

<b>REPORT TITLE:</b>	Midland Metropolitan University Hospital Programme Critical Path		
<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>	13 <sup>th</sup> March 2024

**1. Suggested discussion points** *[two or three issues you consider the PublicTB should focus on in discussion]*

The current Midland Metropolitan University Hospital (MMUH) Programme critical path sets out deliverables and assurance activities to open MMUH to patient services from October 2024.

The paper sets out to provide assurance and evidence of some of the key foundations that inform the current critical path to open MMUH to patient services in October 2024, including the assurance assessments made by the Trust Board Committees who have regular visibility of the MMUH Programme.

As with a major infrastructure project of this scale and complexity, the Programme has a risk profile that needs continuous and effective mitigation and management. The paper is transparent about those risks.

The Trust Board should discuss the assurance, evidence and risks as presented.

**2. Alignment to our Vision** *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

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

**3. Previous consideration** *[at which meeting[s] has this paper/matter been previously discussed?]*

None

**4. Recommendation(s)**

The Public Trust Board is asked to:

- a. **RECOGNISE** the current Programme critical path to open MMUH to patient services in October 2024.
- b. **DISCUSS** the Programme risks and note the mitigations being pursued for the Urgent Treatment Centre (section 4.3), Bed fit and Winter Planning 2024 (section 4.4) and Finance (section 11 and subject to a Private Board paper).
- c. **ACCEPT** the recommendation that the Public Trust Board hold an extraordinary session in April 2024, to receive further assurance on the critical matters related to the Programme timelines to open MMUH to patient services in October 2024.

<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	<i>Deliver safe, high-quality care.</i>					
Board Assurance Framework Risk 02	X	<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	X	<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	

## **Annex list – in Reading Room**

- Annex 01:** Ready Set Go Critical Path
- Annex 02:** Ready Set Go Criteria
- Annex 03:** Programme Risk Register
- Annex 04:** Bed Fit and Winter 2024
- Annex 05:** Pathways and Interdependency Assurance
- Annex 06:** Fundamentals of Care
- Annex 07:** Logistics
- Annex 08:** Workforce Workstream
- Annex 09:** IT
- Annex 10:** Equipment Bill of Quantities
- Annex 11:** Activation Plan
- Annex 12:** Move Plan
- Annex 13:** Equans Readiness
- Annex 14:** Retained Estate
- Annex 15:** Travel Plan
- Annex 16:** Communications Plan
- Annex 17:** Finance Assurance
- Annex 18:** Benefits
- Annex 19:** PAR Recommendations
- Annex 20:** Readiness for Service Review

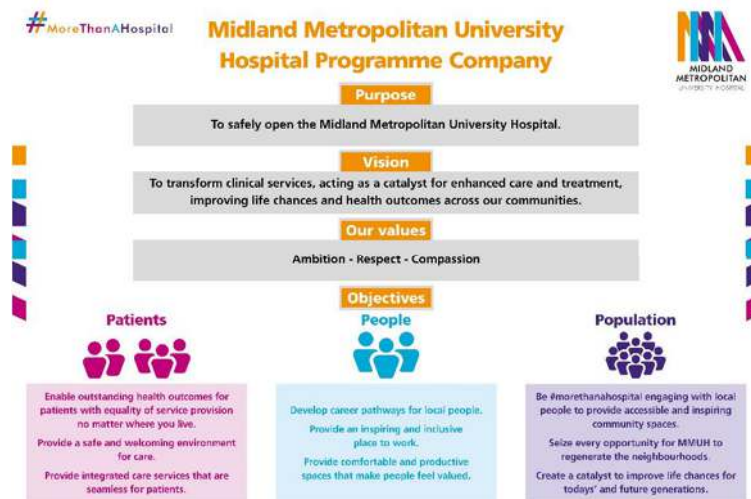
# SANDWELL AND WEST BIRMINGHAM NHS TRUST

## Report to the Public Trust Board on Wednesday 13<sup>th</sup> March 2024

### Midland Metropolitan University Hospital Programme Critical Path

#### 1. Background

- 1.1 The Midland Metropolitan University Hospital (MMUH) journey started in 2007 with the conclusion of a consultation to close the Emergency Departments at City and Sandwell Hospitals. The MMUH site was purchased in 2011 and construction started in 2016 with Carillion as the construction partner. Subsequently Carillion went into liquidation in 2018 which caused some delay to the programme. Balfour Beatty started work on MMUH in 2019. The construction project continued throughout the covid pandemic but was impacted by labour supply and the supply chain during this period.
- 1.2 Construction is now very near completion and the current MMUH Programme critical path is to open MMUH to patient services in 2024.
- 1.3 The Trust has consistently stayed loyal to the original MMUH business case assumptions as a guiding principle. In April 2022, the Trust Board accepted the updated clinical model proposals and aligned workforce model.
- 1.4 In October 2022, as construction progressed, the Trust Board agreed to the use of the Managing Successful Programme methodology (Reference; Managing Successful Programmes 2020; AXELOS) and established the MMUH Programme Company structure which provided dedicated Programme leadership and infrastructure, as well as skills and capacity to interface with the core organisation and jointly progress the Programme activities to this point. The MMUH Programme developed a purpose, vision and objectives, aligned to the Trust strategic objectives.



- 1.5 The Programme has established effective governance and assurance reporting, developed and practiced a strong learning culture working with partners nationally and

internationally, as well as utilising 3<sup>rd</sup> party assurance and input as part of an effective risk management approach.

- 1.6 The national New Hospitals Programme team recognised this Programme management approach as good governance, asking the Chief Executive Officer and Managing Director who is the Senior Responsible Officer (SRO), to present their Programme Approach to the Chief Executives of future new hospitals under Cohorts 3 and 4 of the national programme.

## 2. Introduction

- 2.1 The MMUH Programme is currently working to a critical path to open MMUH to patient services in October 2024. This is informed by a number of critical milestones:

- **March 28<sup>th</sup> 2024: Soft Activation commences** which is part of a (minimum) 26 week period of commissioning where major equipment is installed, clinical scenario stress testing is completed, equipment and provisions are loaded into the building and staff are safely inducted. Soft activation focuses on major equipment installation.
- **Building Handover (Planned Contract Completion) is scheduled for 1<sup>st</sup> May 2024.** The conditions for Planned Completion are contractually explicit. In order to protect a 2024 opening date, a 'soft landings' scenario has been worked up to enable Trust Soft Activation starting before Planned Completion. The Trust and Balfour have agreed the detail of a 'red line' of critical technical systems that must be authorised compliant and fully commissioned before Planned Completion. Full activation follows on from 1<sup>st</sup> May 2024, which includes the Trust completing clinical scenario stress testing, installing all equipment and provisions are loaded into the building and staff are safely inducted.
- **Patient Day 1 will occur in October 2024.** The total move plan will be over a 6-week period, of which the patient moves will take place on 3 days. Sandwell patient services will move first, then 4 weeks later the City patient services will move. MMUH will be fully operational by December 2024.
- **Transition to Business As Usual (BAU)** and closure of the MMUH Programme will occur approximately 100 days post last patient move.

- 2.2 To be assured of the Programme trajectory and readiness to move in October 2024, there will be some key assurance activities prior to a formal recommendation to an August 2024 Trust Board of readiness to move. This recommendation will be made by the SRO and Clinical Safety Officer in a Safety Case which will include the following assurance:

- Critical Success Factors - measures linked to conditions to safely open the hospital.
- Operational Readiness Criteria being met (both for the Trusts operational readiness and critical providers)
- Management of risks
- Management of clinical hazards

- External assurance - Infrastructure Projects Authority (IPA) Gate 4; Readiness for Service report
  - Regulatory requirements being met – including CQC registration
- 2.3 Today's paper provides assurance to the Trust Board on aspects of the Programme to date and the forward critical path to meet the milestones set out in section 2.1 and inform the recommendation to the August 2024 Trust Board to safely move in October 2024.
- 2.4 The paper includes information on the following areas; supporting annexes can be found in the 'reading room':
- Ready Set go criteria - progress and forward look on critical success factors, operational readiness, risk register profile and hazards management
  - Clinical Workstream – Assurance on the MMUH Urgent Treatment Centre; the MMUH Bed fit and Winter Planning 2024 plan; Patient pathway and interdependency assurance; MMUH Fundamentals of Care
  - Clinical Support Workstream – Logistics assurance
  - Workforce Workstream – Assurance on the workforce model; Safe Staffing; Management of Change and Organisational development approach
  - IT Workstream – Assurance on IT infrastructure, kit and critical system development
  - Commissioning Workstream – Assurance on the equipment bill of quantities, soft/ total activation plan and move plan
  - Estates Workstream – Assurance on EQUANS our Hard Facilities Management (FM) provider readiness; retained estates plans and the travel plan
  - Communication and engagement Workstream – summary of work completed to date and assurance on clear communication plan for 2024
  - MMUH Finance Workstream - assurance on capital and update on the revenue position
  - Benefits Workstream – Summary benefits case, progress on establishing benefits tracking and governance
  - Construction Workstream – Conditions of planned completion, risk profile and legal liabilities for the Trust
  - Critical provider readiness
  - Forward look to assurance IPA Gate 4 and CQC registration
- 2.5 The paper does not provide assurance on the totality of the MMUH Programme which is subject to robust governance at Board Committee level through the MMUH Opening Committee and subject matter assurance also being considered via the Quality, People, Integration, Finance and Audit committees.
- 2.6 **Annex 1 Ready, Set, Go Critical Path** by means of high level orientation, provides a visual oversight of key decisions, programme and assurance activities in the forward Programme critical path indicative of MMUH opening to patient services in October 2024.

### 3. Ready Set Go Criteria

3.1 In order to ensure we can safely open MMUH in 2024, the MMUH Programme has set criteria under the banner of ‘**Ready, Set, Go**’ that must be delivered to demonstrate preparedness and readiness for service. Readiness will be demonstrated by the aggregated position in relation to Programme Critical Success Factors (CSFs), Operational Readiness, Programme Risk and Clinical Safety/Hazard management. The Ready, Set, Go criteria agreed at MMUH Opening Committee in 2023, will inform the August 2024 Trust Board a Safety Case for which the criteria are part of an evidence and assurance base of readiness to move in October 2024. Board Committees review this information monthly.

3.2 At the time of last reporting the measures were rated:

Measure	Current RAG rating
Programme Critical Success Factors	RED
Operational Readiness	AMBER
Programme Risk	AMBER
Clinical Safety/Hazard management	GREEN

3.3 **Annex 2 Ready, Set, Go Criteria** provides further detail on the Ready, Set, Go criteria and performance.

3.4 The CSF’s are output measures from workstreams of performance indicators that inform a) safe move eg; Bed fit or b) Benefits eg; Sickness rate reduction. The goals to inform safe conditions to move are well defined. **The key exceptions to the CSFs performance are related to the fit into the new acute bed base at MMUH, which is the focus of section 4.4** ; all other indicators are on track or have strong mitigation plans.

3.5 Getting operationally ready to move into MMUH requires a set of readiness conditions to be met to inform a decision to move. Those include the completion of management of change processes, documentation of standard operating procedures, business continuity planning, patient pathway interdependency assurance, completion of staff induction, agreed departmental move plans and staffing rotas. The Operational Readiness project has a scheduled set of activities which are aligned to a trajectory of measures. The current performance of these is largely on track. The Operational Readiness project governance through the Move and Operational Readiness Group under the leadership of Liam Kennedy, MMUH Delivery Director. Additional resources such as Business Change Managers and Clinical Change Managers support the Clinical Groups and Directorates with related work; Readiness Away days in 2024 create time out for support and interdependency work between Groups.

3.6 There is a robust and healthy culture to risk management in the Programme with the risk register driving the agenda planning for the MMUH Programme Group and Opening Committee. The risks are reviewed and updated monthly and managed against a trajectory linked to the critical milestones in section 2.1 of activation, planned completion and patient day 1. **Annex 2 Ready Set Go Criteria, section 4.3** includes the forecast of risks ratings against those critical milestones. There are no risks without mitigation and management plans that are currently anticipated to stop progress through the critical milestones of activation, planned completion and patient day 1. **Annex 3 Programme Risk**

**Register** documents the risks as presented to the MMUH Opening Committee for February 2024. The 4 top risk themes include:

- Rightsizing and bed fit (Safeguard risk 5157)
- Construction Planned Completion date (Safeguard risk 5168)
- Capacity to deliver readiness objectives (particularly with the ongoing impact of industrial action) (Safeguard risks 5171, 5143 and 5691)
- Revenue funding (Safeguard risks 5158 and 5166)

*Board Committee Assurance February /March 2024:*

*MMUH Opening Committee reviewed the entire RSG report and gave a partial assurance rating.*

*Other Committees reviewed the RSG report through their respective Committee focus's:*

*The Quality Committee gave a partial assurance rating.*

*The People Committee gave a reasonable assurance rating.*

*The Integration Committee gave a partial assurance rating.*

*The Audit Committee in 2023 received several reports on MMUH Programme Risk Management and gave ratings of both substantial and reasonable assurance.*

#### **4. Clinical Services workstream**

4.1 The Clinical Service Workstream includes 4 Quadrants of work:

- Operational Readiness
- Hospital Standardisation
- Whole Hospitals 24/7 Services
- Transformational Major Service redesign

4.2. The workstream is progressing reasonably well with the exception of 2 of the Programmes current biggest risks: UTC provision and Acute Bed fit. This section and supporting annexes provides an update and relative assurance on those items, along with an update on Patient Pathways Interdependencies and Fundamentals of Care (FoC).

#### **4.3 Urgent Treatment Centre (UTC)**

4.3.1 Plans for a UTC on the MMUH site were only made in the last 2 years as national guidance evolved noting the requirement of UTCs to be co-located with Emergency Departments. Prior to the updated guidance, our plans involved the development of a 24 hour, 7 day per week UTC on the Sandwell hospital site following relocation of Sandwell ED to MMUH. This model was supported by the Black Country & West Birmingham CCG and was subject to a full public consultation. The contract was novated into the Trust core contract in 2021. In addition to the Sandwell UTC, it was intended that the UTC operating from Summerfield and commissioned by Birmingham and Solihull ICB would continue. However, the updated national guidance and the evaluation of the adverse impact of not having a UTC co-located with MMUH ED, led to our decision to ensure provision in MMUH was secured. Activity modelling indicated that the lack of a co-located UTC will result in significant delays in Urgent and Emergency Care (UEC) pathways, increased wait



times in the Emergency Department (ED) and ultimately adverse quality and safety conditions for our patients.

- 4.3.2 Work to design a clinical model was commenced in 2023 alongside considerable engagement with commissioners and regional colleagues. We also engaged with health planners Mott McDonald producing a full clinical and building design to support construction partner procurement. A strategic outline case was developed and presented to the Black Country ICB in July 2023 and BSOL ICB in August 2023 with full system support. The continued development of the UTC to procurement of a construction partner was delayed due to the lack of capital investment. In August 2023, revenue investment from BSOL ICB was agreed via the BSOL investment committee and in December 2023, Capital funding was secured in January 2024.
- 4.3.3 The delay in securing capital funding has caused a delay to the overall project and we are now facing a likely 6 month period post MMUH opening before the UTC is completed. The risk this poses to Urgent and Emergency Care (UEC) pathways is high. Therefore, we are establishing a robust interim solution which will be presented in full to the MMUH Opening Committee during the March 2024 governance cycle.

*Board Committee Assurance February/ March 2024:  
MMUH Opening Committee – the Committee expects that the interim proposal for the UTC is considered in the forthcoming March governance cycle and recommends that the Trust Board should expect reasonable assurance in April 2024.  
The MMUH Opening Committee has previously been assured on the substantive service and workforce model.*

#### **4.4 Bed fit; Rightsizing and Winter 2024 plans**

- 4.4.1 The principles of the original MMUH business case have been maintained in the detailed planning of the clinical model to include a split of planned and unplanned care between the Treatment Centre model and MMUH respectively, as well as 7 day consultant led care.
- 4.4.2 The Trust Board in April 2022 approved an evidence-based care model which included a series of 12 transformational clinical service changes, which would enable the delivery of high quality urgent care in the new hospital.
- 4.3.4 The activity assumptions included protecting the original business bed occupancy assumptions of 80% occupancy in the direct admission areas and 90% in the deep bed base. Further refinement and design of patient pathways led to identification of specific clinical pathways within the 12 transformational service areas, that are based on clinical evidence and affect admission avoidance and /or Length of Stay (LOS) reduction. These enable 'rightsizing' of Place and acute bed capacity that will provide an overall bed saving of 142 beds, before or when we move into MMUH and enable fit into the acute MMUH bed base.

- 4.3.5 As of December 2023, we were utilising more beds than planned at MMUH. To date 70% of the planned rightsizing pathway changes have been delivered against plan, which is slightly behind where we expected to be. Outside of those specific pathways, there has been a LOS increase comparing December 2022 to December 2023, that if left unchanged causes additional bed requirement above and beyond the acute beds in MMUH in the peak winter months.
- 4.3.6 Fitting into our acute bed base is one of the most significant risks on our Programme risk register, if left unmitigated.
- 4.3.7 There remains evidence based opportunities to manage the 2 major variables of LOS and delivery of our rightsizing schemes. **Annex 4 MMUH bed fit and Winter 2024 plan** sets out best, likely and worst case scenarios of bed day usage in our peak winter months. The scenarios include incremental assumptions regarding confidence in the bed day reduction achieved through the rightsizing pathway changes, as well as impact of LOS reduction back to 2022 standards.
- 4.3.8 The critical path to opening MMUH to patient services in October 2024, has a close adjacency with the winter season of 2024. For that reason, although the primary plan remains the best case scenario, the Winter 2024 plan will be established on the likely case scenario (assuming no betterment from now) to include the use of additional beds at Rowley Regis. A staffing and affordability plan is agreed in principle; assurance on the patient demand profile will be concluded this month; noting the facility was used over Winter 2023. Given the year of 2025 to settle into MMUH and realise benefits of enhanced weekend working for pharmacy and therapies, new medical rotas on a single site and the impact a single integrated front door can bring, the use of Rowley Regis is only anticipated for Winter 2024.
- 4.3.9 In the event of the above phasing of bed day reduction, the benefits case associated with beds will be re-baselined with full delivery in 2025.

*Board Committee Assurance February/ March 2024:  
 MMUH Opening Committee – the Committee gave a partial assurance rating on a related paper to Rightsizing and fit into the MMUH bed base. There was plausible rationale for rightsizing and LOS underperformance. Governance improvements should bring more focus and improvements are expected.  
 The Quality Committee gave a partial assurance rating.  
 The Integration Committee gave a partial assurance rating.*

*There needs to be confidence in the delivery of reducing LOS and the Winter 2024 Plan, such that the Trust Board should expect a further update on LOS reduction, delivery of the rightsizing schemes and receive improved assurance regarding Winter 2024 plans in April 2024.*

- 4.4 **Pathway and interdependency assurance** is an important part of demonstrating readiness to practice safe clinical pathways. 25 high risk diagnoses illustrating the movement of patients through the organisation to the point of safe discharge, have been identified to be documented and tested prior to the move of patient services to MMUH.

**Annex 5 Pathway and Interdependency assurance**, outlines the approach to work over the coming months which will also be of interest to the CQC registration process. Lessons learnt from other new hospitals that have opened have informed the design this work. The Outputs will included in the Safety Case which will inform a formal recommendation to the August 2024 Trust Board of readiness to move.

#### **4.5 Fundamental of Care (must dos for MMUH)**

4.5.1 The overall year One Fundamentals of Care (FoC) programme is proceeding well with the majority of project milestones achieved or advancing to date; the scope of work relevant to the MMUH Programme includes:

- Patient friendly environment
- Rhythm of the Day
- Ward and Board Round (standards)
- Well Organised Ward
- Communication and Patient Personalisation
- Medicines Administration and Safety
- Nutrition and Hydration
- Emergency Medical Response Team (EMRT) and Deteriorating Patient
- Mental Health
- Enhanced Care
- 7 Day Working
- Digital Proficiency
- Equipment Resource Management
- IT Enabled Staff Information
- Patient and Public Digital Communication

**Annex 6 Fundamentals of Care** project summary shows the outputs and timelines for the project.

4.5.2 The actions and tasks continue to be monitored through the overall programme plan, with escalations and decision making taken through the MMUH Oversight Group, FoC Operational Delivery Group, and FoC Assurance Group. They are on track for induction to commence and all will be in place before the move date later this year.

4.5.3 Positive progress has been made with the Rhythm of the Day (RoTD) and Ward and Board Round Standard Operating Procedures (SOP). The Patient RoTD information poster/leaflet has gone through the governance cycle for sign off in readiness for a phased launch through March 2024. Patient feedback was collated via an audit to ensure ease of reading and to be inclusive for those whose first language is not English with positive results and where required amendments made. It was also discussed at the Trusts Youth Space meeting to ensure we had heard the voice of our young people.

4.5.4 Well Organised Ward (WOW) has focussed on the transformational changes such as the standardising of clinical products and their storage release time spent on non -value added activities (looking for equipment/products, comparing prices, ordering and re-stocking stores). Time released is re-invested into delivering patient care. The Standard Operating Procedure (SOP) is in draft in readiness for testing the principles and will be

finalised once we have the capability to carry out simulation on site of the processes. The anticipated financial and green savings, improved patient safety and time released to care from standardisation of products, stock levels, and improved processes are to be realised.

- 4.5.5 The staffing assurance has been completed for therapists, nursing and medical staffing. These safe staffing assurance papers have been presented to both the Quality Committee and People Committee in February 2024 with assurance noted.
- 4.5.6 The only project that is slightly off track is the proposed Mental Health Operating Model. This project has membership of multiple mental health providers who will need to work together on site to provide an equitable and seamless patient pathway irrespective of the patients place of residence. Providers attending the Executive MMUH Critical Provider Partner Readiness Assurance meeting on 1<sup>st</sup> March provided a positive verbal update. Pathways and operating models need to be agreed in April 2024.
- 4.5.7 Assurance of the Adult Mental Health Practitioner (AMHP) capacity is the highest risk matter for this project. With MMUH being in the Sandwell Metropolitan Borough Council (SMBC) area, the provision of AMHPs is reliant on SMBC rather the Birmingham City Council who provide AMHP provision to the City Hospital. A proposal to ensure this is mitigated is required for April 2024.

*Board Committee Assurance February 2024:  
The Quality Committee gave a partial assurance rating to FoC.*

## **5. Clinical Support Services workstream – Logistics focus**

- 5.1 The Clinical Support Services Workstream includes 4 Quadrants of work:
- Pharmacy, Pathology, Imaging, Point of Care Testing and Sterile Services
  - Soft Facilities management
  - Logistics
  - Corporate Readiness
- 5.2. The workstream is progressing reasonably well. This paper focusses on a most significant transformation and service change in this workstream, that of implementing our new Logistics Strategy.
- 5.3 The Trust Logistics Strategy is to improve clinical care and patient safety by providing one single logistics service across MMUH and the retained estate by bringing seven departments together under one single management approach, optimising and improving movement activities, by implementing a new inventory management system. The timeliness of the transformation and new ways of working in MMUH, is driven by the use of Automated Guided Vehicles (AGV's) in MMUH, which is the first purpose built new hospital in the UK to incorporate AGV's.
- 5.4 The logistics service will manage the end-to-end process for consumables, linen, medications, waste, pathology samples and sterile services across MMUH and the retained estate receipting deliveries, preparing items for transfer to each floor, storing items in floor 'hubs' and maintaining departmental stock rooms. The service will be

responsive to clinical departments through a helpdesk function which will manage the process of ad hoc requests. **Annex 7 Logistics Project**, describes the end to end process and project structure.

- 5.5 The Trust is working with 2 key external partners MLR System GMBH the AGV provider and DHL our Logistics partner, bringing expert logistics skills to the project implementation.
- 5.6 The MMUH Programme has accepted assurance on the AGV demand and capacity modelling and scheduling, workforce plans and overall project critical path.
- 5.7 The MMUH Managing Director has requested DHL undertake a Project Assurance Review (PAR) for the Logistics Programme. PAR is used in DHL project management to ensure projects are being conducted in a controlled manner and is on track to achieve its objectives. Project Assurance will be conducted by staff independent to the project. The assurance process will involve periodic reviews, audits, and assessments to gather evidence and evaluate the project's adherence to established standards and best practices. The PAR will provide an enhanced level of assurance on this significant change in ways of working.
- 5.8 The NHS Supply chain have identified the Trust Logistics work in particular that in MMUH, as a reference site of interest and have invested in the project infrastructure. Price Waterhouse Coppers (PWC) have been commissioned to evaluate the benefits of the logistics project, which has potential to be scaled wider than the Trust.

*Board Committee Assurance March 2024:*

*The MMUH Opening Committee gave a reasonable assurance to the Logistics Project.*

*The Committee welcomed the commissioning of a Project Assurance Review (PAR) which will be completed in March 2024 to provide 3<sup>rd</sup> Party assurance, as part of good programme practice.*

## **6. Workforce Workstream**

- 6.1 The Workforce Workstream includes 4 Quadrants of work:
  - Resourcing and Recruitment
  - Management of Change
  - Organisational Development
  - Workforce Information

**Annex 8 Workforce Workstream** provides an assurance oversight of the workstream successes and risks.

- 6.2 The Workforce Workstream has been one of the most challenging across the lifetime of the Programme. The workstream as a theme caused the most recommendations in an independent Project Assurance Review (PAR) in October 2023. Progress over the last 4-5 months has reduced significantly the risk profile related to the workstream supported by evidential progress to close the PAR recommendations, which was validated recently in a NHP site visit to assess the MMUH workforce plans.

- 6.3 Management of Change, which effects circa 6000 staff, is near conclusion. This has been a significant workload but will conclude with the Trust having fulfilled its legal duty to consult with staff and make necessary changes to implement the contractual changes required for when MMUH opens.
- 6.4 In terms of the nursing and allied health workforce, establishments and safe staffing levels have been agreed and will continue to be reviewed bi-annually.
- 6.5 Medical rotas confirm an increase in 7 day consultant coverage by bringing 2 acute sites to 1; this is an immediate benefit to meeting 7 day working standards which we currently fail to meet, which will increase both quality and experience of patient care at weekends, as well as the supervisory experience for our staff.
- 6.6 The workstream struggled to mobilise an Organisational Development (OD) programme. This programme is critical to facilitate the scale of cultural change, leadership and effectiveness that will be needed to optimise the workforce capacity, capability and talent for MMUH. The OD Programme is now well designed and has been commissioned with Affina OD as our partner based on Michael West's work. With success measures now in place to track the effectiveness of the programme, the People Committee wait to receive assurance during the delivery phase of the capacity of OD provision and ability of the teams to participate.
- 6.7 Recruitment remains the most significant risk to the workforce workstream. There have been many successes filling hard to recruit posts such as radiology, radiography, pharmacy and band 5 nurses. Our local community now make up 70% of our workforce. However there remains significant risk areas including the Emergency Department (with nearly a 50% vacancy rate for both nursing and medics) , maternity and some leadership roles (including ED leadership). The interim Chief People Officer is working with the Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer and recruitment partners to minimise this risk, through targeted recruitment, retention and longer-term workforce planning.

*Board Committee Assurance February 2024:  
The People and Quality Committee both gave reasonable assurance to Workforce Plans  
The MMUH Opening and Finance Committees are due to review this work prior to the Trust Board.*

## **7. IT Workstream**

- 7.1 The IT Workstream includes 4 Quadrants of work:
- Boxes and Wires
  - SMART Organisations
  - Clinical Systems
  - MMUH Prerequisites
- 7.2 The workstream is performing well and on track to deliver the network at MMUH connected to the wider SWBH network, end-user devices and systems configuration of our primary and secondary systems.

- 7.3 **Annex 9 IT Workstream Overview** provides a summary of work, which has benefited from ongoing relationship and input from New Hospitals Programme digital team.
- 7.4 From a technical infrastructure perspective, the building network was connected to the broader Sandwell and West Birmingham (SWBH) network in Spring 2023, with the final live configuration to be implemented in late Spring 2024. The Wi-Fi network is now installed, and the Trust is receiving Wi-Fi surveys ready for sign-off in March 2024.
- 7.5 Likewise, server infrastructure is installed and will have its final configuration in March 2024.
- 7.6 The mobile phone network installation is now largely completed.
- 7.7 End user devices have been confirmed through the IT Bill of Quantities work and informed by user surveys and the standard ward project work. The IT Bill of Quantities is funded.
- 7.8 Similarly, the medical devices Bill of Quantities has been agreed with identified funding for kit. Cumulative underinvestment in Medical Engineering is now mitigated and enables the right scale of engineering input to commission relevant equipment in MMUH.
- 7.9 In 2023 as assessment of clinical system specification changes that required service change requests to be completed were prioritised to support clinical pathway transformation. All accepted changes will be live in April 2024.
- 7.10 The SMART opportunities will continue to be delivered through the Digital Strategy, with the enabling infrastructure embedded in MMUH, which was recognised as good strategic project planning in the PAR last October.
- 7.11 IT developments are aligned to the MMUH benefits case.

*Board Committee Assurance*

*The MMUH Opening Committee gave reasonable assurance in September 2023 following the outcome of a project deep dive assurance exercise.*

## **8. Commissioning Workstream**

- 8.1 The Commissioning Workstream includes 4 Quadrants of work:
- Induction and Familiarisation
  - Construction Interfaces and Activation
  - Equipping
  - Relocation of Services
- 8.2 This paper reviews the assurance related to 3 components of this workstream;
- MMUH Equipment Bill of Quantities assurance
  - MMUH activation plan

- Move plan

**8.3** The equipping and furniture needs for MMUH were identified as part of developing the specification and design for MMUH and through engagement with clinical and operational leads (at the time this work was undertaken). The resulting equipment and furniture requirements were taken from the design drawings and collated into a **bill of quantities. Annex 10 MMUH Equipment Bill of Quantities**, sets out the groups of equipment and summarises the process to quantify and benchmark the MMUH equipment needs.

8.3.1 The Programme has engaged with MTS, a specialist health equipment advisory company with experience of new hospital projects to ensure equipment requirements were fully scoped, inclusive of lessons learnt from other projects with best estimate costs. As a result of this input, the loose furniture and equipment (known as Group 3 items) have an assumed transfer rate of 62% to MMUH, compared to the original planning assumptions of 80%.

8.3.2 The MMUH Opening Committee has previously accepted assurance on the equipment and furniture planning assumptions. Increased costs due to construction delay have been determined and in principle funding agreed via the New Hospital Programme.

*Board Committee Assurance*

*The MMUH Opening Committee has previously given partial assurance on the Bill of Quantities work, since when the funding has been secured in principle.*

*Learning on equipment assumptions and commissioning has been enhanced through contact and workshops with other new hospital projects including Manchester, Brighton and Liverpool, as well as through MTS our equipment advisory partner and Health Care Relocations our move partner.*

**8.4** The **Activation plan** covers the period of work between planned contract completion and building handover to first patient day. This is the period of time the Trust has to complete its own commissioning activities including the installation of major equipment, installation of all equipment and goods, completing clinical scenarios testing and inducting staff.

8.4.1 **Annex 11 MMUH Activation Plan** provides an overview of the associate project plan and how the Trust will run the building before patient occupation.

8.4.2 Teams involved in hospital activation include EQUANS our Hard Facilities Management partner, security, Soft Facilities Management, catering, ward services / cleaning, portering, Logistics and medical engineering. The engagement of colleagues, led by the Director of Commissioning and Equipping has been impressive through a workshop style design and learning approach, ensuring bottom-up ownership and accountability for activations plans.

8.4.3 Learning from other major infrastructure projects, including new hospital schemes has informed both the content of our plans and the view of a minimum 26 week activation period. The NHP team have reviewed the Activations plans and provided reasonable assurance and feedback.



- 8.4.4 In a construction project as complex as a hospital, there will remain technical commissioning risks as Balfour Beatty complete their own commissioning programme in order to meet the contractual conditions for planned completion. The Trust Construction Director and Director of Commissioning continue to review the risk profile and adapt the activation programme to protect 2024 opening of MMUH to patient services.

*Board Committee Assurance*

*The MMUH Opening Committee gave a partial assurance rating in January 2024 noting comprehensive plans were in place.*

*Learning on activations has been enhanced through contact and workshops with other new hospital projects including Brighton and Liverpool, as well as through MTS our equipment advisory partner and Health Care Relocations our move partner and the NHP Team.*

- 8.5 The MMUH Programme Group has identified a **move plan** for services transferring to MMUH. This has been developed in partnership with the specialist move planning company, Health Care Relocations Ltd (HCR) and through engagement with leads at Clinical Group, ward and department level. HCR are an international partner with experience of moving hundred's of hospitals; the Programme has also learnt lessons from other UK hospital moves to inform our own plans.

- 8.5.1 A 5-week move period linked to the Programme critical path was agreed for this window early October-end of November 2024. This is likely to be extended to 6-weeks to avoid ward and department moves in autumn half term school holiday (week commencing 28th October). At site level the following order has been agreed:

- Week 1: Sandwell Hospital acute services move to MMUH. First Patient Day at MMUH will be on the Sunday at the end of week 1/start of week 2 with Sandwell Hospital Emergency Department (ED) closing and MMUH ED opening early on the Sunday morning and all patient transfers from Sandwell to MMUH also taking place on that Sunday
- Weeks 2-4/5: Stabilisation period. In which any unforeseen issues related to MMUH site starting to function as an operational hospital are identified, resolved and clinical activity safely increases
- Week 5/6: City Hospital acute services move to MMUH. Maternity and Neonatal services will open at MMUH on the Wednesday morning with Maternity and Neonatal services at City closing to new admissions at that time, followed by patients in these services at City transferring to MMUH in the same day. On the Sunday at the end of the week City ED will close and all remaining inpatients will transfer to MMUH on that day

- 8.5.2 The order and pace of ward, department and patient transfers on each of the patient move days has also been agreed with West Midlands Ambulance Service and other specialist patient transport service providers having been engaged.
- 8.5.3 As our move planning progresses in detail to include patient transfer protocols, move guidance and transfer schedules, a mock move week in June 2024 will test our plans in advance of a live move.
- 8.5.4 There are over 80 departmental move champions engaged in this work and there is robust project governance in place.
- 8.5.6 The costs of the move and supporting workforce is all funded in the MMUH Programme budget.

*Board Committee Assurance March 2024*

*The MMUH Opening Committee gave a partial assurance rating on the move plans.*

*Learning on other moves has been enhanced through contact and workshops with other new hospital projects including Brighton and Liverpool, as well as through MTS our equipment advisory partner and Health Care Relocations our move partner and the NHP Team.*

## **9. Estates Workstream**

- 9.1 The Estates Workstream includes 4 Quadrants of work:
- EQUANS Readiness
  - Retained Estates Configuration
  - Decommissioning of the City Site
  - Estates Statutory approval
- 9.2 This paper provides an overview of EQUANS readiness as our Hard Facilities Management (FM) Provider, changes on our retained estate service distribution and travel and connectivity to the MMUH site.
- 9.3 **Annex 13 EQUANS readiness** provides an overview of our Hard FM providers preparedness to run MMUH as an asset from planned completion. There is currently a reasonable level of confidence in their preparedness regarding key technical deliverables inclusive of a completed asset register, designing a schedule of programmed maintenance, demonstrating compliance with the NHS Premises Assurance Model and the main Health Technical Memoranda (HTM) subjects during and post technical commissioning.
- 9.3.1 Recruitment to the future state workforce is now progressing well.
- 9.3.2 Assurance of the supply chain through the procurement of specialist subcontractors is being closely managed for assurance before planned completion.

- 9.3.3 Assurance of estates compliance for MMUH will mirror the well-established arrangements and reporting that is used for the Retained Estate EQUANS contract. In addition, contract management will be bolstered by Project Oversight and enhanced Executive governance arrangements that have been effective in the management of the Balfour Beatty Construction Contract.
- 9.3.4 The project has benefited from deep dive workshop with NHP to gain 3<sup>rd</sup> party input and assurance into the Hard FM preparedness.

*Board Committee Assurance:*

*The MMUH Opening Committee gave a partial assurance rating to the outcome of the deep dive work in October 2023. The recommendations have been incorporated into the readiness plans.*

- 9.4 The Trusts current non-MMUH estate, at City Hospital in particular is defined as either “**Retained Estate**” or “**Divested Estate**”. The Divested Estate comprises those areas of the City site that have been sold to Homes England and we currently occupy under a lease arrangement. The lease is due to expire in January 2025. This end date was negotiated when we were expecting the moves to MMUH to happen in Spring 2024. Subsequent construction delays have led to the moves to MMUH being planned for October and November 2024 which leaves little time to decommission the Divested Estate and an extension to the Homes England Lease is currently being negotiated, likely with an end date of Autumn 2025.
- 9.4.1 **Annex 14 Retained Estate** provides the Trust Board of a high level summary update of current and future site and departmental move plans. This is informed by the Estates Strategy which was approved and given reasonable assurance by the Finance Committee in September 2023. A full pack of the clinical departmental locations is currently being ratified by clinical leads in anticipation of being communicated to staff in April 2024. Site moves will be scheduled between October and December 2024.
- 9.4.2 There are a number of capital estates schemes in progress aligned to key moves that need to be undertaken in order to vacate the city site.
- Creation of a Pharmacy Hub in Sheldon Block
  - Reconfiguration of the Pathology Department at Sandwell to accommodate the City teams displaced
  - Creation of a Soft FM hub within the City Energy Centre.
- These will be completed in August and September 2024 and are funded in the Trusts capital plan.
- 9.4.3 In terms of non-clinical work space, the Agile Working Project will define by April 2024 the non-clinical working space for all our staff pan Trust inclusive of working from home. There are several drivers to this work:
- The split of acute clinical services in MMUH, Planned Care Services up to 23 hours in the separate treatment centres and growth in Place based work will inform changes to how and where staff work
  - An in principle commitment that staff should ideally work from a single base each day

- Changes to our real estate; MMUH is largely clinical space and any on site administration space is prioritised to clinical teams working on site; the loss of non-retained estate and the phasing of the Estates masterplan as building disposal at City is concluded

9.4.4 The Agile Working Project incorporates 2 domains being people and culture and environment, and is inclusive of policy development, space utilisation, room booking systems and organisational development and people engagement. Currently circa 700 people a day work from home, but these new ways of working will impact on most staff as we move to a more agile non-clinical way of working. The project is slightly behind where it intended to be; an expert project manager as a subject matter expert has joined the project under the SRO leadership of James Fleet interim Chief People Officer. April 2024 is a key decision-making milestone for this project.

*Board Committee Assurance March 2024:*

*The MMUH Opening Committee gave partial assurance to this item, noting the need to include and conclude the agile working arrangements.*

**9.5 Travel plans** to provide assurance that the staff and public can connect to the MMUH site is a critical success factor to MMU opening. **Annex 15 Travel Plan** summarises the comprehensive work in train with Transport for West Midlands, Birmingham City Council and Sandwell Metropolitan Borough Council to establish transport connections to MMUH.

9.5.1 Cycling and walking connectivity has been improved with significant upgrades to towpaths and an access spur adjacent to MMUH completed. The cycle hire scheme boundary has been extended allowing cycles hired in the city to travel across the council boundary to MMUH without penalty. Around the site both, Birmingham City and Sandwell Borough Councils have made significant investments into cycling infrastructure evident along Dudley Road, Craford Street and through Smethwick. We have agreed that our existing external pathways at MMUH can be used to connect the cycle paths being installed by the two councils. Car Parking infrastructure is in place and will be managed by Q-Park, as per our existing parking arrangements. The Car Parking Policy has been updated to accommodate MMUH with changes made such as increased lengths of stay for EV chargers as requested by clinical colleagues.

9.5.2 Bus provision remains outstanding but on the critical path for Transport for West Midlands (TfWM) to procure bus services onto the MMUH site. It is anticipated that TfWM will go out to procurement June/ July. National Express have committed to provide a 4 week free bus pass to staff working at MMUH as an incentive to use public transport. The inter-site shuttle bus will continue for staff and extend its route to MMUH.

9.5.3 Meetings with local neighbours who live near to MMUH, have identified travel and parking as a major local issue currently. In response to this, the Trust facilitated local neighbourhood meetings with Transport for West Midlands, both local councils and the neighbourhood police to listen to local residents concerns. This resulted in a commitment to visit local neighbourhoods to review the current experience. The Trust has section 106 planning obligations and is working in partnership with the Council to fulfil those requirements.

*Board Committee Assurance March 2024:*

*The MMUH Opening Committee gave a reasonable assurance rating to this item.*

*The Integration Committee in January 2024 gave a reasonable assurance rating to this item.*

## **10. Communication and Engagement Workstream**

10.1 The Communications and Engagement Workstream includes 4 Quadrants of work:

- Internal and External Communications
- Public and Community Engagement
- Arts and Fundraising
- Volunteers

10.2 **Annex 16 Communications Plan** provides oversight of the extensive internal and external communication and engagement to date. The Communication and Engagement activities in 2023 were very much about increasing confidence in the critical path to open MMUH in 2024 through story telling of construction progress and how the Trust were getting ready for MMUH to open.

10.3 Internally our staff pulse survey scores show improvement in positive scores related to MMUH, which are expected to increase further as Management of Change concludes. Externally we have engaged with thousands of local residents through a number of initiatives including the MMUH tour bus and local community events.

10.4 We are now entering a different stage of the Programme as the critical path determines more precise communication and engagement on matters such as access to maternity services, understanding the urgent and emergency care pathways, access to scheduled care (largely provided through our Treatment Centres), Childrens care pathways and Place based services. The high level schedule in the supporting annex, will be substantiated with a detailed project plan as the next level of assurance to the next MMUH Opening Committee. Work has already commenced on specific patient pathway working groups and enhanced governance to keep a pace of the work plan for 2024 will include fortnightly reporting to the SRO.

10.5 The supporting annex also provides updates on the impressive charity and volunteering work to support MMUH.

*Board Committee Assurance:*

*The MMUH Opening Committee in February 2024 gave partial assurance to the Communications Plan for 2024.*

*The MMUH Opening Committee in March 2024 gave reasonable assurance to the Stakeholder Plan for 2024.*

## 11. MMUH Finance Workstream

- 11.1 **Annex 17 Finance** provides an update on both the MMUH related capital and revenue position.
- 11.2 The known capital costs for MMUH are funded inclusive of delays costs associated with the critical path to open MMUH to patient services in October 2024.
- 11.3 We recognise that over a period of time initial planning assumptions regarding the revenue costs of the MMUH have had to be revised; and at the same time resources within the two Integrated Care Systems have become more constrained. Our collective leadership challenge is dealing with the revenue affordability gap that has emerged of circa £60million. This financial pressure can be grouped into three buckets, which have been consistently reported internal and externally:
- £25 million relates to the **workforce model** associated with the essential MMUH clinical model,
  - £16 million to **inflationary non-pay pressures** and
  - £19 million to the increased cost of capital (**capital charges**)
- 11.4 The PAR review held last October identified the revenue gap as a ‘blocker’ to the MMUH Programme and was subject to critical recommendations.
- 11.5 Further consideration of the revenue financial implications and associated risks are on the Private Trust Board agenda.

### *Board Committee Assurance March 2024:*

*The MMUH Opening Committee gave partial assurance to the subject of MMUH Finance. The Finance Committee noted the report; the Committee Chair is a member of the MMUH Opening Committee.*

## 12. Benefits Workstream

- 12.1 The Benefits Workstream includes 4 Quadrants of work:
- Business Case Benefits Baselining
  - Pre-Opening Benefits
  - Post-Opening Benefits
  - Synergy with Efficiency and Productivity Programme
- 12.2 Price Waterhouse Coopers (PwC) are appointed as our benefits partner. Their work identified over £2bn of benefits across the 58-year period against a total capital cost of £544m, and revenue cost of £1,113m (total cost £1,658m), resulting in a **benefits surplus of £363m**.

The benefits are mapped to rh Programme objectives as demonstrated below.



12.2 **Annex 18 Benefits** provides an overview of the benefits tracking and governance framework which is embedding.

12.3 The recent Audit Committee in March 2024, agreed the recommendation to accept an annual external benefits report on the tracking and delivery of the benefits case.

12.4 Benefits realisation is a key line of enquiry in the future IPA Gate reviews.

*Board Committee Assurance March 2024:  
The MMUH Opening Committee gave a partial assurance rating to the Benefits paper.  
The Audit Committee also received and discussed a paper on this subject, but at the time of writing the assurance outcome is not available.*

**13. Construction Workstream**

13.1 The last construction programme submitted by Balfour Beatty maintained a planned completion date of 1<sup>st</sup> May 2024. This has been a consistent position for some months now. It is usual during the technical commissioning of a hospital, that there is a risk profile to be managed. Balfour Beatty, the Trust and NHP work collaboratively together to mitigate emerging risks and protect the critical path to planned completion. The Private Trust Board will consider the risk profile of the activities to achieve planned completion within that timeline.

*Board Committee Assurance March 2024:  
The MMUH Opening Committee gave a partial assurance rating to the related paper.*

**14. Critical provider readiness**

14.1 As well as our own organisational preparedness to open MMUH safely, we are reliant on a range of critical providers to be ready to enable MMUH to open too.

14.2 The Critical Providers organisational groups are listed below:

- Acute providers

- Community providers
- Mental Health providers
- West Midlands Ambulance Service (WMAS)
- Social Care providers
- Council providers
- Transport providers
- Education providers

- 14.3 The direct health providers have joint objectives with the Trust to ensure patient pathway interdependencies are identified and designed to be safe and effective when MMUH opens and to support the move days. WMAS are actively engaged in the patient move planning and have confirmed capacity to support the patient move days.
- 14.4 The MMUH Business Case and subsequent activity modelling has identified some patient activity movement of patients currently arriving to Sandwell Hospital by ambulance will be taken to Walsall Manor Hospital as the nearest Emergency Department post MMUH opening. This activity shift, in part, informed the establishment of the new Walsall Emergency Care Centre which opened last year. A review of the activity assumptions will be complete ahead of the new financial year.
- 14.5 The councils have a range of responsibilities that include integrated social care provision at MMUH, but also highway signage, birth and death registration, environmental health catering licences, emergency planning, planning permission for the UTC and supporting the move through control of major events planning. Senior Officer relationships are well established.
- 14.6 The councils together with West Midlands Combined Authority have responsibility for public transport and connectivity to the site. There is active work in terms of commissioning bus services to the MMUH site, establishing a mobility hub on site, and extending the Birmingham cycle hire scheme over the Smethwick border to enabling cycle hire to MMUH.
- 14.7 The Chief Medical Officer, Chief Nursing Officer and interim Chief People Officer are working in collaboration with our educational providers on trainee placements. It has been confirmed that the numbers of doctors in training will increase from October 2024.
- 14.8 An Executive Critical Provider Readiness Assurance framework has been established with Executive level membership from all providers, Black Country and Birmingham and Solihull Integrated Care Boards and NHS England. Liam Kennedy, MMUH Delivery Director has oversight of this along with the Managing Director. Monthly Critical Provider Readiness assurance will be reported into the MMUH Programme Company from next month.

*Board Committee Assurance:*

*The MMUH Opening Committee will receive an assurance report monthly going forward as part of the Ready, Set, Go data set for Critical Provider Readiness.*



## 15. Project Assurance Review, IPA Gate 4 Readiness for Service and CQC registration

- 15.1 The Infrastructure Project Authority (IPA) arranges and manages independent assurance reviews of major governance projects. The New Hospital Programme is a part of the Government's major infrastructure portfolio. To date the IPA have reviewed new hospital schemes at a national programme level. Given the scale of the MMUH and the future volume of hospitals to be built in the national programme, significant scaled projects such as MMUH will now be subject to IPA Gateway assurance reviews.
- 15.2 The IPA Gate 4 is the next relevant gate assurance review for the MMUH Programme with the overarching theme of Readiness for Service. The MMUH Programme has passed through previous Gate reviews successfully. Due to the longevity of the MMUH Programme, the Managing Director commissioned a Project Assurance Review (PAR) in October 2023. A PAR review is a review commissioned by the SRO on specific key lines of enquiry. The terms of reference were approved by the MMUH Opening and Audit Committee. NHP provided an independent set to assessors.
- 15.3 The Review was very much welcomed in terms of a significant learning and assurance opportunity. The Managing Director was pleased to receive feedback and commendation of the openness of the 13 staff interviewed in terms of their transparency and willingness to learn as well as to share and improve, which aligns with the focus on an open learning culture and a mature well embedded risk management approach in the Programme. The identification and acknowledgement of areas of best practice in relation to the Programme leadership resources and skills, stakeholder management particularly related to the longer terms realisation of strategic regeneration benefits, the Sector Wide Academy Partnership which widens participation engaging more of the local population into sustainable employment, clinical transformation of falls and frailty patient pathways as well as strategic programme decision making and collaborative learning at a national level were all very much welcomed. The Key Lines of Enquiry appeared to be comprehensive and remained intact, with no unidentified or new risks identified during the Review.
- 15.4 **Annex 19** details the **PAR Recommendations**, current status and progress against closing all but one of the recommendations by April 2024. The outstanding recommendation is related to finance and is covered in section 11 of this paper.
- 15.5 The IPA Gate Review process gives independent guidance to the SRO and programme team on how best to ensure their programme is successful.
- 15.6 **Annex 20 summarises the Purpose of the Gate 4 Review.** The key lines of enquiry are written to be relevant for a variety of major infrastructure projects such as transport, defence, and digital major programmes not just hospitals. Opening new hospitals are not only technically more complex building infrastructures due to the technicalities of medical gases and ventilation requirements for example, but the readiness to introduce patient services into a new environment and the planning and execution of a safe move are also complexities of opening a new hospital that must be considered in a Readiness for Service Review. The New Hospitals Programme is working with the MMUH Programme and the IPA to add additional key lines of enquiry relevant to health. These will be used for the MMUH Gate 4 Review and evaluated for use across the national New Hospital

Programme for further hospitals opening. The full key lines of enquiry will be shared with the MMUH Opening Committee and Audit once finalised. These Committees will also receive the output Gate 4 report.

- 15.7 With the MMUH Programme critical path scheduled to open MMUH to patient services in October 2024, the Gate 4 assessment will be scheduled for late June 2024. This gives time to consider the recommendations and act on those ahead of the first patient move.
- 15.8 The MMUH Programme team have completed a self-assessment against the Gate 4 existing key lines of enquiry in terms of ability to provide evidence or have plans to achieve these. This has been shared with the assurance lead in the New Hospitals Programme team with experience of Gate 4 Review, who concluded and agreed with the Managing Director that the MMUH Programme is in a reasonable state of readiness to proceed with an application for a Gate 4 Review in June 2024.
- 15.9 The Managing Director has completed an IPA risk assessment which informs the application for the Gate 4 Review, which the New Hospital Programme team will make our behalf.
- 15.10 The Gate 4 Review outcomes will inform part of the assurance process to inform the Safety Case that is scheduled to go to an August 2024 Trust Board to inform a decision to move.
- 15.11 CQC registration is another critical assurance milestone to be ready to open MMUH to patient services. Led by Kam Dhami, the Chief Governance Officer, early engagement has started with the CQC new hospital registration lead. The CQC registration team have visited MMUH receiving presentation from a multiprofessional team on the Programme including the clinical model, workforce plans and critical path. Together with a very comprehensive site visit, this early engagement has helped the CQC to plan the approach and timelines to activities to assess the Trust for MMUH site registration. It is anticipated there will be a mixture of virtual interviews with clinical and operational teams and site visits as part of the assessment process. A project group has been established to ensure preparedness and lessons learnt from previous new hospitals have been incorporated into the project. The timing of the assessment is likely to be July/August 2024.

*Board Committee Assurance March 2024:*

*The MMUH Opening Committee gave partial assurance to the PAR Review outcome and IPA Gate 4 preparedness paper.*

*The Audit Committee also received and discussed a paper on this subject, but at the time of writing the assurance outcome is not available.*

## **16. Summary**

- 16.1 The paper sets out to provide assurance and evidence of some of the key foundations that inform the current critical path to open MMUH to patient services in October 2024.
- 16.2 A Programme of this scale and complexity will have significant risks at this stage. The paper has been transparent about those risks.

- 16.3 The Programme is on track with some identified significant risks, which are being closely mitigated and managed. The Programme will continue to be proactive in learning from others and seeking 3<sup>rd</sup> party support.
- 16.4 The MMUH Opening Committee, Audit Committee and other relevant Tier 1 Trust Board Committees will continue to have high visibility of Ready, Set, Go Criteria and Programme risks, the mitigation plans and associated management of those risks.
- 16.5 As part of the forward Trust Board assurance journey, the Trust Board should expect to receive assurance on the IPA Gate 4, Readiness for Service and CQC registration process, prior to the Trust Board meeting in August 2024, which is scheduled to receive a Safety Case with a recommendation to move patient services to MMUH in October 2024.

## **17. Recommendations**

### **17.1 The Public Trust Board is asked to:**

- a. **RECOGNISE** the current Programme critical path to open MMUH to patient services in October 2024.
- b. **DISCUSS** the Programme risks and note the mitigations being pursued for the UTC (section 4.3), Bed fit and Winter Planning 2024 (section 4.4) and Finance (section 11 and subject to a Private Board paper).
- c. **ACCEPT** the recommendation that the Public Trust Board hold an extraordinary session in April 2024 to receive further assurance on the critical matters related to the Programme critical path to open MMUH in October 2024.

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

**March 2024**

