

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:	10 th May 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 is invited to discuss the critical path towards opening the new hospital in 2024 and the main content of the paper outlined below.</p> <p>Our patient and staff stories this month is related to the establishment of the Neonatal Community Outreach Team and describes our transformation efforts for patients and families supported by this community based service, caring for patients and families outside a traditional acute hospital environment.</p> <p>The paper focuses on tackling unnecessary admissions avoidance and avoidable length of stay reduction for adult patients through 6 evidence based clinical pathway transformations, starting now and enabling us to prepare for winter 2023 as well a fit into the planned MMUH bed base.</p> <p>As part of ensuring our workforce are ready for MMUH to open, we take a look at the staff-facing operational readiness roadmap that details the journey for our staff as they prepare for MMUH to open.</p> <p>The paper reports back on our recent engagement with local residents’ groups and what matters to them as we have conversations about MMUH.</p> <p>Whilst there is still a lot to deliver, the MMUH Programme has started planning a safe and effective handover from the MMUH Programme Company team to the Core Organisation, which will optimise and sustain the benefits of the new hospital after it opens.</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

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	<i>Deliver safe, high-quality care.</i>					
Board Assurance Framework Risk 02		<i>Make best strategic use of its resources</i>					
Board Assurance Framework Risk 03	X	<i>Deliver the MMUH benefits case</i>					
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		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 10th March 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 updated Midland Met critical path for the next 6 months (**Annex 1 Midland Met Critical Milestones; May – October 2023**).
- 1.3 The paper explores aspects of the forthcoming programme as we get ready to open MMUH through the MMUH Programme objectives approved at the January 2023 Trust Board (**Annex 2 MMUH Programme Vision and Objectives**) and reports on:
- **Neonatal Community Outreach Team** - A patient and staff story which describes our transformation efforts for patients and families supported by this community based service, caring for patients and families outside a traditional acute hospital environment.
 - **Unnecessary admissions avoidance and avoidable length of stay reduction for adult patients** - These evidence based clinical pathway transformations start now which will avoid unnecessary patient admission and reduce avoidable length of stay in hospital. These will deliver best practice clinical care for patients as well as enable fit into the MMUH acute bed base.
 - **Workforce readiness** - Ensuring our workforce are ready providing an update on recruitment and management of change activities, as well as taking a look at the staff-facing operational readiness roadmap that details the journey for our staff as they prepare for MMUH to open.
 - **Public engagement activities** - Feedback from our recent engagement with local residents' groups and what matters to them as we have conversations about MMUH.
 - **Preparing to complete the MMUH Programme** – planning work starts early to ensure a safe and effective handover from the MMUH Programme Company team to the core organisation, which optimises and sustains the benefits of the new hospital after it opens.

2. Critical path road map

- 2.1 **Annex 1 Midland Met Critical Milestones; May - October 2023** shows the major points of our critical path for the next 6 months.
- 2.2 Achievements in April 2023 and work in progress includes:
- Successful recruitment to phase 1 priority posts for MMUH including success in some hard to fill roles.

- Near Neighbours meetings where diverse groups of local residents met to learn more about the hospital, ask questions and raise concerns.
- Opening of the Medical Same Day Emergency Care Unit at Sandwell Hospital enabling development and transformation of services ahead of opening MMUH.
- Confirmation of the financial benefits that MMUH will bring.
- Positive stakeholder engagement with MPs and partners across Birmingham.

2.3 Major activities in the current period include:

- The start of Management of Change consultations.
- Beginning operational readiness checklist completion.
- Preparation of induction materials.
- Development of the sequencing move plan.

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

3.1 **Patient journey**

This month we provide an example of a patient journey which describes the experience of families receiving support from the **Neonatal Community Outreach Team (NCOT)**. This service demonstrates care provided in a community setting outside an acute hospital environment supporting the early discharge of babies from hospital following a stay in our neonatal unit. With ongoing medical or nursing needs, the NCOT service supports and coordinates care at home and helps parents to be confident and competent in the care of their child at home. In the first year of functioning, the service has saved 1500 cot days and has received some excellent feedback from families.

The NCOT team's aim once Midland Met opens is to continue to promote a positive patient experience ensuring both patient safety and effective care delivery. The team will not be working from Midland Met directly; however, they have close ties with colleagues across Sandwell and West Birmingham and the community and will continue to work closely with families and colleagues once Midland Met opens.

The NCOT team has an established referral process. The team meets each family shortly after admission to explain who they are, how the service works and the positive impact it can have on babies and families. The team liaises with families throughout their journey, empowering them with educational resources, including the STORK programme. STORK is an interactive empowerment programme for parents, families, and carers of newborn babies in the Midlands.

Once a baby is ready for discharge, the NCOT team facilitates a care plan for parents to ensure they are happy and works collaboratively with the neonatal unit and transitional care staff to ensure a safe discharge.

The initial home visit is 24-48 hours post discharge. The care needs of each child will determine what each visit will involve. For example, if a baby requires home phototherapy or Neonatal Abstinence Syndrome (NAS) scoring they will need daily visits.

At the end of their NCOT journey, each baby is reviewed with the neonatal special care consultant and NCOT team to discuss discharge from the service and onward to the community midwifery team and health visitors.

The service is developing a weekly baby clinic where neonatal and transitional care patients can attend for measurements, support and blood taking to help support early discharges for patients that may not meet the NCOT support at home criteria.

The NCOT service has received excellent feedback from families. Some of the comments include:

- “My wife had a difficult time at the hospital and struggled with everything. The NCOT team kindly explained that we could take our baby home with phototherapy. They addressed her concerns and showed her a great deal of kindness. They facilitated her discharge home and visited our baby daily until he recovered, providing excellent care in our home. Thank you.”*
- “Absolute wonder team, they made us feel confident about bringing our son home. If we had any questions, they would check and reassure us.”*
- “The first home visit was comforting as the NCOT team began to feel like family to me as they have been there from the start of our journey. It was bittersweet getting discharged from their care, but thanks to them, my son is happy and healthy and at home where we've been longing for him to be.”*

This service is an example of how community-based services can support safe discharge home and through working with families develop confidence in and support for care at home. Staff reflections on the service benefits are reflected in section 4.1.

3.2 Clinical transformation for adult patients as we prepare to move into MMUH, are also enabled by community and Place based service developments. Over half our patient contacts as an organisation are based in the community. **There are 6 clinical pathway transformations that will avoid unnecessary adult patient admission and reduce avoidable length of stay in hospital.** These evidence-based pathways which will deliver best practice clinical care for patients as well as enable fit into the MMUH acute bed base are:

- Frailty assessment – same day emergency care pathways provided by frailty specialists to support same day diagnostics and treatment with community based follow up care where necessary.
- Heart failure – ambulatory heart failure care at home avoiding unnecessary admissions.
- Same day emergency care – same day diagnostics and treatment with community based follow up care where necessary, for national best practice ambulatory pathways. This service diverts appropriate patients away from the emergency Department providing a better experience and avoids unnecessary admission.

- Care home admission avoidance – advanced care planning for patients in care homes and in reach community support to assess and treat patients in their place of residence has albeit eliminated ED attendances and admission from care homes in the Sandwell Place. This model of care will be replicated in West Birmingham.
- Virtual Wards for frailty and respiratory – these 2 virtual wards coordinates acute community based care in patients own homes avoiding admission and reducing unnecessary length of stay on defined pathways.

- 3.3 The total opportunity of the above schemes as well as the anticipated movement of some West Midlands Ambulance conveyance to Walsall hospital from the Sandwell / Walsall border totals 146 beds saved. Scheme level bed saving opportunity is shown in **Annex 3 Bed day reduction waterfall charts**. This assumes an 85% delivery of the full opportunity based on activity forecasts; this has been scrutinised and assured by a 3rd party review and is continually benchmarked against the national evidence available.
- 3.4 The changes which we aim to deliver in year as we establish the virtual wards, same day emergency care, frailty and heart failure pathways can deliver an 86 bed reduction in year (excluding the movement to Walsall and the city element of the frailty same day emergency care both of which will be delivered in 2024) and align with the bed reduction required for the 2023/24 financial plan. The transformation opportunities linked delivery partners in Birmingham pose a heightened delivery risk with community services delivered externally to the Trust. However, Birmingham Community Healthcare Foundation Trust (BCHCFT) are fully engaged with the process and progress will be overseen and driven through 2 weekly joint senior management team meetings. In addition, a lower delivery opportunity of 60% has been applied to initial assumptions.
- 3.5 The Trust Board should note that this transformation is programmed to be delivered by November 2023, in order to act as the mitigations to winter demand and prevent separate plans being enacted. The governance for delivery will be through both the MMUH Programme Company and the Core Organisation through the Urgent Care Steering Group ensuring joint alignment on delivery. Delivery will be tracked via the MMUH Opening Committee and reported to Trust Board as part of the MMUH Programme regular update.

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

- 4.1 The **staff story** offers reflections of the NCOT service, how learning has been key to the development journey for this multi-professional team and what additional development this year will further ensure patients and families receive care in the right environment with the specialist teams.

This month's staff story below complements the patient journey within the Neonatal Community Outreach Team. In January 2022, the Neonatal Community Outreach Team (NCOT) service was born. It facilitates the early discharge of babies from hospital with ongoing medical or nursing needs and helps parents to be confident and competent in the care of their child at home. The service promotes a smooth transition from the hospital environment to home.

The NCOT team is a multi-disciplinary team; with several members, including Dr Sivakumar, the clinical lead who oversees the service. Carmen Nuttall is the team leader who coordinates the service, ensuring patients and their families are safe and receiving effective care from the team. Stacey Shaw is the matron who supports the NCOT team leader, so the service runs safely, effectively and efficiently.

Carmen Nuttall, NCOT Team Leader, set up the service. She explained: "I created guidelines, policies and competencies, along with an education training package for families and staff. I took the lead recruiting staff and launched the service three months after taking on this new role. Learning has been a key theme throughout our journey as a team. We continually review best practices and take every opportunity to keep up to date with the latest developments from other organisations."

Speaking of the service itself, Carmen explained: "We support parents and babies that meet the qualifying criteria. Our service has been in place for over a year, and we recently celebrated our first anniversary. Since we started, over 140 babies have been supported by our team in their homes whilst empowering each family to learn the skills they need to care for their baby at home. It has reduced their length of stay and made their neonatal journey more enjoyable - families feel more involved and empowered. "The team supports and educates families to be competent to care for their babies. We also educate colleagues to help support families with their training needs, including the STORK programme. This learning is shared with families before discharge to enhance safety and reduce infant mortality."

Focusing on how the NCOT team will support the care we deliver at Midland Met, Carmen explained: "In preparation for the opening of Midland Met, we are continuing to optimise our services and ensuring that young patients and their families receive care in a home setting where possible. We are working on new guidelines to help babies with Neonatal Abstinence Syndrome (NAS) home with a safe and appropriate carer whilst requiring specialist medication.

"NAS is a condition caused when a baby withdraws from certain drugs exposed to in the womb before birth. We aim to save at least 10-20 cot days per patient, saving over 100 cot days per year based on patients admitted to the neonatal unit with NAS. The home environment is more conducive to NAS babies - a calm, relaxed environment with minimal stimuli. Regularly assessing and visiting babies in their homes also helps to create an improved neonatal experience. "

"Essential care is provided outside of the neonatal unit and we are not keeping babies in the hospital setting for longer than necessary. Early discharge also means we can optimise the use of special care cots, and it supports patient flows and improves our service provision."

Carmen added: "In the year since launch, we have saved 1500 cot days, not including maternity bed days saved from the TC area and reduced readmissions to paediatrics.

"For our population, this reduces the burden on families that a neonatal stay can create, such as the financial burden of travelling to the hospital and the strain of juggling other young children at home alongside a hospitalised baby. Early discharge reduces the stress

associated with such situations, and this family focused approach has proved invaluable for improving our service. It will only continue to improve as the service develops as we head towards opening Midland Met.”

- 4.2 MMUH has been a catalyst for the NCOT team to think and design differently how we work. This example shows the progress and preparedness of the NCOTs team in advance of MMUH opening. The team are well prepared for the hospital to open in 2024, when their focus will be on the safe transition of services to the new acute environment with support of an established NCOT community based service.
- 4.3 Just as the NCOTs team get ready for MMUH to open, thousands of our staff are starting to prepare for the new hospital. The MMUH Programme Company have designed a **Staff-facing operational readiness roadmap (Annex 4)** for our workforce that sets out the key milestones in our staff journey towards opening the new hospital. It will enable staff to understand the significant preparatory milestones in advance that they will need to work towards. The key themes of recruitment, management of change and operational readiness for example, will be supported by training and more detailed engagement interventions.
- 4.4 **MMUH recruitment** update – 95 people are now in post or have confirmed start dates from a total of 271 posts. A further 79 posts are in an active recruitment process, with all recruitment anticipated to be complete by August 2023 for this cohort (phase 1 and 2 of MMUH recruitment). Phase 3 recruitment starts in October 2023 and seeks to recruit a further 213 staff.
- 4.5 We have also mitigated some of our hard to fill roles, specifically the radiographer gaps, which is not something that we have been able to do for several years. We have also been successful in the recruitment of Acute Medical consultants and are halfway to the full quota required for MMUH. Plan B mitigating workforce plans have been developed to inform further risk management for those residual hard to fill posts, which mainly consist of a small number of consultant post and some specialist therapy posts.
- 4.6 **The Management of Change (MOC) programme** has commenced which impacts on 5900 of our staff. The first phase is a pilot of the MOC training and process, although the Board should note that the volume of staff in phase 1 has been reduced significantly due to delays caused by the junior doctor strike planning and responsiveness. Phase 2 which consists of nearly 1800 staff who will undergo significant change, will commence at the end of June 2023. Work is underway with those teams and the cases for change are being socialised through Staffside throughout May and June 2023. Phase 3 will commence in September this year, for the group of staff that will just have a change in base location.
5. **Population – To work seamlessly with our partners to improve lives**
- 5.1 Working with and **engaging effectively with the local population** is critical to the success of MMUH not just as a health care facility but as a catalyst for wider regeneration impact. With that in mind, during February and March 2023, we set up three meetings for local residents and businesses to start more regular communications with our local population.

This was an opportunity for people who live within half a mile of the new development to learn about the hospital, understand the opportunities for the community and ask any questions. The events were very well attended with a wide range of people represented.

Key themes included:

- Travel, transport and car parking
- Environment and sustainability
- Recruitment and local job opportunities
- Community use of public areas

5.2 The Trust has committed to a series of themed conversations, with partners to influence and address key issues of concern.

5.3 It may seem early to be **preparing for handover and closure of the MMUH Programme**, but a well-planned handover is essential to ensure safe transition, risk management, optimal benefits realisation and sustained improvement in how we design and deliver our services going forward. With that in mind, the MMUH Programme Company has started to design a transition to handover and programme exit which will start later in 2023 ensuring the planned changes are successfully delivered and embedded in the core organisation in advance of MMUH opening where possible, and that there is capacity and capability to ensure optimisation and benefits delivery from 2024 onwards. The MMUH Programme handover and exit planning is based on best practice Managing Successful Programme methodology (**Reference; Managing Successful Programmes 2020; AXELOS**). The final MMUH Programme Company handover and exit strategy will be agreed over the summer of 2023.

6. Recommendations

6.1 The Public Trust Board is asked to:

- a. **DISCUSS** the critical path
- b. **CONSIDER** the MMUH report with respect to Patients, People and Population

Rachel Barlow

Managing Director; MMUH Programme Company

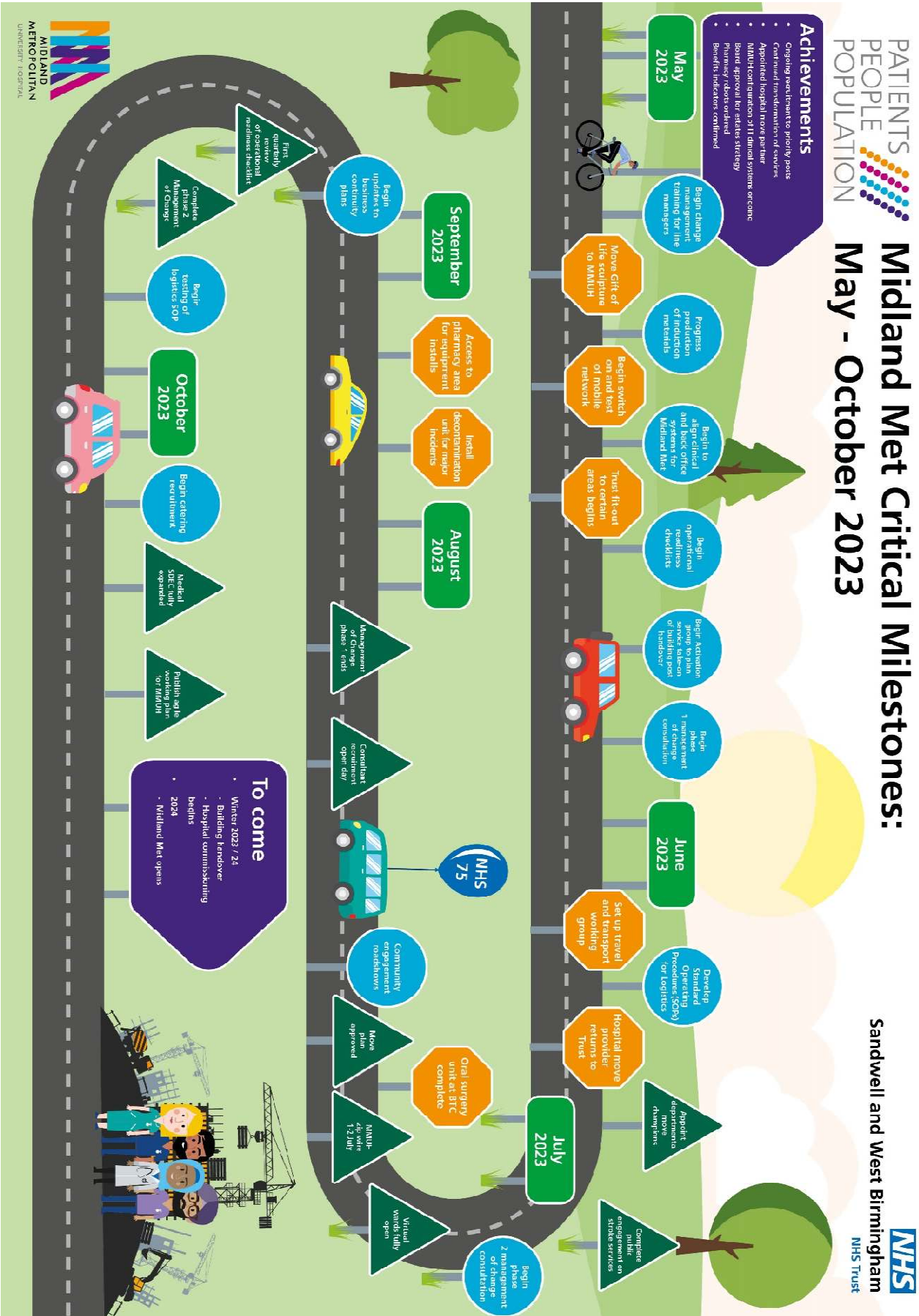
February 2023

Annex 1: Midland Met Critical Milestones; –May - October 2023

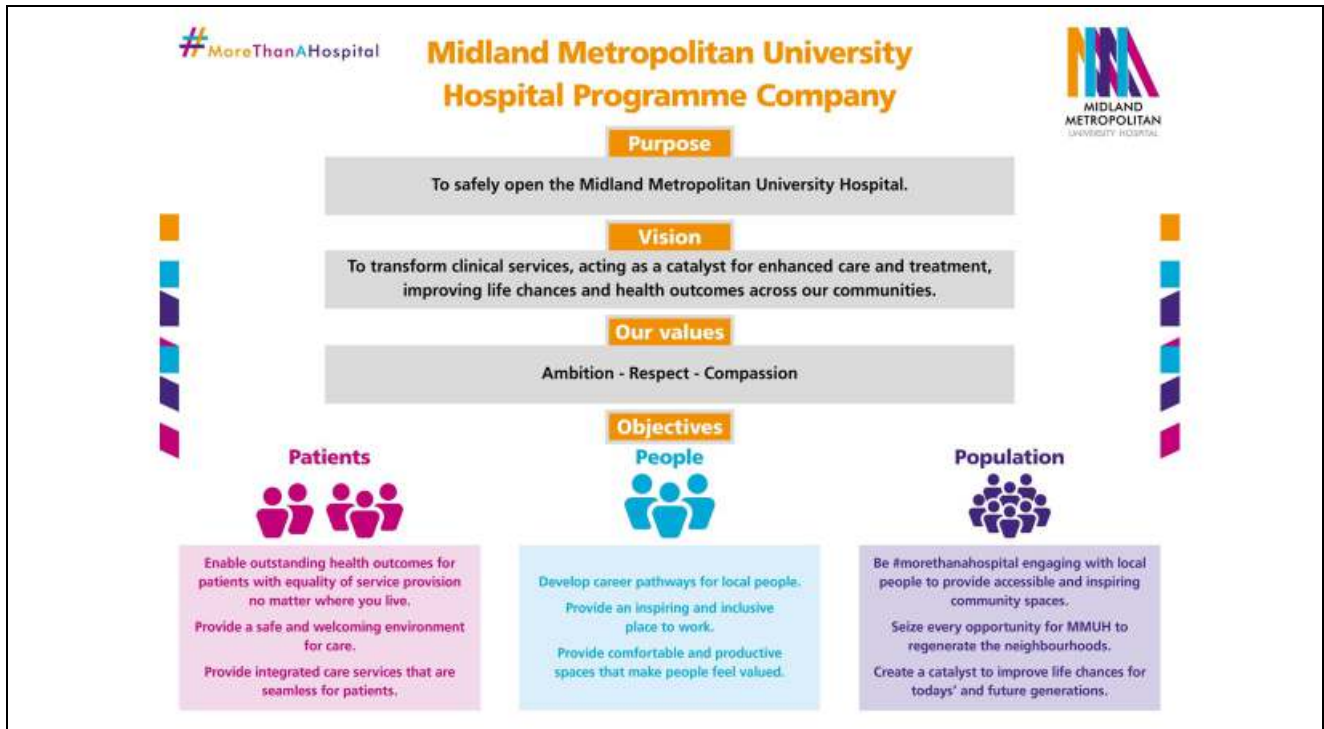
Annex 2: MMUH Programme Company Purpose, Vision, Values and Objectives

Annex 3: Bed day reduction waterfall charts

Annex 4: Staff-facing operational readiness roadmap



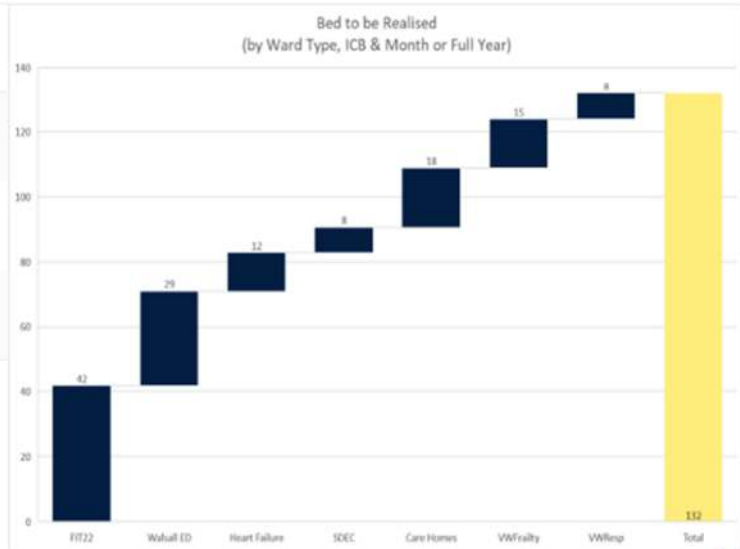
Annex 2: MMUH Programme Company Purpose, Vision, Values and Objectives



Annex 3: Bed day reduction waterfall charts

Flexible bed gap opportunity by scheme

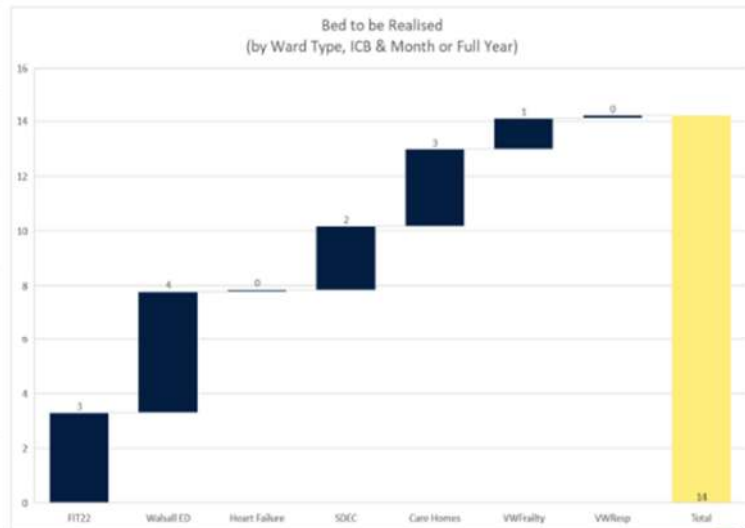
Key statistics	Beds
Annualised average bed gap	94
Peak bed gap (Dec)	124.4
Minimum bed gap (Mar)	55.9



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Fixed bed gap opportunity by scheme

Key statistic	Beds
Annualised average bed gap	8.4
Peak bed gap (Nov)	32.4
Minimum bed gap (April)	(14.9)*
* Negative () = bed surplus	



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Key; FIT 22 = Frailty pathway; VW = virtual ward; flexible beds = general and adult beds; fixed beds = fixed speciality beds eg maternity, paediatrics and critical care

Annex 4: Staff-facing operational readiness roadmap

