



<b>REPORT TITLE:</b>	MMUH Report		
<b>SPONSORING EXECUTIVE:</b>	Rachel Barlow – Managing Director; MMUH Programme Company		
<b>REPORT AUTHOR:</b>	Rachel Barlow – Managing Director; MMUH Programme Company		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	8 <sup>th</sup> November 2023

<b>1. Suggested discussion points</b> <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 opening. As building work continues at pace and nears completion, the focus on site moves to technical commissioning. We now have a more confident timescale of key milestones prior to opening MMUH in 2024. With that in mind, this paper introduces the concept of getting Ready, Set, Go to achieve our Programme purpose which is to move safely into MMUH.</p> <p>The overwhelming focus now is to be operationally ready to move into MMUH, with sustained transformation in clinical pathways being embedded and our workforce and local communities supported to be ready and orientated to respectively work in and use the new hospital.</p> <p>The Trust Board is guided to discuss the timelines for building handover and patient move, as presented against the patient, people and population perspective of the Programme objectives.</p>

<b>2. Alignment to our Vision</b> <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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<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
None

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

<b>5. Impact</b> <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	<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	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 8<sup>th</sup> November 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.
- 1.3 As building work continues at pace and nears completion and the focus on site moves to completing the technical commissioning, we now have a more confident timescale of key milestones prior to opening MMUH for patient care in 2024.
- 1.2 With circa a year until MMUH opens for patient care, the emphasis of the MMUH Programme is very much focussed on embedding the new patient pathways, establishing sustained clinical transformation and ensuring readiness of our workforce, our patients and local communities for MMUH to safely and successfully open.
- 1.3 This Trust Board paper provides:
- oversight of how we get 'Ready, Set and Go' to move into MMUH, explaining the journey of readiness prior to making a decision to move.
  - an update on the critical path activities.
  - a progress update on clinical pathway transformation including the new iRefer clinical decision support (iRefer CDS) diagnostic referral system from a patient and staffing perspective.
  - an update on people preparedness and progress on aspects of our population programme objectives in relation to public engagement and progression of our pioneering learning campus project.

#### 2. Our approach to safely move into MMUH – Ready, Set, Go

- 2.1 We remain focussed on opening the new hospital in 2024. With more certainty about the critical milestones related to building handover from our construction provider to the Trust and the detail of the integrated activation (or commissioning) plan, we are able to illustrate the stages of the journey to open MMUH in 2024 through our **Ready, Set, Go timeline Annex 1**. This is a significant and overwhelming positive landmark in the MMUH Programme journey.
- 2.2 As building work continues at pace, we now have a more confident timescale of key milestones prior to opening. We anticipate a March – May 2024 handover of the building from our construction partner Balfour Beatty.

- 2.3 This will then allow a minimum period of 26 weeks to ‘activate’ the building, whereby it is fitted out with the kit/supplies needed to run services, staff are trained and have appropriate inductions that are required to provide safe care and we ensure all our stakeholders are ready to work with us on opening and beyond.
- 2.4 With those timescales in mind that lends itself to a position when first patient moves will commence October – November 2024, being fully operational by December 2024.
- 2.5 **Annex 1** shows the **Ready, Set, Go timeline** which illustrates the main stages of the journey over the next 12 months.
- Ready – involves checking and preparing the building and infrastructure, service models and workforce to prepare for handover.
  - Set – Getting the building and colleagues ready for the start of clinical services provision, testing workflows, equipment and operational processes/ clinical systems.
  - Go – Involves transitioning patients to the new site, the ramp up of clinical services and finally the day of opening.

The Ready, Set, Go journey is underpinned by plans at patient, people and population level to ensure effective communication and engagement.

- 2.6 As we get closer to accept the building handover as a Trust asset and prepare to move, we need to work in a more certain operating environment. That means there will now be no material changes to building construction, no fundamental changes to the workforce plans, and planned department locations in MMUH are now fixed which are set out in the No Fly Zones. As we accept the building handover in the Spring, there will be no other Trust wide strategic or major transformational changes that are not related to the essential components of getting ready to move in to MMUH, which will be our primary transformational focus.
- 2.7 The journey of Ready, Set, Go has been familiarised and developed in the organisation with hundreds of staff through the MMUH Clinical Groups Away Day, with Move Champions and clinical leaders at the recent Move Planning Workshop and at the Midland Met Matters (Programme equivalent of Team Talk) last month.
- 2.8 The Ready, Set, Go journey facilitates increased confidence in our complex critical path and provides a trajectory against which all teams can plan their operational readiness.
- 2.9 Our Ready, Set, Go journey will be assured through our Programme critical success factors, operational readiness reports and our risk register. It is these evidence points that will inform the decision to move being made next year and will be reported monthly within the MMUH Programme. This paper will report on all 3 aspects from January 2024.

### 3. Critical path road map

- 3.1 **Annex 2; Midland Met Critical Milestones; October – March 2024** shows the major points of our critical path for the next 6 months.

- 3.2 Achievements in September and October 2023 and work in progress includes:
- Go/No Go Decision making proposal agreed – introduces Ready, Set, Go journey for the next phase of the Programme.
  - Transport for West Midlands, Birmingham City Council and Sandwell Metropolitan Borough Council connectivity and travel Senior Officers meeting with the MMUH Programme to ensure adequate travel provision is in place for 2024.
  - Mobile Equipment Room handover from Balfour Beatty to the Trust.
  - Notification given to EQUANs (our Hard Facilities Management provider) to mobilise 6 months in advance of building handover.
  - Organisational Development Programme now active.
  - Programme Assurance Review (PAR) completed – this is best practice in major infrastructure projects and is an important 3<sup>rd</sup> party assurance review in advance of a formal Gateway Review: Ready for Service assessment next year. Results of the PAR are anticipated in November 2023.
  - MMUH Programme Closure approach agreed for early 2025.
  - Lessons learnt session with Manchester Trauma Centre.

- 3.3 Major activities in the future period include:
- Operational readiness checklist reporting starts this month.
  - Beneficial access for pathology power and data works starts.
  - Omnicell pharmacy robot is fitted.
  - Benefits handbook which informs how we track delivery of the benefits case is agreed and implemented.
  - End to end drugs management process to be agreed.
  - Continue to learn lessons with the national New Hospital Programme team and colleagues from Brighton.

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

- 4.1 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.
- 4.2 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 and our programme critical success factor related to bed fit in MMUH which 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.
- 4.3 It also provides an update on a key digitally enabled transformation, the iRefer CDS from a patient and staff perspective.

- 4.4 The **patient pathway transformations** outlined in section 3.2 continue to be implemented and are successfully reducing unnecessary hospital admissions and hospital stay. However, overall the Programme critical success factor of the total number of bed days currently used to care for patients in hospital is higher than that planned in MMUH, which also sets out to operate on a lower bed occupancy than we do today. A lower bed occupancy will enable more optimal patient care, ensuring patients are treated and cared for in the right environment without delay.
- 4.5 The current increase in length of stay of circa 0.5 days against plan is across other pathways but mainly Pathway 0. Work is being led by the Managing Director of the Core Organisation and Chief Operating Officer to understand further the rationale as to why this is the case and immediate measures put in to mitigate this, on top of the measures in the Trust's winter plan.
- 4.6 The MMUH Programme via the MMUH Opening Committee has agreed a 'plan B' bed day reduction proposal to ensure that there are alternative options to mitigate the risk of excess bed day requirements if necessary closer to the move period.
- 4.7 The Trust Board will be aware that the overall urgent emergency care performance is significantly underperforming, heading towards MMUH opening. In addition to reducing bed day demand to improve patient flow, enabling work for MMUH is in train which will inform the urgent emergency care improvement plan which will be led by the Chief Operating Officer. This includes improvements in patient streaming as part of the integrated front door design as well as the ward and board round projects within Fundamentals of Care, which are modelled to have an overall improvement in emergency care performance.
- 4.8 This month sees the introduction of further digitally enabled transformation, with the roll out of the **iRefer CDS** across the organisation. iRefer CDS is a digital tool that enhances the clinical decision-making process with on demand real-time evidence-based guidance to improve health and healthcare delivery. The electronic system ensures that the demand for imaging is appropriate and evidence based. The Royal College of Radiology (RCR) publishes the iRefer Guidelines from UK and international sources which provide recommendations for everyday use of clinical imaging services.
- 4.9 iRefer CDS uses the RCR iRefer guidelines to help guide clinicians through the imaging referral process as part of our existing order process within Unity our electronic patient record. It aligns with the NHS long term plan of using CDS to help clinicians supply best practice in managing health and conditions.
- 4.10 This project takes a multidisciplinary approach with colleagues from Sandwell and West Birmingham NHS Trust and wider Primary Care, including radiologists, medical consultants, radiographers, GPs, IT and communications. It will go live for the acute services from November 2023 and early 2024 for Primary Care and is part of an Integrated Care System implementation.

- 4.11 The benefits of using the iRefer CDS system will ensure patients receive the most appropriate imaging examination at the first request/referral based on the Royal College of Radiologists guidelines. In addition, it provides a broad range of benefits including:
- Reducing inappropriate imaging requesting.
  - Improving patient safety by avoiding unnecessary ionising radiation exposure.
  - Improving standardisation of care through reduced clinical variance.
- 4.12 Clinicians from acute medicine and general surgery trialled the system last month. When referring patients for diagnostic imaging, clinicians get asked context-sensitive questions that help guide them towards the most appropriate imaging request. In addition, any relevant data that is available is automatically collected and used in the analysis. It is important to note that the clinician is always free to choose the test they feel is best for the patient - the system does not mandate any changes to their requests. Relevant clinical data is shared with the radiology team responsible for vetting the request.
- 4.13 During the pilot phase of the project:
- 198 imaging requests were made via iRefer CDS.
  - 6.6 per cent of requests changed based on the guidance provided.
  - 11.1 per cent of requests were cancelled based on the guidance provided.
- 4.14 Joe Cridge, Senior Improvement Project Manager, is a member of the multi professional project team that has successfully supported the pilot phase and is proud to be making a difference that will inform earlier diagnostics saying: “I am part of the improvement team heavily involved with the Midland Met programme. We support teams across the Trust with several projects, including pathway redesign, theatre right-sizing, bed right-sizing and admission avoidance to ensure we can move successfully to Midland Met next year.”
- “We are currently testing the software, but we expect a positive impact on the patient experience based on initial results. Specifically, patients should receive the correct test on the first attempt. Additionally, it will help reduce pressure on imaging capacity and improve patient flow for SWB. From a primary care perspective, following the guidance will result in fewer rejected referrals, reducing the need for re-work and saving time.”
- 4.14 Being that diagnostics is integral to most acute patient pathways, this project is a significant enabler to the overall emergency and acute patient pathway transformations planned in advance of MMUH opening, including the function of same day emergency care pathway and quicker diagnosis.

4.14.1 The Trust Board have previously been appraised on the intention to establish an Urgent Treatment Centre (UTC) on the MMUH site, which is critical to urgent emergency care flow and resilience. The Trust is closer to a capital financial resolution, with a staged capital funding solution with NHS England and the Integrated Care Boards. Decisions are expected to be made in November 2023 to confirm this. The revenue case of the UTC has previously been agreed.

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

5.1 This section of the paper provides an update on key success factors for the MMUH People objectives.

5.2 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.

5.3 Our recruitment trajectory continues towards MMUH. We are making some good progress towards the critical posts for our new ways of working and are reviewing and assessing what we would consider to be our safe staffing levels for moving into the new hospital aligned with our decision to move.

5.4 The Sector-based Work Academy Programme (SWAP) programme mentioned in last month's report supports the progress of local people into entry level sustainable employment and continues to make really positive impact. Visits by 2 national organisations, NHS England (NHSE) and the New Hospital Programme, have called this work out to be exceptional and a national exemplar which should be scaled up nationally.

5.5 The Private Trust Board will today consider the affordability of the final stages of MMUH recruitment, given the revenue funding for the MMUH workforce model and additional non-pay costs is yet to be resolved with either the Integrated Care Boards and/or NHSE.

5.6 Our Management of Change programme continues at pace. The workload on our leaders should not be underestimated due to the ongoing conversations and consultations they are leading. Over the next 2 months we will have taken over 90% of the service level consultation cases through our Staff Side collaborative and other Trade Unions and will have launched the consultation process. We are continuing to learn and develop as we progress and good learning and evaluation from others is feeding into our programme.

5.7 Our MMUH Organisational Development journey has started with our in-house practitioners receiving training. On boarding sessions with Clinical Group triumvirates have been established to work through their service specific programmes. We will see the outputs of the first areas of intervention in January 2024.

5.8 Continuing the MMUH Programme commitment to create a vibrant learning environment, at the end of September 2023 we had time out with our 50 top clinical and operational



leaders to focus on getting operationally ready for MMUH to open. The time out was reviewed as really valuable. The initial socialisation of the Ready, Set, Go framework was well received and drove the energy and focus of the day to ensure the Clinical Groups are ready to move into MMUH next year. Clinical Groups developed their own monthly trackers until opening to help them focus on the tasks and work ahead. We are planning a similar Corporate Services away day early in 2024, to ensure corporate areas have the time to look ahead and ensure their own operational readiness work is on track.

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

6.1 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.

### **6.2 MMUH Community Roadshow**

The Trust has a range of well-established stakeholder relationships and continues to forge new ones across our communities, and with a wider range of partners organisations.

In September 2023, as part of community engagement programme we have we have launched the MMUH Information Bus as part of a community roadshow. The aim of the bus is to get our staff out and about leading conversations with community about MMUH.

6.3 Recent activity focussed on visiting areas of good footfall by visiting all libraries in the west of Birmingham and most libraries in Sandwell. So far, we have engaged with over 500 people in the local community.

6.4 The bus will attend the Dhawli event on Soho Road at the end of October 2023 with an expected audience of around 20,000 people.

6.5 There were several common areas of interest raised by members of the public, these include accessibility, service continuity, language and translation services, mental health provision and faith and cultural considerations.

6.6 Overall, the feedback from these various locations highlights the need for continued communication, information, and community engagement approaches to inform residents about the new hospital, especially in West Birmingham.

6.7 Going forward into the winter and next year we will be working in partnership with both local authorities and the organisations who manage the new Family Hubs and Children's Centres as we focus on families with younger children. There will also be a continued focus on West Birmingham locality.

### **6.8 Near Neighbours events – Autumn 23**

As work continues the getting ready to open the hospital, the Trust recognise the importance of ensuring that we continue to have an open and consistent dialogue with our neighbours, the people who live, work and offer local services within close proximity of the hospital. It is important that we continue to take them on the journey towards opening with us.

- 6.9 During the early months of 2023 we held several Near Neighbour events in the local area with nearly 1000 members of the community voiced their opinions and questions concerning MMUH. Important subjects were raised such as transport and connectivity.
- 6.10 Our next Near Neighbours conversations will be taking place on Monday 20<sup>th</sup> November 2023 evening and Thursday 30<sup>th</sup> in the afternoon. We are using local facilities in Sandwell and West Birmingham to ensure accessibility for all. The focus on the conversation will be travel and access, this is in line with the priorities which emerged from the last meeting.

The meetings will be used as an opportunity to engage, communicate with and influence the local population around the new hospital.

#### **6.11 Planning Permission Approval – The Learning Campus**

The Midland Met Learning Campus is a Towns Fund Project that is being developed in collaboration with Sandwell Metropolitan Borough Council, Sandwell College, the University of Wolverhampton and Aston University, Department of Work and our own Learning Works.

The Learning Campus is an integral part of making MMUH #More than a hospital and supports our strategic 'Population' focus of improving the health and wellbeing of the community that we serve.

- 6.12 We know that education and employment are two of the “key determinants of health” and that by improving access to both we will directly improve the lives of those in our community that access the facility.
- 6.13 At the gateway to the new Midland Metropolitan University Hospital site, the Campus will provide training & pathways into employment in healthcare and related professions from entry level to level 7, with a commitment to support 1,280 learners per year, across a range of courses.
- 6.14 Planning Permission to build the Learning Campus was granted for on Wednesday 25<sup>th</sup> October 2023. The appointment of a construction contractor is imminent and subject to internal approval and processes. Construction will start in early 2024.

## **7. Summary**

- 7.1 The MMUH Programme is getting Ready, Set, Go to achieve the Programme purpose which is to safely open MMUH. The confidence at this juncture in the Programme is a real signal to focus on getting operationally ready to move in to MMUH.
- 7.2 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.

7.3 Over the future reporting periods the Trust Board should expect to:

- Receive updates on our Ready, Set, Go journey including assurance on the Programme success factors, operational readiness and risk profiles.
- 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.

## 8. Recommendations

8.1 The Public Trust Board is asked to:

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

**Rachel Barlow**  
**Managing Director MMUH Programme Company**  
**October 2023**

**Annex 1: Ready, Set, Go timeline**

**Annex 2; Midland Met Critical Milestones; –September – February 2024**



