre of the MMUH Programme from now on, as we prepare to move into the new hospital.

3.2 Without the promise of benefits, organisations would not invest in programmes, and without a focus on benefits, resources would be invested in the wrong places at the wrong time. Programmes like the MMUH Programme need to design and deliver capabilities that can be transitioned and adopted so that the intended outcomes are embedded and measurable benefits realised.

3.3 The MMUH business case included a set of benefits. With the inherent delay to the new hospital being open, it is right that the MMUH Programme Company take stock of the benefits delivered thus far and the optimal benefits (some of which will be new benefits) that can be delivered as a result of opening the new hospital.

3.4 The Trust has appointed a benefits partner via (Price Waterhouse Coopers) to support phase 1 of this work and ensure we build capability to optimise the sustained delivery of the identified benefits. The March 2023 Trust Board paper will include the outcome of a 2-month review of the benefits case and optimisation.

3.5 Phase 2 of the Benefits work will be scoped to include introduction and establishment of processes of effective programme management to measure and assess delivery, change control mechanisms, risk management and lessons learnt.

3.6 The last phase of the Benefits work will be to record the delivered benefits as the MMUH Programme Company closes and hand over the ongoing benefits realisation and a sustained benefits function to Business As Usual in the Core Organisation.

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

4.1 Last month, the Trust Board heard of our current efforts in developing the Same Day

Emergency Care service and Frailty patient pathways, which both benefit from enhanced investment in 7 day working providing equity of access to care every day of the week and with further enhancement of our community services, both supporting unnecessary admissions and recovery at home.

4.2 **Future Frailty Patient story** – the story below describes how our newly designed patient pathways will work.

Mrs Jones, a 79-year-old frailty patient, is transferred to Midland Metropolitan University Hospital after a fall in her home.

On presentation to the Emergency Department she was triaged as moderately frail and identified by the Frailty Intervention Team. She was transferred to the Frailty Same Day Emergency Care area for assessment.

The team carried out a comprehensive assessment and identified that Mrs Jones had deranged kidney function and required fluids and a course of antibiotics. The therapists were able to facilitate Mrs Jones back to being safely mobile with her walking frame. Following intervention and discussion with Mrs Jones, she was able to return home on the same day with the support of the integrated discharge hub with a new social care package and she was referred to the community therapy team for further rehabilitation in her own home.

Once home, Mrs Jones was supported by carers and her family. The following day she was reviewed in the frailty virtual ward to ensure she was continuing to improve. With the support of a range of services working together, Mrs Jones recovered well and was back to doing her usual daily activities independently within one week.

This pathway meant that Mrs Jones did not need an admission to hospital as she was assessed on the same day of arriving at the Emergency Department and then returned home with the right care in place. She experienced the benefits of being supported in her own home rather than losing independence in a hospital setting.

- 4.3 The data from our current transformation work currently indicates that we have seen a significant change in activity, with a reduction in the ED attendances and hospital admissions from Sandwell and an increase in both for wider Birmingham and Solihull. However, the reduction in attendances and admissions seen from our Sandwell place has so far counter acted the increases seen in Wider Birmingham, resulting in our overall activity being less than modelled for MMUH.
- 4.4 We do still need to ensure we deliver the bed saving benefits our of our three major schemes: Avoiding admissions of Frailty patients, converting more patients into Same Day Emergency Care Patients (SDEC) and transferring more pathways across into community pathways. Progress has been made in line with the transformation timescales, but the lack of a dedicated frailty SDEC and frailty assessment units puts the delivery at risk. The implementation of the new SDEC modular unit in March 2023 will support in creating that capacity.

4.5 What our data does clearly show is that the original concerns over the pathways and quality of care of patients from different postcodes is a reality. Patients in parts of Birmingham have on average 2–3-day greater length of stay and inequality of community services when compared to their Sandwell counterparts. This is recorded as a Programme level risk. This can be addressed prior to the opening of MMUH but requires some significant intervention at a senior level across the 2 ICB's and place partnerships. The Trust, ICS partners and ICBs are starting an enhanced sequence of engagement sessions and meetings to inform future commissioning plans and this risk will be integral in that work.

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

5.1 As we get ready for MMUH to open, we begin to recruit new staff and train staff to work in new roles. **The staff story below complements the patient story on Frailty and provides a colleagues view of the care pathways we are implementing.**

Emma Hibbs, Trainee Advanced Clinical Practitioner (ACP), works in our growing frailty intervention team that currently has nine members.

It is a multi-disciplinary team working to transform our frailty services before we move into Midland Met, providing as much Frailty Same Day Emergency Care as possible.

The team includes ACP's, doctors, physiotherapists, occupational therapists and an elderly care consultant, all of whom work to support and care for frail patients during their presentation to hospital. The team complete a comprehensive geriatric assessment taking into account an individual's health and social care needs.

The team currently assesses patients in either the Emergency Department (ED) or the Frailty Same Day Emergency Care (FSDEC) area. This recently opened area allows the team to review patients as timely as possible and facilitates robust assessment and decision making in a dedicated frailty space. The benefits are that it supports both the ED and Acute Medicine teams to optimise patient flow through the hospital whilst offering a much more individualised patient experience to our frail older adult population.

Emma explained: "Previously, we had no multidisciplinary frailty team at the front door whereas now we have a specialist team that can make the right decisions for the patients we care for much earlier on in their journey whether they are being admitted to hospital or being discharged. We're a flexible, evolving team and one of the more established frailty intervention services locally.

"The work we are doing now is laying the foundations for when we move into Midland Met. We provide a joined-up approach that works closely with multiple other teams such as our integrated discharge hub, community services and virtual ward teams. This ultimately benefits patients and helps to support patient flow through the hospital."

- 5.2 Our overall recruitment position shows some improvements both in new MMUH posts and all other vacancies, but still requires a lot more focus to achieve the levels of recruitment required to operate all the clinical models proposed in MMUH. We have now managed to recruit or in the recruitment stage for 88 of the 484 WTE posts for MMUH.
- 5.3 A dashboard has been developed that allows Clinical Groups and Corporate areas to clearly identify the posts that require recruitment and those that are in the recruitment pipeline. Remedium have been brought on board as our strategic partner and are supporting not only streamlining our time to recruit, but also supporting the full recruitment journey into MMUH.
- 5.4 From January 2023 a daily drum beat with further dedicated support into the recruitment team will allow real drive for hard to fill roles with a recruitment package and proactive approach to the candidates we wish to obtain. The POD Committee will provide assurance to the Trust Board as we further reduce our vacancy position. We still have over 200 WTE required for MMUH clinical transformation, due to be in post from October 2023 onwards. These posts still require financial approval and will be included in the financial planning presentation through FIPC and Trust Board in March 2023. In order for the recruitment programme to remain on track, we need to start recruitment for these post at the latest in April 2023.
- 5.5 **Communicating with colleagues** - It is important that all staff within the Trust, as well as our partners, are fully informed of the new hospital development and their contribution to the programme. This month we begin our first assessment of staff awareness and understanding through the Pulse survey. This will give us a baseline and enable targeted support to areas where scores are low.
- 5.6 MMUH content remains a key part of the Trust's corporate communications channels. In 2023 we will further develop our MMUH channels so that information is easy to find and we enable fast responses to questions and queries. This includes:
- Further development of the MMUH pages on the Connect intranet site
 - Dedicated bulletins on MMUH for staff – Midland Met Monday
 - Team briefings and key messages for cascade into clinical groups
 - Staff Q&A sessions and live briefings
- We are also developing a staff road map of the critical path to achieve staff and operational readiness, ensuring our staff are engaged and informed on our joint journey ahead to successfully open MMUH.
- 5.7 The formation of the MMUH Programme Company is now completed. **Annex 2 MMUH Leadership and Delivery Team** shows people in post. In the first 12 weeks of forming, the MMUH Programme Company achievements include:
- Successful recruitment and procurement of specialist advisors
 - Establishment of a MMUH Programme Company base
 - Onboarding of the team including 2 away days
 - Resetting the baseline programme, establishing the core programme pillars and PMO drumbeat
 - Establishing a strong change control process as part of the core pillar governance framework

- Assessing and progressing workstream maturity towards an amber to green rating
- Creating and embedding spotlight learning time to review critical subject areas and create a space for learning
- Risk clarity at programme level
- Focus on creating a learning environment and an effective culture to develop and work as a high performing team
- Continued liaison with NHP on operational readiness, workforce and digital – NHP continue to give positive verbal feedback on the impact of the Programme Company formation
- Review of stakeholder management for the next phase of the integrated programme
- Creation of a MMUH Programme Vision

5.8 These achievements align with the best practice approach to **Managing Successful (major) Programmes** which gives protected leadership, right sizes transformational capacity and enhances our programme governance to work at pace to be ready to safely move into MMUH and get the best of benefits from the significant investment of the new hospital building. **(Reference; Managing Successful Programmes 2020; AXELOS).**

5.9 The Trust Board is asked to note that as part of the agreed programme infrastructure we will be extending the previously Trust Board approved contract for Archus as the project management office partner. The new contract will be extended from January 2023 to June 2024, approximately £800k. This cost is reflected in the Trust Board approved MMUH programme resourcing paper from October 2022.

5.10 At the time of writing the Trust’s Director of Operational Finance is liaising with NHSE colleagues to establish whether any further approvals are required under their consultancy rules. The Trust Board will be updated at the meeting on 11 January 2023.

5.11 The development and function of the MMUH Programme Company will be reviewed quarterly by the MMUH Opening Committee.

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

6.1 Chief Executives and Programme leaders who engage external stakeholders with an orientation to deliver results are 75% more likely of success in their role. Effective stakeholder management is critical to the MMUH Programme success, benefits optimisation, and programme level risk management.

6.2 We are following seven key steps in effective stakeholder management. We are presently at stage 4 - “Plan with your team how to strategically proceed”.



- 6.3 **Annex 3 Stakeholder Map** shows our Programme level key stakeholder relationships. Some stakeholder relationships are stronger than others and we have plans in place for many of them. This approach is designed to help us understand which relationships are not currently where we need them to be to deliver the MMUH programme and what actions we can put in place. These are mainly now under the leadership of the Chief Executive Officer and Senior Responsible Officer.
- 6.4 The stakeholders that we need to collaborate with and manage closely will be more resource-intensive and have relationships between organisations that are at many different levels.
- 6.5 We want to build effective communication between relationship owners so that information and engagement with stakeholders is shared and coordinated to better inform our approach and to work towards mutually shared goals.
- 6.6 Through the MMUH programme we will facilitate support for relationship owners in engaging effectively with their key stakeholders. In order to do this, we will provide:
- Monthly updates in presentation format for relationship owners. This will include any core developments about the MMUH programme.
 - A stakeholder bulletin to go out to all stakeholders from the MMUH Programme Managing Director.
 - Monthly check in with relationship owners to identify any areas to escalate or further support required.
 - Support to manage visits and events with key stakeholders.
- 6.7 Stakeholder engagement effectiveness forms part of the Communications and Engagement workstream's KPIs and will be subject to independent survey in 2023. Both will report to the MMUH Opening Committee.

7. Recommendations

- 7.1 The Public Trust Board is asked to:
- a. **ACCEPT** the MMUH Programme Vision
 - b. **DISCUSS** the critical path
 - c. **CONSIDER** the MMUH report with respect to patients, people and population

Rachel Barlow
Chief Development Officer

January 2023

Annex 1: Midland Met Critical Path

Annex 2: MMUH Programme Company Leadership and Delivery Team

Annex 3: Stakeholder Map