

REPORT TITLE:	MMUH Report		
SPONSORING EXECUTIVE:	Rachel Barlow, Chief Development Officer		
REPORT AUTHOR:	Rachel Barlow, Chief Development Officer		
MEETING:	Public Trust Board	DATE:	2 nd November 2022

1. Suggested discussion points <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>With the creation of the temporary MMUH Programme Company structure of the remainder of the intensive programme to get ready for a move to MMUH in Spring 2024, the Trust Board is invited to discuss:</p> <ul style="list-style-type: none"> the immediate focus on clinical transformation including the outcome of public consultation on day case surgery changes the work to become effective in delivering a timely and well-coordinated recruitment trajectory and mobilisation of the organisational development programme progress of our Learning Campus due to open late in 2024 and our intention to engage the local community to input their own priorities into the benefits of MMUH both inside and outside (<i>#morethanahospital</i>)

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 MMUH report with respect to patients, people and population
b. UNDERSTAND the immediate focus on clinical transformation and recruitment
c. RECOGNISE the intention to work with the local community in 2023 to understand their priorities for the use of space in MMUH both inside and outside

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 [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 2nd November 2022

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.

This paper sets out our road map to opening and explores some of the critical milestones over the moderate term as we implement new ways of working across our community services and acute care pathways, recruit and prepare staff for the hospital move and work with our local population on making the most out of MMUH which we see as more than a hospital.

Picture 1. Our road to Midland Met; we are now on phase 2 of the journey, Testing and Getting Ready



- 1.2 Future reports will look forward at the critical path to opening which will be available at the end November (a month later than we anticipated), provide evidence of engagement and measure transformational benefits and readiness. We will be open on the risks associated with the programme which are currently under review.
- 1.3 The paper explores aspects of the forthcoming programme as we get ready to open MMUH through the Trust Strategic objectives and reports back on the outcome of a significant public engagement exercise related to our future day case surgery model of care.

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

- 2.1 The design of MMUH has enabled us to refine patient pathways in MMUH to improve both experience and outcomes for our patients. These pathways are often supported by community based services. We have 12 areas of significant focus for transformation of patient pathways which are summarised in **Annex 1: Our Acute Care Model; 12 areas of significant transformation focus**. At each Trust Board meeting we will provide an update on transformational progress and engagement with our population.
- 2.2 We aim to implement at least 70% of the transformation of clinical services ahead of moving into MMUH. Our current efforts are 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.
- 2.2. **The Same Day Emergency Care (SDEC) patient pathway** is about focusing timely diagnostics and treatment for patients on the day of arrival to the hospital. We will ensure that we provide the right staffing, diagnostics and treatment pathways to enable patients to receive treatment on the day without the need for admission into an acute bed. We currently offer a limited, non-consultant led SDEC service, but by May 2023 we will have expanded our estate footprint and staffing models to ensure that we treat over 85% of the nationally recommended pathways through SDEC. This will provide patients with a timely diagnosis, avoid long waits in the Emergency Departments and reduce avoidable admissions freeing at least 10 beds up every day.
- 2.3 **The Frailty patient pathway** is about 3 things; preventing those patients with frailty symptoms over 65 years old arriving at the hospital, avoiding admission for those that do and creating the most efficient and appropriate discharge for those that need admitting. Unnecessary admissions can cause harm to patients through functional decline in unfamiliar surroundings. This pathway will improve patient outcomes and experience. Our Frailty audit and other national benchmarking suggest that over 45 of beds currently used for patients over the age of 65 years could be mitigated by the implementation of a frailty models.
- 2.4 At our next Trust Board meeting in January 2023, we will be able to review the activity data and early benefits of these pathways and will track those through to and beyond the opening of the MMUH.
- 2.5 In January we will also report on the full sequence of transformation that we need to make before we move into MMUH, how we measure success and benefits of new patient pathways and the associated risk register.
- 2.6 As well as improvements to patient pathways and accessibility in MMUH, we have recently engaged with our local population on changes some of our **day case surgery pathways**, which will take place though our Treatment Centres. We will retain the Birmingham Treatment Centre based at the City site and transition the Sandwell site to include the Sandwell Treatment Centre from 2024. The Treatment Centres provide planned care

through outpatients, provide a range of diagnostic tests and day case procedures and surgery.

2.7 As part of the Acute Care Model transformation, the Trust has developed clinical pathways including a new theatre model which allocates surgical specialities to a single treatment centre. The new theatre model results in a change in location of day case surgery for General Surgery and Trauma and Orthopaedics. This will allow single site working for our operating teams and theatre teams improving efficiency, reducing costs and improving outcomes.

2.8 In order to understand the potential impact of the change on our population we held a formal period of conversation from the 7th March to the 15th April. The Joint Health Overview and Scrutiny Committee and the Black Country CCG was appraised of this approach.

2.9 Through networks with the local voluntary and community sector we reached out through trusted voices and into local communities, ensuring that we heard from underrepresented groups. In addition we held an in-person public forum and online public forum which were both well attended, and produced a public document explaining our proposal and asking people for their views.

2.10 We received 4,735 completed questionnaires of which 82.56% were completed by local people/patients.

2.11 Common themes as a result of the engagement:

- Concern over potential increased travel time and cost
- The need for clear communication and information
- Prioritising a positive patient experience
- Ensuring the right workforce to deliver high quality health care services

2.12 On collating all responses, the extent to which people agreed with the proposal was as follows:

- Agree 44.09%
- Neutral 27.12%
- Disagree 28.07%

2.13 In order to ensure that the voices of underrepresented communities were given the opportunity to share their views on our proposals, we worked with a number of local community-based organisations to ensure we captured the voices of people who may not have ordinarily accessed the survey or participated in large public gathering or online conversations.

2.14 Following receipt of the feedback, the surgical services group presented their preferred proposal to the Trust's Clinical Leadership Executive (CLE), which had been previously noted by the MMUH Programme Board and Opening Committee. The CLE supported this

change and expressed the need for clear information and support for patients accessing the new pathway.

2.15 The outcome is due to be shared with Health Overview and Scrutiny Committee in November 2022.

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

- 3.1 As we get ready for MMUH we are ensuring 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).**
- 3.2 As we enter the next phase of the MMUH programme, the transformation activity ramps up and work intensity increases to get our patients, people and population ready for a safe move into MMUH, as well as the necessary transformation of services in the Treatment Centres and PLACE based community services. That work intensity needs to balance and align with the core business activities of this year and 2023.
- 3.3 In October 2022, the Trust Board approved immediate implementation of the MMUH Programme Company, a temporary programme structure to ensure we are able to work effectively for the remainder of the programme as we start to get ready for MMUH to open.
- 3.4 The obligations from that way of working are to continually lead with purpose, collaborate across boundaries, deal with ambiguity, align with priorities, deploy diverse skills, realise measurable benefits and bring pace and value. The application of the Managing Successful Programme methodology will be measured by delivery of the MMUH Business Case, realisation of benefits and delivery of a programme exit strategy.
- 3.5 Implementation including recruitment to the enhanced programme leadership and delivery team and developments to strengthen governance are on track to complete implementation in November 2022.
- 3.6 Looking more broadly at the Workforce work stream, we have separated the scope of this work stream into 4 discreet areas: recruitment and retention, change management, organisational development and effective administration working.
- 3.7 The Recruitment has so far stalled, with only 47 of the 484 wte required for MMUH recruited to, with over half of this already in post when we started the recruitment journey.
- 3.8 However, we have now brought in a strategic partner to support acceleration of the recruitment service. The MMUH Programme Leadership team via the new Delivery Director is providing further leadership capacity and direction, working with the People and Organisational Development and Finance Directorates, to develop a detailed dashboard to

demonstrate assurance against the workforce model and reset the phasing towards a fully staffed Trust workforce model. This will be risk assessed and presented to the People and OD Committee and MMUH Opening Committee in December 2022.

- 3.9 The Organisational Development (OD) transformation is all about cultural readiness to move into the MMUH. We are working with specialists in the New Hospitals Programme to participate in the selection of OD practitioners to lead our transformation and to advise on essential cultural readiness success criteria, which will inform part of the criteria for a decision to move in 2024. The People and OD Committee and MMUH Opening Committee will receive an update on the scope, phasing, content and mobilisation of this work in November 2022.
- 3.5 We already employ thousands of staff who will work in MMUH. As our staff get ready for MMUH they are visiting the construction site to explore their new work environments whilst they design how they will work in the building, which will inform our standard operating procedures, induction and training. **Annex 2 When a building inspires** is a personal reflection following a MMUH site visit written by Dr Pavithra Ramamurthi, Consultant Anaesthetist who visited the site with Anaesthetic Department colleagues as they plan how to work in the new environment. The piece reflects a realisation and importantly belief that completion and handover is inevitable; it will cease to be a construction site soon and will then have to be transformed into a hospital. The personal commitment as written inspires each reader to understand that *Bricks and Mortar will make the building but it will be us who will change it into a caring hospital*”.

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

- 4.1 The significant investment into MMUH is an investment for our local population; not just our patients and staff. Regeneration was a theme in our Annual General meeting earlier this year and is fundamental to our population objective.
- 4.2 Regeneration can be economic, social and cultural and environmental.
- Economic - Increasing skills, employment and wages, attracting new businesses and investment in an area, redevelopment of brownfield land. Encouraging new housing and infrastructure investment.
 - Social & Cultural - Interventions which promote health and wellbeing, strong and engaged communities, arts and culture.
 - Environmental - Promotion of sustainability measures including Net Zero Carbon. Active travel initiatives, accessible green space and measures to reduce air pollution
- 4.3 The benefit of MMUH will go far beyond the realms of healthcare and reach wider across these aspects of regeneration.
- 4.4 In 2023 the Trust will work with the local neighbourhood population to understand what their own priorities are for the site, both inside and out. Whilst some of the essential design and infrastructure is obviously preset, we want to talk about learning, socialising, exercising, eating, working and playing in the space that MMUH offers the community.

- 4.5 One of our largest development projects is the establishment of a Learning Campus in partnership with Trust Learning Works, Sandwell College, Aston & Wolverhampton Universities.
- 4.6 The case to establish a Learning Campus mostly funded by Sandwell Metropolitan Borough Councils Towns Funds, focuses on skill shortages across Clinical Services, Allied Health Professionals and Nursing and Midwifery. The intention is to provide pathways into long term employment for residents and accelerate the delivery of transformational regeneration in the area – which is acknowledged as being one of the most deprived in the country.
- 4.7 The key to success is the collaboration between the training providers on curriculum development, work experience opportunities, career pathways and potential for progression whilst widening participation. The partnership work combines further education from 16 years old plus through to higher education as well as general adult education and engagement with hard-to-reach groups. 1280 learners will be assisted every year across a range of short and longer term courses.
- 4.8 The Learning Campus is designed to include a community space; the design will encourage the community to engage, explore and seek out opportunities. The gateway location on our own land at the front of MMUH will enable students to connect training to real life experience. The Campus is due to open at the end of 2024.


5. Recommendations

- 5.1 The Public Trust Board is asked to:
- a. **DISCUSS** the MMUH report with respect to patients, people and population
 - b. **UNDERSTAND** the immediate focus on clinical transformation and recruitment
 - c. **RECOGNISE** the intention to work with the local community in 2023 to understand their priorities for the use of space in MMUH both inside and outside

Rachel Barlow
Chief Development Officer

October 2022

Annex 1: Our Acute Care Model; 12 areas of significant transformation focus



Our Acute Care Model

- 19 admitting specialties are on a single site model already (pick and drop)
- Four specialties going from 2 sites to 1 site
- Four specialties going from 2 sites to 3 sites
- 12 significant transformation programmes

ED 2 sites to 1	Senior decision making supported by rapid diagnostics to support right care right place.
SDEC 2 sites to 1	Expansion of same day emergency care (SDEC) pathways to optimise ambulatory care, reducing admissions and assessment unit demand.
Assessment Units 2 sites to 1	Rapid diagnostics and decision making over seven days to reduce length of stay (LOS) in assessment units.
Older Peoples Care & Frailty 2 sites to 1	End to end acute and community care will prevent patients being admitted unnecessarily or reduce LOS if admitted.
Stroke Decoupling	Rehabilitation to be provided in a community setting to improve patient care, end of life experience and release acute beds.
Cardiology	Increased use of ambulatory pathways and day case procedures will prevent patients being in hospital unnecessarily.
Acute Therapies 2 sites to 3	Extended working hours will enable patient therapy provision to support earlier discharge.
Imaging 2 sites to 3	Improved turn around times will support rapid decision making at the front door. Demand management and artificial intelligence will improve efficiency.
Endoscopy 2 sites to 3	Separation of inpatient and outpatient endoscopy to the treatment centres and Midland Metropolitan University Hospital to support patient flow and productivity.
Place Partnership	Community beds and home based services right sized to enable increased supported discharge from acute settings.
Theatres 2 sites to 3	Increased use of day case pathways with day case activity split from elective and emergency activity will improve efficiency.
Enhanced Care	Provision of a post-anesthetic care unit (PACU) and ward based enhanced care to support care pathways.

Peer review commissioned:

- **ECIST / NHSEI** - The Emergency Care Improvement Support Team and NHS England and NHS Improvement.
- **Best Practice Network**
- **GIRFT Network** - Getting It Right First Time Network.

Annex 2: When a building inspires. A personal reflection following a MMUH site visit. Written by Dr Pavithra Ramamurthi, Consultant Anaesthetist.

When a building inspires

“Whatever good things we build, ends up building us.” Jim Rohn

I was a part, recently, of a small group of colleagues offered an invite to visit the Midland Metropolitan University Hospital (MMUH) in Smethwick which is now nearing its completion. Having driven past the site many times each week for the last three years, there has been no ambiguity in my mind about the size and the enormity of the structure. As I walked down the streets, I beheld autumn working its magic. The air was crisp and bracing and the ground was mantled with a colourful carpet of fallen leaves. It was the first time I walked past the blue gates. The path was laden with dirt and rubble. But then, as you step through the yellow swivel gates, one walks into a building that instantly makes you feel dwarfed, not by its size, but by the magnitude of effort that has gone into its creation.

Due to time constraints we were only taken around the areas that were of interest to us. We spent most of our time in the main clinical area consisting of the operating theatre complex, critical care facility and maternity unit. These are large spaces; at the moment with mostly bare walls and empty rooms, naked ceilings with unimaginable lengths of wires, pipes and cables, some of them in business-like metallic finish and some of them in more eye-catching pastel shades. We searched for the familiar, gleaned over the nooks and crannies, pondered over the tiny details relating to us as anaesthetists - How many connections for oxygen? How many suction outlets? Are the cupboards too high for us to reach? Do we have a store room for our gadgets and toys? Others discussed the staffing issues, rest areas and we unanimously put our case for an “anaesthetic hub”. We were then shown the restaurant and retail area. Plenty of space to socialise as well as support local produce, I was told. Winter gardens on the 5th floor has a “biophilic design”, lots of natural light, airy and it brings the “Outdoors in”.

At times, I felt overwhelmed by its largeness; not only in terms of the size, but also the sheer number of people who have been involved to date in the evolution of this colossal project. I realise that there is a tremendous amount of backbreaking work being delivered everyday. MMUH, I was told, has been long time in the making and has had to overcome many hoops and hurdles. The team of people that are seeing the project through seemed very passionate about their work here. The excitement was palpable as the finish line seems so near now. They are aware of the thought processes behind the finer details in construction and are proud of what the building looks like today.

The estimated date of completion has changed several times and the countdown clock still sits idle on the wall. But, completion and handover is inevitable; it will cease to be a construction site soon and will then have to be transformed into a hospital. Heavy machinery will make way for human machinery, to breathe life into brick and concrete. I hope to be a tiny cog in this massive machinery, passionately delivering more than what is expected of me. I hope to be able to draw inspiration from the walls of this massive edifice, knowing that hundreds before me have toiled towards its existence and that its success as an establishment of healthcare depends on the thousands of cogs, like me, that will continue to look up to its reassuring walls, to help build them.

“Bricks and Mortar will make the building but it will be us who will change it into a caring hospital”