▶READY SET GO

Involves checking and preparing the building and infrastructure, service models and workforce prior to handover

January 24	February 24	March 24
Key decisions		
• Departmental move plan approved • Activation period plan approved • Trustwide Estate comms plan launched • Pharmacy End-to-End solution - drugs cabinet order authorisation	• Notify third party installers to come on site at the end of March • Self-assessment of infastructure project authority (IPA) gateway - readiness for service operational readiness gateway takes place • Logistics project assurance review takes place • Clinical scenario testing proposal for approval • Urgent Treatment Centre service model to be agreed • Internal review of our service readiness against Government benchmarks	• Trust Board to agree move plan • Trust to accept assurance on workforce • Accept recommendation to commence soft activation - 28 March 2024. • Be informed of conditions of the anticipated planned contract completion. • Accept recommendation of the move plan • Accept recommendation of a move date critical path for October 2024.
Operational readiness and key activities		
• Registration work commences with CQC • Strategic benefits oversight governance established • Corporate Directorate Operational Readiness Away	• Establish critical provider and commissioner executive oversight group • Clinical Group Operational Readiness Away Day	• All SOPs signed off • Soft activation starts

READY ▶▶SET GO

Getting the building and colleagues ready for the start of clinical service provision i.e. testing workflows, equipment and operational processes/clinical systems

April 24	May 24	June 24	July 24	August 24	September 24
Key decisions					
			Pre one hundred days		
		• IPA Gate 4 - readiness for service • Third party service readiness review against Government benchmark		• Trust Board receive safety case and approve decision to move in October	
Operational readiness and key activities					
• Management of Change completed • Logistics activation starts on site at Midland Met • Trust Leaders Conference - Midland Met focus	• Planned completion and building handover • Facilities management onsite at Midland Met • Corporate Directorate Operational Readiness Away Day	• Post handover estates work completed • Staff induction begins • Onsite clinical scenario testing • Mock patient move week • Clinical Group Operational Readiness	• CQC readiness assessment for registration • Staff induction • Onsite clinical scenario testing • Trust Board receive safety case and approve decision to move • MMUH Programme Company Away Day	• Staff induction	• 100 per cent operationally ready • Staff induction

READY SET ▶▶▶GO

Involves transitioning patients to the new site, the ramp up of clinical services, and finally, the opening of Midland Met

October 24	November 24	December 24	January 25	February 25	March 25
		Post one hundred days			
• Patient moves with HCR start and MMUH opening	• Patient moves with HCR finish • Post 100 days activated	• Disconnection of vacant building at City site	• Post 100 days - lesson learned assessment		• MMUH Programme Company closes

#MoreThanAHospital

NHS Sandwell and West Birmingham NHS Trust

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

Ready Set Go Criteria **Annex 2**

1. Background

1.1 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 deliver to demonstrate preparedness and readiness for service. Readiness will be demonstrated by the aggregated position in relation to Programme Critical Success Factors, Operational Readiness, Programme Risk and Clinical Safety/Hazard management. The Ready, Set, Go criteria 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.

1.2 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**

2. Programme Critical Success Factors (CSFs)

2.1 Programme CSFs are the key measures at programme level which are a) critical for safe opening of MMUH at day one (go /no go CSF's) or b) deliver the programme objectives and vision and related to Benefits.

2.2 Our 18 'Go/No Go' CSFs are:

- All departments have completed operational checklists with evidence
- Deliver the bed reduction plan that equates to the correct occupancy levels in the MMUH Business Case (rightsizing transformation)
- Total bed usage at planned MMUH occupancy rates within plan to fit
- Development of logistics team and implementation of stock tracking/inventory management system
- Safe staffing to enable the hospital to provide essential services
- Process of key Management of Change(MOC) has been successfully completed and implemented prior to moving into MMUH
- Clinical IT systems configured to represent the configuration of MMUH
- Testing of bleeps and radios in designated locations across the hospital
- Testing of IT infrastructure, WiFi and mobile phone systems
- Defined list of construction defects are issued by contractor via project manager at handover and resolved before first patient move
- New works/changes/installation of equipment by 3rd party suppliers identified & instructed during the operational commissioning period are completed
- There is sufficient Group 3 equipment at MMUH to allow services to function safely from first patient day
- Planned Preventative Maintenance plans in place for all assets
- EQUANS staff and sub-contractor readiness
- Pharmacy and Pathology retained estates scheme development in line with programme and to ensure support services across all sites as designed

- Premises Assurance Model, including licensing and accreditation (for handover)
- Construction defects resolution
- Handover criteria met

2.3 A critical success factor for Urgent Treatment Centre will be developed and signed off in April 2024's governance cycle. An additional CSF will be added in relation to the implementation of an end-to-end medicines administration process. Both of these measures will contribute to 'Go/No Go'.

2.4 All programme CSFs are subject to review against a trajectory for completion and RAG rated. Three Go/No Go CSFs are reporting RED: Construction defects, Rightsizing transformation schemes and Overall Bed Usage.

2.5 C*onstruction Defects:* During the last reporting period Balfour Beatty rectified 92% of reported defects, this underperformance is due to the redirection of resources to get areas ready for the client inspection process resulting in fewer resources available to close out snagging observations. A mitigation plan is expected to show improvement by March 2024.

2.6 *Bed fit:* Both the right sizing transformation schemes and overall bed day usage are performing behind trajectory. The right sizing transformation scheme performance is being driven by Frailty Same Day Emergency Care (SDEC) and Virtual Respiratory Ward metrics. Agreement has been made at Executive Level that Frailty SDEC cannot be bedded (as has occurred during recent months) to ensure this transformation benefit can materialise. Urgent Care governance has been bolstered to strengthen analysis and mitigation of length of stay and operational issues. Further detail in relation to bed fit assurance and future planning is provided in Annex 4.

2.7 The programme CSF position is therefore currently rated **RED** in the aggregate – demonstrating less than 90% of our 'Go/No Go' success factors are meeting target. There is however plans to mitigate and correct the 3 out of 18 CSFs that are driving the current rating.

3. Operational Readiness

3.1 Operational Readiness is a key piece of evidential assurance for the decision to safely open the hospital. An operational readiness checklist for completion by each relevant ward / department (148 in total) has been created with a total of 75 actions. Actions are completed across a timeline and monitored via a tracker against the below trajectory. The expectation is all departments should be at 100% completion of all relevant actions three weeks prior to the move to MMUH.

Readiness Category	Total Number of Actions	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Q1 24/25	Q2 24/25
Clinical Services	9	-	1	2	6	-	-
Non Clinical Services	3	-	-	-	-	1	2
Workforce	24	2	1	2	4	4	11
IT	4	-	-	-	-	3	1
Communication and Engagement	2	-	1	-	-	1	-
Activity	1	-	-	-	-	-	1
Clinical Support Services	21	-	-	-	18	1	1
Pre-Move Plan	2	-	-	-	1	-	1
Corporate Readiness	9	-	-	-	2	3	4
Total Actions	75	2	3	4	32	13	21
		3%	7%	12%	55%	72%	100%

3.2 At the last reporting interval (31st January 2024) all Quarter 1 and Quarter 2 2023/24 actions have been completed. 146 of 157 activities for Quarter 3 2023/24 actions have been completed: 11 outstanding activities relate to concluding drafting of 10 Operational Policies (65 having been drafted) and the deferral of the Organisational Development intervention plan for Logistics, to align with Management of Change timelines. This represents completion of circa 11.65% against a target of 12%.

3.3 The Operational Readiness position is currently rated **AMBER**, driven by the delay observed to Operational Policy development.

3.4 It should be noted, however, that Quarter 4 2023/24 actions are being completed at pace.

Action	Month	Narrative	Status
MOC Training (2)	January	Training available online and Phase 3 launch	Complete
Signed off Operational Policies and Standard Operating Procedures (2)	February	Reviewed at 23rd February Clinical Group Readiness Away day and distributed.	In progress
Support Services Provision (19)	February	Reviewed at 23rd February Clinical Group Readiness Away day and distributed.	In progress
Theatres and Out Patients Schedules (2)	February	Theatres confirmed – for distribution, Outpatient - confirmation needed with current services without a location on retained estate.	In progress

SHO and Registrar Rotas (2)	March	Already agreed and included in MMUH Safe Staffing paper to February Programme Group.	Complete
External Reporting/ SLA	March	Contract detail received February 2024. Validation and assignment to relevant Departments to take place	In progress
Business Continuity Plans	March	Templates and completed version distributed. Groups taking through Governance structures for review – Feedback being provided to BCM's of gaps in details from EPRR team by end of Feb	In progress
Activation Readiness	March	Confirmation through Activation Group	In progress

3.5 February 2024 data is expecting to show continued progress, with **AMBER** rating maintained.

3.6 The Operational Readiness Checklist priori to move will include assurance of safe staffing rotas, completed induction and move plans.

4. Programme Risk Profile

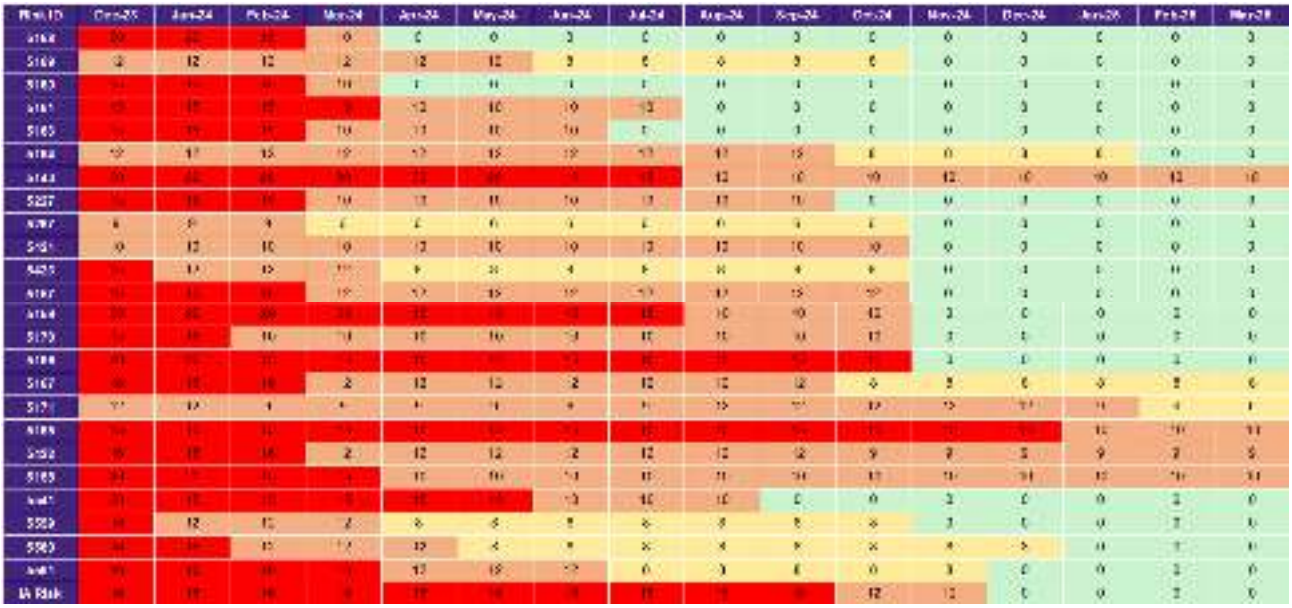
4.1 The integrated MMUH risk register is the tool adopted by the MMUH Programme Company to actively identify, assess, monitor and mitigate risks in relation to MMUH delivery. Programme risks are those which have been identified as a major risk to programme delivery and are subject to review via the MMUH Risk Management Group.

4.2 Programme risk review has identified 'expiry/resolution' points for each of the risks linked to:

- Building handover (or sooner)
- Patient Day One
- Transition to BAU and MMUH Programme Company Closure

4.3 Linked to each 'expiry' point, programme risk owners have developed risk trajectories, plotting projections to achieve target scores. The combination of the trajectories provides a clear risk profile across the MMUH programme:

- At building handover there are projected to be nine Extreme risks, with scores ranging from 15-20
- At Patient Day One there are projected to be three Extreme risks, with scores ranging from 15-16
- At transition to BAU there are projected to be no Extreme risks, with the three highest rated risks scoring 10



4.4 Monitoring of risk management and residual risk score movement to target scores has become a key part of assurance to support the Go / No Go decision making process. Performance against profiling is RAG rated.

4.5 7 Programme Risks are currently behind their trajectory, 6 are performing ahead of trajectory (including early closure) and 12 are on target. Of the seven areas behind schedule none are considered to be a risk to building handover. MMUH programme risks are well managed and each of those behind projection has a clear mitigation approach to return to trajectory. Current position is **AMBER**.

5. Clinical Safety/Hazard Management

5.1 Learning from the deployment of our Electronic Patient Record system we have implemented a Clinical Hazard reporting and management process. This has been designed to allow Trust colleagues to advise of any potential source of patient harm that may occur due to service change within MMUH or on our retained estates.

5.2 A single page electronic form is accessible to colleagues to complete. Forms submitted are recorded, triaged by a Clinical Safety Group and, where the hazard is not already accounted for within risk or interdependency management, logged for action and management. Tracking of active management provides assurance to support decision making.

5.3 The log has been launched and reports submitted. To date all have been resolved. Current position is **GREEN**.

Rachel Heywood Clarke
PMO Lead

MMUH Programme Risk Register

v.12.0 Jan-24

Remember! A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives

Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequen	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequen	Target Risk Score	Risk Timeline	Escalation to Trust
03-Nov-22	5157	1	Open	Programme	There is a risk that the operational function of services at MMUH is impacted by health population and demographic demand changes	Services not fitting within the building. Clinical KPIs are not met. Increase in affordability (revenue). Increase in affordability (capital - further business cases to change) Failure to realise full benefits. Reputational impact	Liam Kennedy	_Close monitoring of activity profiles will be occurring on a monthly basis. _Forecast created that looks at monthly variation on MMUH position. _3rd party lead and facilitated MMUH bed and PLACE based service modelling over a 6 week period ending in March - 23. This work includes PLAN A i) validating demand at ICB and speciality level against attendance, admission profile and LOS/ discharge pathways, ii) validate current plans for WMAS deflection to Walsall, SDEC, Frailty and cardiology bed day reduction to understand remaining opportunity and risk profile; iii) identify new opportunities and risk profile via evaluation of PLACE based transformation work; iv) Validate opportunities from best practice (PWC to provide opportunity list) including IPC and 7 day opportunities. v) Impact of changes to occupancy rates. _Discussion with BSOL about increase in activity as part of the annual financial planning submissions _ Bed day modelling refreshed using 22/23 figures and demographic growth. Bed demand versus planned MMUH capacity can now be viewed by ICB, Specialty and Ward, to identify surpluses/deficits at those levels. Monitor the Rightsizing dashboard information monthly through group and committees. SDEC document completed for review and sign off at executive level. PLan B paper has been through committee meetings 6/12/23- no change LOS changes. will continue to be monitored	_Rightsizing dashboard - demonstrates success against all areas to date - suggest to review until the new year and then review for downgrading	5	4	20	Further rightsizing schemes developed and will be integrated into the overarching monitoring of right sizing 24//24 Further opportunity to be reviewed in line with discussion around occupancy versus further schemes developed 24//24 Review plans around Frailty SDEC due to delay linked to recruitment, reconfirm timelines 3//.//24. new plan identified for frailty delivery for the 4/3/24. continue to monitor through the urgent care delivery group. agreed revised urgent care governnace and evidneced based approach to LOS will be reviewed and rolled out by 20.2.24	20.2.24	Liam Kennedy	3	4	12	_A - Building Handover (as maintenance and monitoring of Winter Plan 2023) _B - Patient Day One (additional right sizing)	Yes
03-Nov-22	5158	2	Open	Programme	There is a risk of increased financial pressure from changes in health population demand and patient flow impacting clinical requirements for MMUH due to insufficient and timely planning in response to these changes.	_Financial deficit _Increase in affordability (revenue). _Increase in affordability (capital - further business cases to change) _Failure to realise full benefits. _Reputational impact	Simon Sheppard	_Regular engagement with the key Integrated Care Boards on the financial affordability is established. _ Bed "right sizing" external review and monthly modelling of the clinical model implications _Monitoring of key public health data as early warning signs of changes. _Quarterly reporting on the financial implications through the MMUH governance and Trust governance. _Development of the medium term cost model to reflect the financial impact of changes. _Black Country ICB to identify MMUH as an exceptional item. awaiting confirmation from NHSE. __Presentation of the MMUH case (clinical, workforce and financial model) to the Black Country Provider Collaborative _Monthly monitoring of patient activity. _Reporting through to FIPC of patient activity levels compared to the planned levels _Refresh of the Medium Term Cost Model (MTCM) reflecting the outcome of the 2023/24 plan and latest demand assumptions _Provider Collaborative engagement regarding the use of ICB growth monies to support MMUH - risk based approach including Q/A _Financial review as an integral part of the PAR review. and subsequent actions. _NHSE to complete their review of the incremental costs of MMUH _Submit 8 of the workforce business cases to NHSE for further review _High level analysis of the increase in WTE of 1,000+ to be provided to NHSE (03/11/23) _Private Trust Board session on 10 January 2024 to discuss the financial position _Follow up meeting with NHSE to discuss financial due diligence review (12 January 2024)	_Monthly reporting to TMC, MMUH Programme Group, FIPC and MMUHOC	4	5	20	_Follow up meeting with NHSE to discuss financial due diligence review (February 2024) _Paper on the BSOL Investment Committee (22 Feb 2024)	29/02/2024	Simon Sheppard	2	5	10	_A - Building Handover (linked to 2024/25 planning) _C-Ongoing Transfer to BAU	Yes
03-Nov-22	5159	3	Open	Programme	There is a risk of delay to opening and safe transition of services due to lack of operational readiness therefore impacting on commissioning, clinical services, clinical support and workforce.	_Delay to decommissioning _Decrease in affordability _Reputational impact _Workforce recruitment and retention issues	Liam Kennedy	_Monthly reporting on interdependent activity progress and delay mitigation review. _Development of integrated critical path programme and close monitoring of all critical operational readiness activities across workstreams including key interdependencies. _Robust risk management at workstream level to mitigate risks with schedule impact. _Development and sign off of operational readiness tool kit _Delivery of operational readiness checklist _Critical Path Review	Monitor Operational readiness dashboard	4	5	20	All remaining service change requests going through BC in Jan. update by 31//.//24. Review operational readiness criticality including rephasing and de scoping to ensure focus remains on all those critical for MMUH opening 17//.//24 Output sessions scheduled for 16th & 17th January to articulate additional actions. Operational readiness change approved to rephase the delivery. Review of operational policies completed on 7.2.24. residual work being completed by groups by the 23.2.24	23.2.24	Liam Kennedy	2	5	10	_B - Patient Day One / Safe Opening	*Proposed - July 2023*
03-Nov-22	5168	4	Open	Programme	There is a risk that the construction Completion Date impacts on the operational commissioning.	_Delay to the overall commissioning period _Delay to the opening and safe transition of services to MMUH _Delay to decommissioning programme. including delay to Homes England contract and prolonged running of existing estate _Increase in affordability	Richard Malloy	_Working closely with BB and Gleeds each month to monitor construction progress and delay mitigation measures. _Regular scenario planning and Gleeds deep dives added to programme to review the situation regularly. _Gleeds and NHP provide assurance on accepted programme and Balfour Beatty performance which informs mitigations and actions. _Scenario planning and alternative commissioning plans to develop mitigation actions should construction Completion extend beyond December 2023. Delay costing being developed. Update reported to March Opening Committee. Further update will be provided following RP14 review. (28/04/2023) -Delay Scenario - Option B has been issued to Balfour Beatty as possible mitigation to ensure Activation can commence as planned on 28th March 2024. Further workshops to be undertaken with Balfour Beatty to establish an agreed scope of works. - Option B has been mobilsed and confirmed acceptable by Balfour Beatty. This de risks the 28th March completion date to enable focus on May 1st 24 completion date.	_Weekly SMT and monthly POB and PEB meetings will be used for escalation on BB performance. (Ongoing). _Accountable Officers for BB. Trust weekly meetings. (ongoing) _NHP meetings (ongoing) _National CEO level and Central Government involvement	4	5	20	RP 18 and 19 have been rejected due to unrealistic timescales and Non achivievement of Mitigation. RP20 shows a planned completion date of 2nd May 2024. but shows an option for the Trust to commence Activation from 28th March 2024. RP21/22/23 have been submitted and rejected due to the stacking of activities, These programmes still indicate a May 1st 2024 Completion date. Soft Activation is now planned and accepted by Balfour Beatty allowing the commencement of Trust activities from 28th March 2024.	28/02/2024	Richard Molloy	2	5	10	_A - Building Handover	Yes
03-Nov-22	5169	5	Open	Programme	There is a risk that the workstreams are not fully integrated and issues occur which were not known/foreseen because the programme and Core Organisation (BAU) interdependencies were not identified.	_Delays across workstreams (unplanned, unintended) _Undefined scope gaps not being addressed by workstreams, impacting overall delivery _Impact on clinical pathways and physical assets (buildings and operational systems).	Rachel Barlow	_MMUH Exec in place monthly. MMUH Executive Quad Plus MMUH Directors meeting established fortnightly. _Core Organisation membership on MMUH Programme Group with Managing Director membership. _Workstream stakeholder relations mapped (inclusive or core organisation) _Workforce Oversight Group established to ensure alignment on core and MMUH Workforce progress from 3rd party assurance reviews. _FOC and hospital standardisation aligned to a single project. _Clinical support single leadership proposal agreed at March 2023 MMUH Programme Group and subject to MOC. _Assurance on workstream level governance to be assessed for assurance purposes. _PID template for workstream, quad and projects provided; SOP for programme population established. _QA review of programmes undertaken by PMO Lead. _Annual plan aligns with MMUH programme for beds and workforce. _Risk and Audit committee accepted the red workstream report in May 2023. _Rebaselining approved in July 2023, including clear windows for practical completion and move. _Further reduction in red maturity assessment as a result of the workforce improvment sprint closed in July 23. _Operational readiness governance in place. _Monthly workstream maturity assessment continues to provide delivery assurance in the Programme. _PAR review compleitd in October - report received -Programme Closure Plan approved (formerly referred to as Exit Strategy). - Equans deep dive completed. Reasonable assurance based on completion of	_Assurance on workstream level governance to be assessed for assurance purposes - QA review to be repeated quarterly. _To be updated following rebaselining - completed - Critical path review completed and to be established as a routine process for remainder of the Programme - PAR review report and responses	4	4	16	- Soft landing approach enables activation to start 28.03.24. Written plan required for assurance with agreement of both parties; confirmation of soft activation discussed 04/01/24 - Programme Director led review session Corporate Readiness ~~to be~~ completed in December (30//12/23); confirmed as on track on 04/01/24. but with further review needed in January. - Activation workshops in train and proposal to be agreed in Janaury governance cycle (30//.//24) - Review medical equipment project to be arranged (action from MMUH OC and causing red status in IT PMO report) - Critical provider readiness to be mobilised as a project in the critical path and governance structure put in place effective in January (31.01.24) - Logistics project PAR review to be commissioned for February 2024 via SRO to DHL Director. (29.02.24) - PMO lead to confirm completness of content in workstreams to inform over all critical path eg; travel, retail and ensure available for Janauary reporting (30//.//24) - Programme Director to provide milestone plan for handover and closure approach in draft Janaury and inform reporting from February 2024 latest (29/2/24) - January corporate readiness review update	30/01/2024	Rachel Barlow	2	4	8	_A - Building Handover	*No*

MMUH Programme Risk Register

Sandwell and West Birmingham NHS Trust

v.12.0 Jan-24

Remember! A risk is an uncertain event that, should it occur, will have an effect (negative or positive) of the achievement of objectives

Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequen	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequen	Target Risk Score	Risk Timeline	Escalation to Trust
03-Nov-22	5160	6	Open	Programme	There is a risk that delayed practical completion impacts on the safe opening of MMUH due to a requirement to reduce the clinical commissioning period and achieve first patient move.	_Delay to opening and safe transition of services (clinical services, clinical support, IT, Workforce) or inadequate commissioning period to enable a safe opening _Increases revenue _Delays decommissioning programme _Reduced commissioning period which would compromise testing and readiness assessments	Rachel Barlow	_The commissioning workstream is very well established and is clear on scope to ensure it can support what is required for day 1. Scenarios have informed a 26 week minimum commissioning period. _The MMUH Programme Company have reviewed National Audit Officer reports on lessons learnt from major programmes across a range of sectors. This research is informing the view of a 26 week commissioning period aligned with key suppliers commissioning activities and an advisory sanctioned move period by the strategic move partner Health Care Relocations. _Rebaselining approved in July 2023 which includes a 26 week commissioning period. _Initial review of Trust commissioning plans held with NHP in July 23. _BB and Trust programmes updated monthly to ensure critical interface milestones align between commissioning plans. _Trust risk assessment completed to inform technical commissioning options post practical completion and NHP providing more documented lessons learnt whcih informs the Programme to continue to protect the 26 week commissioning period. - Lessons learnt continue to inform activation plan eg Manchester Trauma Centre. - PAR review completed October 2023 - outcome and responses recorded and tracked - Activation workshop with NHP completed	_Gateway reviews _Lessons learnt evidence (NHP/ HCR, Brighton, Manchester etc) _BAF	3	5	15	- Soft landings approach agreed in principle with Balfour Beatty protecting the 26 week commissioing / activation period; Trust to start activation 28.3.24 with agreed technical commissioning system completion status to inform the conditions to start activation. Planned completion programmed 15.24 or will be mitigated earlier. NHP risk mitigation proposals accepted at PEB in December 23. - Written assurance of soft landings programme with both parties signed up - via General Communication under NEC to be issued 7th December. - RB to work with BB Managing Director. NHP Site Project lead and the Trust Construction Director in Janaury 2024 to narrow down the range for planned completion between 28.3.24 (BB aspiration) to 15.24 (submitted construction programme) - this is necessary to inform confidence in planned completion and for the Trust to confirm the move date or ruduce the range of move dates in February 2024. (29.2.24)	19/02/2024	Warren Grigg/Richard Molloy/Jayne Dunn	2	5	10	_A - Building Handover	*No*
03-Nov-22	5170	8	Open	Programme	There is a risk that there is an inability to deliver safe staffing requirements due to internal recruitment processes and market supply.	_Staff shortages in critical areas impacting on the ability of the Trust to deliver on care _Clinical pathway derogations _Reputational impact _Financial consequences outside of our annual planning affecting affordability	Liam Kennedy	_Specialist external support has been commissioned to provide access to a wider reach of resources to support the recruitment plans for the MMUH. _Dedicated leadership has been provided to the workforce workstream via the MMUH Delivery Director who has sole accountability. _Communications plan with groups/clinical leads for clarity on recruitment. to be explored (28/02/2023) - complete _3rd party report on workforce maturity and next steps complete _Check and challenge of progress of recruitment. Meetings to commence 6th February 2023. (Ongoing) _Review of hard to fill recruitment taken through April governance cycle detailing improvement in key areas. _Outsourcing of recruitment function _Extended contract with external recruitment partner in place, with agreed KPIs and core resources to support and track delivery against trajectory. (May 2023) - Enhanced Assurance reporting in place, (forecast and actual) recruitment against plan. (On-going weekly) _Develop first draft Sprint plan and circulate (24/05/2023) - first draft complete, editing of the final version will be complete by 7/6/23 _Several recruitment events are planned throughout the year to enable Groups to fill both MMUH and BAU posts. (30/05/2023) Stage 1 and 2 posts moved into core budgets for groups to recruit to _Phs 1 Dashboard Complete, Positive feedback from imaging agreed to pursue with clincial posts inspite of funding challneges at committees recruitment dahboard now circulated to all groups Review MMUH clinical models in line with the new clincial group phasing Safe staffing levels for Nursing submitted	_Quadrant Leads continually track and monitor delivery against trajectory of Sprint Plans. _Recruitment dashboard re-fresh and weekly meetings in place to drive delivery _Quadrant Lead approach to be resolved; 'interim' post holder attending Workforce Governance meetings and reporting	4	5	20	Staffing review of all ward nursing staffing to be completed by 24/1/24 GM rota to be signed off at all levels 24/1/24 04/01/24 - LM to provide further details on staffing decline numbers. Full staffing assurance to be presented through committee cycles in February to feed March Board 20.2.24	20.2.24	Liam Kennedy	2	5	10	_B - Patient Day One / Safe Opening	*Yes*
03-Nov-22	5163	9	Open	Programme	There is a risk that the scheme is not delivered within the financial envelope (capital) due to lack of ICB and NHP funding to address the shortfall	_Lack of ICB and NHP funding to address the shortfall resulting in sub optimal outcomes _The Trust may need to divert funding from other projects or workstreams. This could impact on the overall capital delivery of the programme.	Simon Sheppard	_The MMUH Programme Company will be monitoring all costs associated with the MMUH on a monthly basis and link into the Core Organisation into wider Trust finances. _Monthly reporting to NHP on financials _Out of tolerance changes in costs/spend will be escalated to the MMUH Managing Director to link into the Core Organisation. _Development of the medium term cost model to reflect the financial impact of changes. _Engagement with NHP through monthly meetings to access, where appropriate, the approved contingency _ Allocation within the Trust 23/24 capital programme of £750k for change control implications _MMUH Procurement Bill of Quantities approved through April governance cycle and tracked via the monthly finance report __Confirmation of the carry forward of funding from 2022/23 to 2023/24 from NHP _Validation of the contingency held by SWB completed and reported for FPC and MMUHOC __Refreshing costs associated with any delays to be modelled based on the March 2024 practical completion date, and discussions with NHP colleagues to be finalised and agreed by 11 October 2023 - there are weekly meetings with NHP to support this timeline _ MOU for £9.98m delay costs for 2023/24 and 2024/25 approved 7 February 2024	Monthly reporting to TMC, MMUH Programme Group, FIPC and MMUHOC	3	5	15	_Confirmation regarding the delay costs relating to the £5m equipment submission expected by the end of February 2024	29/02/2024	Simon Sheppard	2	5	10	_A - Building Handover	*No*
03-Nov-22	5164	10	Open	Programme	There is a risk of poor engagement with the MMUH Programme with the public, stakeholders and staff due to inadequate communication & engagement resulting in reputational damage for the Trust.	_Impact upon clinical safety _Reputational impact _Impact on workforce retention & recruitment	Jayne Ilic	_There is a Comms & Engagement plan is in place to ensure effective communication with the public and staff. _Comms and Engagement plan will be updated regularly to ensure up to date information is shared and available for all stakeholders. _Dedicated comms and engagement lead within the MMUH Programme Company provides sole accountability. _Development of the integrated programme to identify reportable key milestones that comms can be produced from. _Comms & Engagement scope includes various social media, staff events, public events to ensure robust communication _Revision of stakeholder mapping completed _Implementation of stakeholder engagement activity _Approval of Internal Communications Plan _Near Neighbours Group meetings established _Re look at stakeholder map -emphasis on design to delivery (30/7/23)	_External stakeholder bulletin (Monthly) _Implementation of internal communications plan (Ongoing) _Monthly 6 month lookahead (Ongoing) _Review of staff facing / readiness milestones _Pulse surveys	3	4	12	_Public conversation document relating to MMUH (30/11/2023) - Stroke engagement to conclude ~~December 2023~~ January 2024	~~30/12/2023~~ 30/01/2024	Jayne Ilic	2	4	8	_A - Building Handover (staff) Maintain to B - Patient Day One / Safe opening (all)	*No*
03-Nov-22	5171	11	Open	Programme	There is a risk that the Trust are unable to deliver the MMUH Programme due to resource capability and capacity (leadership & delivery).	Integrated programme cannot be maintained, resulting in overall delay	Rachel Barlow	_Governance structure has been established for MMUH Programme Company including clarity of roles, responsibilities and objectives in line with MSP principles. _Quarterly leadership team development meets are in place. (with the exception recorded in outstanding actions). _MMUH Programme Company recruitment completed. _Assurance papers on MMUH Programme Company implementation provided assurance in December MMUH Programme Group and January 23 MMUH OC _MMUH strategic Executive and Trust Management Board (to include MMUH Programme) established in January 2023. _Managing Director structure in place. Clinical Safety Officer appointed in February 2023. _Workforce 3rd party review accepted and reported to MMUH OC in April 2023 along with resource plan and improvement approach. _PwC confirmed as a delivery partner for the Benefits workstream. _New Programme Director in place. _New Communications Director in place. _Role development and triangulation of objectives with SRO and MMUH Delivery Director to optimise on programme delivery. (30/6/23) _Workforce maturity assessment has improved to just 2 residual red assessments following on from the improvement sprint. _PDR's conversations regarding retention and career planning completed. _OD programme scope and resources agreed in August 2023. _SMT membership reviewed and meetings transitioning to focus on horizon scan to go / no go and exit, finance and communications. _MMUH Exec Quad plus MMUH Directors to meet fortnightly to ensure joint delivery capability in countdown to Go/ No Go decision making and Programme Exit / closure. - Chief People Officer now in post, with other Directorate leadership appointments offers a		3	4	12	_- MMUH to mainstream into business as usual as we transition into handover and towards programme closure. This includes dual accountability for workstreams. (30/01/24) - Review of paln B resilience to be compeleted (30/01/24) - SRO to write up MMUH Programme Company People Plan for Janaury 2024 to include wellbeing, resilience and workforce plan through to Programme Closure (30/01/24) - Additonal resource request from SRO from NHP to be confirmed (31/1/24) Transferred :Workstream resilience review for leadership to be undertaken by 21st December. Any additional key roles which may be at risk to be identified by 12.1.24 PMO resilience to be strengthened through appointment of a senior PMO manager who is able to lead reporting, releasing the PMO lead to perform more strategic duties. Executive accountability and ownership to be strengthened through dual lead executives for all workstreams which will also facilitate handover of work through the Programme Closure strategy.	30/01/2024	Rachel Barlow	2	3	6	_C - Transfer to BAU (via Exit Strategy)	*No*

MMUH Programme Risk Register

v.12.0 Jan-24

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Date Initiated	Safeguard ID	ID	Status	Category	Risk Description	Impacts	Risk Owner	Controls	Assurances	Residual Likelihood	Residual Consequen	Residual Risk Score	Actions	Action Due Date	Action Owner	Target Likelihood	Target Consequen	Target Risk Score	Risk Timeline	Escalation to Trust
03-Nov-22	5165	12	Open	Programme	There is a risk that the Trust has financial pressure (deficit) due to a failure to deliver the MMUH Benefits Case.	Trust has an annual and underlying deficit Restricted access to capital funding due to a deficit position Increased controls required and/or NHSE regulation Reduced ability to invest to new clinical pathways / developments	Simon Sheppard	_A benefits workstream has been established to ensure sole accountability and to realise benefits, with external support _Align benefits programme with core efficiency & productivity programme _Identify SRO's for the key SWB benefits (via a filter of all identified benefits) _Interim final report received 24 February. Final report to Board workshop _Engagement sessions with the Black Country and BSOL ICB Boards. _Discussion at MMUH Executive Group on 6 June 2023 clarified and approved the responsibilities and Executive accountabilities for the operational benefits __Strategic Benefits Realisation Group establishment with inaugural meeting in December 2023 _Development of a stakeholder heat map to identify the relationship of the benefits (operational and strategic) with the differing stakeholders (10/11/23) _Presentation of the draft benefits dashboard in the November reporting cycle (15/11/2023) __Confirm the actions required in response to the PAR feedback (14/12/2023) _Review workstream against the IPA gateway checklist 4 as an external benchmark (30/11/2023) _Operational benefits of beds and workforce reporting through the quarterly benefits report _Draft benefits and efficiency structure proposed to the Exec Group (31/12/2023). Further discussions with the wider Executive team inFebruary 2024) _Finalised the benefits handbook _Quarterly meeting of the Strategic benefits group	_Monthly reporting to TMC, FIPC and MMUHOC	3	5	15	_Implement the actions required in response to the PAR feedback (29/02/2024) _Finalise the overall Improvement & Efficiency structure (incorporating MMUH benefits) by the end of February to support further discussion and approval at the Trust Board in March	29/02/2024	Simon Sheppard	2	5	10	_C-Ongoing Transfer to BAU	*No*
03-Nov-22	5166	13	Open	Programme	There is a risk that the safe staffing levels required to deliver the models of care, based on externally validated good practice, and patient benefit are not achieved due to them not being fully funded. The impact could lead to unsafe derogations.	_Sub optimal models of care and patient outcomes _Reputational impact	Simon Sheppard	_Regular engagement with the key Integrated Care Boards on the financial affordability. _Engagement with NHSE regional teams on specific issues e.g. capital charges as a consequence of MMUH. _Quarterly reporting on the financial implications through the MMUH governance and Trust governance. _Delivery of the 2022/23 Financial recovery plan. _Development and implementation of the one and three year efficiency and productivity plan (supported by the MMUH realisation workstream). _Monitoring and reporting of the Trust's financial position in the context of overall position and MMUH specific. _Development of the medium term cost model to reflect the financial impact of changes - and in particular the financial plans for 2023/24 and 2024/25. _ 6 monthly reviews and Board approval of nursing staffing levels _SWB Chief Exec to write to the NHS Director of Finance regarding MMUH funding and clinical models (05/05/23) _Board paper approved therecruitment of 64wte of Stage 3 posts to support activation (08/11/2023) _Clinical model workforce derogations to be modelled (30/09/23)		3	5	15	_Review the recruitment position of the original 272 wte (22/02/2024) _Finalise the QiA of the 148wte in Phase 3 including the monthly trajectory in 2024/25 of being in post (22/02/24) _Confirm any additional posts due to changes in clincial models and the trajectory in 2024/25 (22/02/2024) _Assess the funding / cost implications of the above (22/02/2024) Quad plus to review the recommended changes to funding to allow the correct allocation of the 484 funding to be allocated. 15/2/24 Then requires agreeement from FIPC and board approval 15.3.24	15.2.24	Liam Kennedy	3	5	15	_B - Patient Day One / Safe Opening	*Yes*
03-Nov-22	5167	14	Open	Programme	There is a risk that the PLACE based interactions between West Birmingham and MMUH are not delivered to the same efficiency as Sandwell resulting in an inequality of care for our population.	_Hospital fit _Clinical care _Financial	Liam Kennedy	_Closer working relationships are been established between place based boards. _Chief Integration Officer to manage relationships working with MMUH Programme Company. _ICB meetings scheduled and in train. _Escalated to integration committee for future plans for west Birmingham and escalated to BSOL ICB. _Mapping of differences between the places and gap analysis created to form action plan to address interactions. updated to (15/01/2023) -Jan 23 - update ICB meetings scheduled and concluded _Work still on going to highlight the difference in community provision. Completion of work expected by the end of April 30/4/23 Joint post agreed wider Birmingham project group now established and feeding into urgent care steering group. Chris holt from BCHC now attends urgent care steering group with updates on some of the inequalities identified. _2 weekly meetings underway with BCHC executive lead (Chris Holt, Chief Transformation Officer) to drive progress in rightsizing towards winter planning and MMUH _BCHC are providing monthly data updates to support and drive progress. This includes UCR activity for LW&PB _BSOL ICB have committed to review community services provision for homes based IV therapy (Lead Mandy Nagra, ICS Chief Delivery Officer)	_LW&PB locality Board are overseeing assurance on the key operational deliver schemes for MMUH (care homes, UCR, VW)	4	4	16	_An action plan is being developed to increase UCR activity for LW&PB as numbers are low compared to other areas in Birmingham. _Appointment and onboarding of BCHC project manager to lead transition on behalf of community services – start date October 2023 sent to TD for update on 6/12/23	31/10/2023	Tammy Davies	2	4	8	_B - Patient Day One / Safe Opening (with monitoring)	*Yes*
03-Nov-22	5143	15	Open	Programme	There is a risk that there is tension and disruption to essential operational delivery or significant transformation to meet in year priorities and the Trust Strategic Objectives due to conflict between the Core Organisation operating priorities and MMUH Programme Company critical path to deliver the business case benefits.	_Failure to recruit - impacts on clinical model delivery and potential avoidable derogation. _Failure to agree budget authorisation to support timely recruitment processes delaying clinical transformation and 'fit' to MMUH. _Failure to deliver benefits case. _Impact on the MMUH Programme critical path that impacts on readiness and safe hospital opening.	Rachel Barlow	_MSP methodology in place with the Core organisation and MMUH Programme structure approved by Trust Board in October 2022. This includes an integrated governance structure which is evidenced by MSP best practice and advocated by the National Hospital Programme Team. _Leadership team for MMUH recruitment plan in train to conclude November 2022 with key relationships mapped to the Core Organisation. _Review of business case delivery including acute care and workforce model and medium term affordability model approved by Trust Board in April 2022. _MMUH Programme Company governance designed and in place. _ MMUH Programme Company leadership team fully staffed. _Executive operating structure with core organisation scheduled and in place. _NED meetings with Trust Committee chairs completed. _BAF linked to programme risk register. _MMUH Leadership team fully staffed. _Managing Directors in post. _Risk and audit committee paper in February 2023 re governance reached partial assurance. _Annual plan includes bed day reduction and workforce plans for 2023-24. _Governance framework for rightsizing established in the core organisation. _Noted on July 2023 BAF as an escalating risk. Subsequent discussion acknowledged the position and noted intent for Trust Board workshop in August 23. _MMUH Exec Quad plus MMUH Directors meeting now in place fortnightly to ensure capacity to work through the countdown activities to GoNo Go and Programme Exit/closure. - MMUH business now mainstreamed into core executive working with dual workstream and core executive ownership.	_Out put record of workshops _Trust Board paper _Risk register _BAF report - revised to reflect escalating risk	5	5	25	- SRO escalated further mitigation proposals to the CEO and Vice Chair/ Chair of MMUH OC and Audit Committe in December 23. SRO commissioned review of critical path with a hypothetical scenario of an 8 week delay to inform risk mitigation plans to protect the programme critical apth to inform a 2024 opening. This will be complete in December 23. Audit Committee and NHP PEB commended foresight in risk assessment. (31/12/23) - Continue to risk assess in January 2024. - Dedicated reporting to be integrated into monthly drumbeat (04/01/24)	30/01/2024	Rachel Barlow	2	5	10	_A - Building Handover (with monitoring)	*No*
02-Feb-23	5227	16	Open	Programme	There is a risk that the workforce leadership vacancy combined with a deficit in core organisation senior workforce leadership ability to engage in the MMUH programme, that programme maturity assessment will remain red and the ability to deliver critical activities milestones will be significantly impacted	_Failure to deliver key programme milestones _Failure to provide assurance to wider programme _Impact on wider programme delivery _Failure to ensure staff readiness to safely move on time	Liam Kennedy	_Action plan reviews, Focused 6-8 week activity. Close engagement with PMO, Recruited OD Roles. Recruited MOC roles _Workforce workstream independent review of leadership, workstream and core organisation capacity, MMUH and core organisation interface effectiveness, as well as project plans. Report received March 2023. _Recruit into workstream leadership - complete starts in April. 3rd party report accepted and Workforce Development Paper presented and accepted at MMUH OC in May 2023. _Key roles within the Workforce workstream, recruited into on an interim basis .Namely Workforce Workstream Lead, MOC and OD Quadrant Lead and Workforce Programme Manager (30/05/2023) _Sprint work complete and clarity achieved on the requirements of the quadrant leads. All Quadrant leads in place. Weekly core and programme sessions in place and governance structure allows frequent link with HRBP function (30/06) _Quadrant Leads to commence a Review and update of Workstream PIDs, Plans and Risks completed as part of Sprint (30/06/23) _Develop 1st draft Sprint Plan and circulate, further content and activity to be reflected in Week 4 -Week 8 - Complete - Progress updated in May and June Programme Board paper) _Roles and Responsibilities drafted and resource review has been completed. Meeting scheduled to review and clarify resource /allocation. Resource requirements to be established as part of Sprint activity - (30/06/2023). Governance established within workstream and project resource remains in place. _Resource and approached agreed for OD - agreement to the Measures and timelines for the OD programme at MMUH OC - OD and MOC leads in place as well as time created for Deputy chief people Officer to lead the MMUH work	_Workforce Workstream Governance (Weekly Quadrant Leads and separate wider Programme Bi -Weekly meetings in place with CSS and Clinical Services for the next 6 months _Remedium quadrant lead now attends weekly quadrant lead meeting.	2	5	10	_Agree seperation of focus between the new leadership function within the People and OD fucntion 20/10/23. agreement made, focused delivery will be monitored over the next 4 weeks. 6/12/23- mtg established to finalise measures/milestones Recommend monitoring now as reached target score. Recommend to close, workstream now Amber and handover between senior roles agreed.	18/12/2023	Liam Kennedy	2	5	10	_A - Building Handover	*Propose to deescalate December 2023*

MMUH Programme Risk Register

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02-Mar-23	5267	17	Open	Programme	There is a risk that a lack of quantifiable evidence for programme quality outcomes will fail to provide sufficient assurance for delivery due to lack of clarity and consistency in metrics and data ownership.	_Lack of confidence in P&I data, unable to provide assurance to MMUH and Core organisation _Lack of data surety leading to delayed interventions where Programme CSFs are not meeting trajectory _Failure to track and manage the delivery of workstream and programme outcomes, including the MMUH Programme Benefits.	Deb McInerney	_Establishment of dedicated P&I resource (2Nr roles - Band 8 and band 6 in MMUH Company _Establishment of KPIs and reporting systems to track achievement of workstream and programme outcomes over time _Recruitment of dedicated P&I role - completed, in post from 06/03/23 _Production of workstream quadrant critical success factors at Away Day 3 on 13th March linked to Programme Strategic Objectives. Output to be reported to March Opening Committee (31/03/23) _Scoping for P&I requirements - requires further development with P&I resource into detailed requirements for system development with timeline/action plan associated (31/03/23) _P&I dashboard currently in development for bed capacity and transformation schemes (30/4/23-COMPLETE) _Recruitment and resourcing dashboard to be developed (17/05/23) Bed Modelling dashboard complete _Outline of work currently underway has been provided which aligns to capacity available and allows for new work to be allocated. Completed plan with associated capacity requirements for P&I resource now completed.	_Monitoring dashboard for bed modelling	4	3	12	Agreement of validation process for all measures being reported to committees, including points of ownership (31/01/2024) Meeting arranged between Dave Baker, Matthew Maguire, Liam Kennedy, Deborah McInerney, Rachel Heywood Clarke and Amardeep Johal on 16th Jan to agree data validation and ownership and consistent feed into committees. To be discussed at Quad Plus on 17th Jan.	31/01/2024	Deb McInerney	2	3	6	_A - Building Handover	*No*
04-Jul-23	5423	22	Open	Programme	There is a risk that due to a range of factors outside the control of the workstream – e.g. ongoing industrial action, unavailability of managers to confirm and action consultation - the proposed MOC plan will be delayed and incomplete.	_The potential delays may adversely impact the ability to move due to consultation being incomplete.	Liam Kennedy	_Regular review of MOC programme plans. Any issues escalated appropriately additonal STaCC in place. MOC moving through according to critcal timescales.	_Monthly reporting via MMUH Programme and OC. data set for MOC now included in CSF's	3	3	9	Ensure that remaining MOC go through STaCC to agreed timelines 31/1/24 Scores updated to reflect ongoing progress. All MOC went through Stacc in January with the following exceptions: Surgical SDEC - review happening on the 9.2.24 stroke - now progressing after conclusion of conversation Retained estate - will launch in March not linked to critical path security - review of approved funding to be concluded in february	29/02/2024	Liam Kennedy	2	3	6	_A - Building handover	*Yes*
25-Oct-23	5541	23	Open	Programme	Clinical Communications Tool MMUH - There is a risk that there will be inadequate clinical / non clinical and clinical support staff communication in MMUH because there will be no planned bleep system in MMUH with no identified alternative emergency communication system which may result in lack of prompt diagnostics and treatment for patients and poor operational patient flow leading to sub optimal patient outcomes.	_Patients - delayed diagnostics and treatment resulting in reduced positive patient outcomes _Staff - challenges to adequate communication, time wasting and frustration _Operational pressures - sub optimal management of patient flow _Reputational damage	Liam Kennedy	_Access to bleeps, mobile phones and land lines _More localised team working agreed principle split of emergency/ planned bleep system	Paper approved	4	5	20	provide assurance of capital funding 31/1/24	31/01/2024	Liam Kennedy	2	5	10	A_Building handover (trajectory) to resolve by 31/07/2024 Trajectory reach target score in June 2024, but reduced to possible in January 2024	Yes
~~25-Oct-23~~	~~5559~~	~~24~~	~~Open~~	~~Programme~~	~~There is a risk that due to a lack of Pharmacy end-to-end process for drug administration, there may be a gap between what has been funded and what is required for MMUH patient day one~~	~~-Cost pressures -Impact on standardised drug administration and safe medicines management~~	~~Danielle Joseph~~	~~Pharmacy deep dive completed 31st October 23; Pharmacy workshop for w/e 10th November 23; Pharmacy paper through November governance (30/11/23) Commercial engagement with Omnicell 27th decembe r to identify costs and funding models (30/12/23)~~		~~4~~	~~4~~	~~16~~	~~Capital for ward cabinets in 24/25 plan request to bring forward to 23/24 to allow delivery on site early 24/25. Business case through Feb governance for SMART trolleys with detailed costs and funding options including lease/ revenue options (23/2/24).~~	~~23/02/2024~~	~~Puneet Sharma~~	~~2~~	~~4~~	~~8~~	~~Trajectory no move until February 2024~~	
25-Oct-23	5560	25	Open	Programme	There is a risk that due to carve out for emergency CT scanners and an excess growth year on year in CT demand from ED and SDEC current MMUH CT capacity is insufficient and will substantially impact on inpatient and ED flow from patient day	Impact on inpatient and ED flow	Danielle Joseph	GD- to re run activity and referral data for SDEC, ED and IP for 2022-2023 which will show the increase (1/11/23); DJ to re-wrote programme risk and DS to work with CJ to articulate same risk through Group and MMUh meetings 9/11/23)-Complete DS to meet with with WMIN re bid opportunity. (30/10/23)- complete(i) DJ to then re-run impact of growth on days where demand exceeded demand and expected growth by MMUH (8/2/24)- action now with GD 4) Gd to re-run quarterly data (8/2/24)		4	4	16	2) DS/DM/DJ to write a joint paper to PMG for case once demand clearly articulated and risk around growth (March 24) 3) DS to meet with MEC re growth and demand management 5) JN and execs to circulate once DS has revamped letter and process mapping Paper for Feb governance cycle (23/2/24)	23/02/2024	Darren Smith	2	4	8	Trajectory no move until February 2024	
24-Oct-23	5561	26	Open	Programme	The is a risk of Insufficient medical engineering resource for Activation and Move Periods due to low level current core organisation resource & additional temporary resource for activation and move periods. This is both a financial risk and skills/difficult to recruit risk.	Delay to commissioning, testing and installing new and legacy medical equipment Potential delay to opening date on safety grounds	Mark Taylor	Additional resource required has been identified and funding request submitted. Linked to risk 5169 _MTS have been approached to provide a quote for medcial engineering resource to support activation activities.		4	4	16	_Confirm available funding (30.11.2023) _Commence recruitment (31.12.2023) ~~-Develop a plan B for alternative sources of specialist medical engineer resource for Activation & Move periods (31.12.2023)~~ -Prioritise installation and testing of essential equipment for First Patient Day and identify a timeline for installation and testing of remaining equipment post First Patient Day (28.03.24)	30/11/2023	Ian Galligan Vicky Clifton & Louise Cupac	2	4	8		
03/01/2024	5691	26	Open	Programme	There is a risk that there is disruption to the operational and clinical preparation for the move to MMUH due to pressures from recurrent episodes of industrial action affecting the time which teams and individuals have to contribute to current programme delivery, scenario testing in the activation period and the actual move itself.	Disruption to move planning Scenario testing not optimised Disruption to move as a result of sub-optimal planning	Liam Kennedy	Operational reviews at TMC and Group reviews		4	4	16	_Identify all groups currently and those at risk of industrial action with the government. _Prospectively identify dates for any industrial action from any specific Healthcare worker groups. _Understand the time lost to industrial action and the subsequent impact on clinical groups of this on operational capacity for MMUH planning _Clarify the staff groups and time needed to plan and deliver scenario testing in MMUH during the activation period _Review how scenario testing can be delivered in the context of maintaining service delivery (backlog and BAU) and any future periods of industrial action. _Consider how to engage with unions over strike action that may be planned immediately before or during the move period itself to allow derogation of industrial action during this time.			2	4	8		
25-Oct-23	5559	24	Open	Programme	There is a risk that due to the delay in decision making on a Pharmacy end to end process for drug administration, there may not be time to implement and train sufficient staff for MMUH patient day one	_impact on standardised drug administration and safe medicines management	Danielle Joseph	Pharmacy deep dive completed 31st October 23; Pharmacy workshop for w/e 10th November 23; Pharmacy paper through November governance (30/11/23) Commercial engagement with Omnicell 27th decembe r to identify costs and funding models (30/12/23)Capital for ward cabinets in 24/25 plan request to bring forward to 23/24 to allow delivery on site early 24/25Project support spcifically for ward nurse training programme. Good engagement with nursing leadership across clinical groups (1/2/24)		4	4	16	Business case through Feb governance for SMART trolleys with detailed costs and funding options including lease/ revenue options (23/2/24). Training plan to be agreed in March for Spring commencement (15/3/24) ESR tracking of staff trained and untrained to be developed (1/4/24)	23/02/2024	Puneet Sharma	2	4	8		

1. Introduction

1.1 Fitting into our bed base at MMUH is one of the most significant risks on our programme risk register now (risk 5157, risk score 20).

1.2 As of December 2023, we were utilising 580 medical and community beds, compared to 460 that we are planning to use at MMUH. The waterfall chart below shows how we will deliver from our current bed position to the MMUH bed position.

1.3 This assumes that our population growth follows the 0.61% trends based on local and national data and that length of stay and transformational delivery assumptions are delivered (section 2.3)

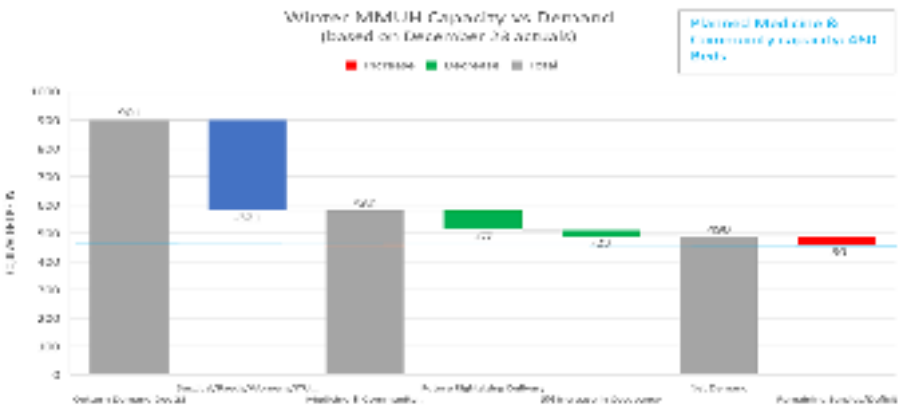
2. Transformation analysis

2.1 When the clinical care models for MMUH were designed in 2020, a series of 12 transformational changes were identified that would enable us to deliver high quality urgent care in the new hospital. This included the benefits in the business case of achieving 80% occupancy in the direct admission areas and 90% in the deep bed base.

2.2 As we have started to implement these transformational changes, we have had to update and change the pathways and subsequent outputs through a Plan, Do, Study, Act (PDSA) process. This has resulted in the identification of specific clinical pathways within the transformational services 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 rightsizing that will provide an overall bed saving of 142 beds, before or when we move into MMUH. To date 70% of the planned delivery is on track.

2.3 The chart below shows the route from our current December 2023 medicine and community bed base to our bed base in MMUH.

Chart 1 showing route from current beds to the required MMUH bed position based on the December 2023 actual activity.



3. Variables

3.1 Within the modelling for MMUH and winter 2025 there are 2 major variables: Length of stay and the delivery of our rightsizing delivery.

3.2 Our LOS as a Trust has increased on average from 5.1 to 5.4 days from December 2022 to December 2023. This is driving part of the reason why we have more recently seen a gap in the future acute bed fit. The urgent care revised governance which now has a subgroup with ward level data, which focuses specifically on all those schemes that contribute towards LOS out with the specific rightsizing schemes. It has identified certain wards where we have seen an increase in LOS and the reasons behind this. The aim will be to return our LOS back to December 2022 as the priority, before aiming for further improvements.

3.3 There are now 8 rightsizing schemes, all evidenced based and each have an individual working group that is focusing on their delivery, they are:

Scheme	Bed reduction impact
Frailty SDEC and virtual ward	48
SDEC	23
Birmingham Care homes	3
Heart Failure	4
Respiratory virtual wards	6
Walsall catchment loss	41
Pathway 2 LOS reduction	6
Falls admission avoidance	11

3.4 These were on track until November 2023, where we saw some deterioration specifically in our Frailty Same Day Emergency care scheme (FSDEC). This deterioration in delivery was linked to slippage in recruitment of the required workforce and as of the beginning of March2024 has been rectified. The catchment loss to Walsall ED is also accounted for within these schemes.

4. Scenarios

4.1 Using the latest activity and LOS data and if we extrapolate this forward into winter 2024/25 we get an analysis of what winter 2024/25 could look like (Chart 2). We have split that into 3 different hypothesis and will measure against all 3 monthly going forward.

4.2 **The best-case scenario** assumes that we will deliver rightsizing as was originally planned and that we recover our LOS only back to what we saw in 2022. This means that we can still deliver within our acute bed base without the requirement to change our occupancy rates, except for January, which would still require a 2% increase in occupancy. <u>This is the scenario we are focused on delivery.</u>

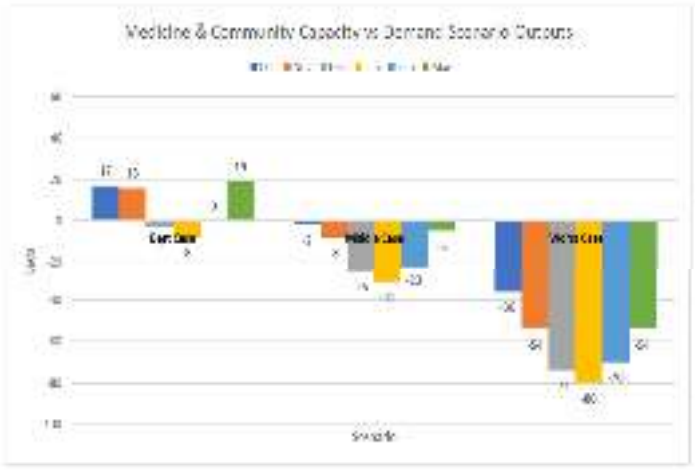
4.2.1 **The current likely scenario** assumes that we will deliver only 70% of the rightsizing and that we maintain our current LOS, but do not improve it. We have mapped in a 5% increase in bed occupancy across all wards in this scenario. This shows that we would require at

least 26 additional beds to be able to manage the December peak and 31 to manage the January peak. How we would mitigate this is described in section 5: Winter 2024 plans. This is the version we are currently tracking against and without affecting change, we will work up as a default service mitigation for Winter 2024, rather than a preferred option.

4.2.2 **The Worst-case scenario** assumes gross deterioration that we only deliver 50% of our rightsizing benefit and that our current year on year LOS continues to increase. Even with a 10% occupancy increase in admission areas and 5% on base wards we would still have a 74-bed gap for December and an 80 bed Gap in January. This scenario is avoidable, and a mitigation is not being worked into the Winter 2024 plans.

4.2.3 Chart 2 shows the waterfall charts of the 3 scenarios above:

3. Winter 2024/25 Bed Position Basedon Scenario



4.3 The Trust Board should note that, additional work is also ongoing as part of the transformation into MMUH, which has not been factored into the modelling to date as the hard evidence base is either limited or the actions play into the overall LOS. However it is highly likely these are all additional benefits not currently accounted for in our 3 scenarios:

- Therapy enhanced offering over weekends
- Pharmacy enhanced offering over weekends
- 7 day consultant presence including ward rounds and increased hours of presence in departments
- Increased middle grade provision in cardiology
- Integrated front door model

4.4 A combination of the above and focused governance over LOS and the rightsizing delivery will have to drive the organisation towards the best-case scenario, with our winter plan as a contingency, rather than as an anticipated position.

5. Winter 2024 plan

5.1 Once we move to MMUH, the option to flexibly open excess ward capacity is very limited with Rowley Regis being the only additional ward capacity available to the Trust. The focus is on creating capacity based around the likely scenario which requires at least 31 beds at the peak in January. We have the physical space to be able to do this at Rowley as we have had to enact these spaces during the current winter period.

5.2 These beds need to be factored into our winter plan, planned for in advanced and ready and available from when we move into MMUH.

5.3 The plan to expand into the Rowley wards will follow the below sequencing:

- Expand the Stroke rehab ward from 12 to 24, will require 1 additional nurse and 1 HCA to fully utilise
- Utilise Westwood ward at Rowley, which has recently been used for a winter expansion ward

5.4 The Place based approach is currently omitted from this review as we have not had time to fully validate the service impact but this will completed over the next few months to add further resilience to our winter schemes. The areas currently under review are those that have shown substantial growth and improvements over the last few months to include:

- **Attendance Avoidance** – Care Navigation Centre, Urgent Community Response and additional falls intervention teams
- **Admission Avoidance** – Integrated Front Door and Urgent Community Response and Town Teams. (nb – IFD data received from Walsall Together for benchmarking comparison)
- **Length of Stay Reduction** – Additional scope on virtual wards and direct EAB pathways to Harvest View

5.5 Implementing the winter 2024 plan above also has a financial cost associated and will negatively impact our benefits case in year 1 by £1.5M, however the full benefit of the bed rightsizing should be sustainably in place by winter 2026, therefore materialising the full benefits.

6. Risks

6.1 The main risk around utilising the wards at Rowley Regis Hospital is the suitability of patients that meet the criteria for those beds. Last year we occupied and used 1 additional ward at Rowley. So anecdotal evidence would suggest that at least 1 wards worth of suitable patients are within our patient cohort. A review of the HRG's over the winter months is being conducted to identify the exact opportunity and will be reported into March governance cycle.

6.2 The other risk to delivering the changes in LOS and rightsizing delivery is the Capability and capacity of Leadership across the organisation. There are considerable vacancies in pivotal posts across the organisation that are essential to appoint and onboard to ensure we can deliver and sustain the changes required. A timeline for recruitment has been devised and engagement with our recruitment partners has been concluded. A full update will be brought through the March 2024 governance cycle.

Liam Kennedy – MMUH Delivery Director
Demetri Wade – Deputy Chief Operating Officer
Daren Fradgley – Chief Integration Officer

Pathway and Interdependency Assurance **Annex 5**

1. Introduction

1.1 The Trust is committed to ensuring that all the clinical pathways are mapped for MMUH and that we follow through scenario testing of these in both in tabletop and actual scenario test in MMUH. The CQC are keen to walk our pathways during our registration period which will help provide external assurance.

1.2 The Clinical Pathway Patient Flow oversight occurs through the Clinical Safety Group (CSG), chaired by the Clinical Safety Officer, where the following groups needing patient flows have been identified:

- Diagnosis specific, time sensitive conditions (life and limb threatening) presenting to or occurring within MMUH/retained estate
- Specialty identified complex patient flows
- Specialty general patient flows

1.3 The interdependency work the Trust Board has previously seen in April 2022, will be tested during the clinical pathway mapping as well as the operational policies and departmental Standard Operating Procedures (SOPs).

2. Process

2.1 CSG has created flow charts for the top 25 high risk diagnoses illustrating the movement of patients through the organisation to the point of discharge, considering external partners as well. We have had to consider time sensitive pathways and how we ensure that pathways for these areas are rehearsed as a must.

2.2 We are considering links with national and local guidance, trust policies, clinical guidelines and pathways, SOPs and protocols and interdependencies and cross referencing with the programme risk register.

2.3 The clinical scenario testing will allow us to fully test our operational policies and SOPs for each area but also importantly across services and teams. The developed interdependency tracker will ensure that where we had identified interdependencies, we have addressed those adequately.

2.4 We also need to flush out any new interdependencies during the clinical pathway work and consider how the data flows work, to ensure we don't have a significant reporting issues.

3. Timeline

3.1 The below timeline outlines when the pathway mapping will be conducted to contribute significantly to the clinical safety case to board in August:

- February 2024 – identify and write first draft of patient flows
- March review by clinical teams- and be focus of March QIHD
- April/May for desktop reviews

- April initial review with CQC about format and content of these pt flows
- May – July to timetable for in situ simulation in conjunction with broader service and operational pathway testing already planned during commissioning period
- Sign off required for each patient flow by clinical and then specialty lead (and any key interdependencies), Group and then exec and CSO/CSG for final sign off where needed

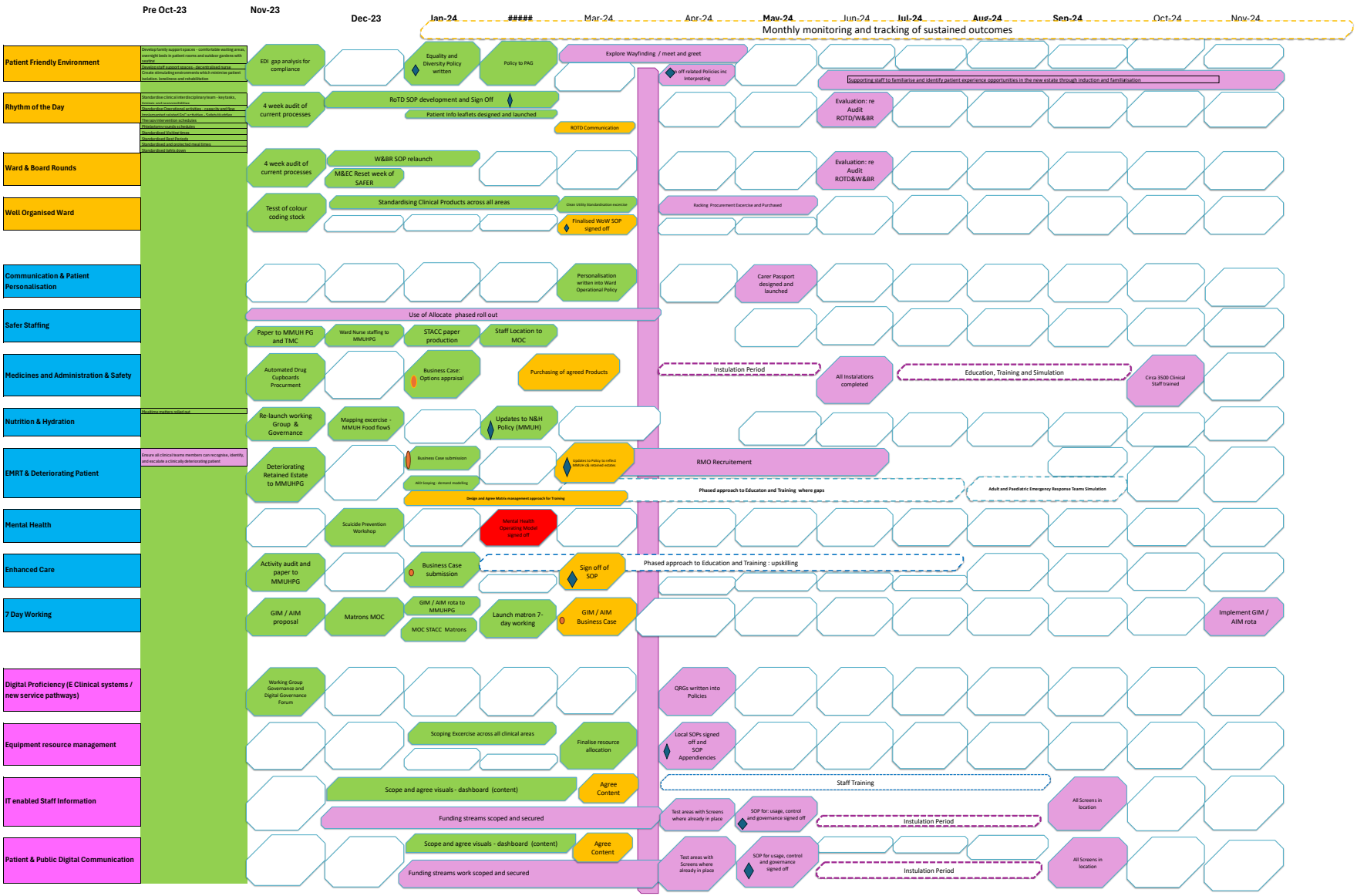
3.2 The summary will contribute to the (clinical) safety case for presentation to the Trust Board in August 2024 to provide assurance that review of pathways is on track and in line with CQC requirements

David Carruthers - Clicnal Safety Officer
Liam Kennedy - MMUH Delivery Director

Fundamentals of Care - Annex 6

Business Case
Key Document

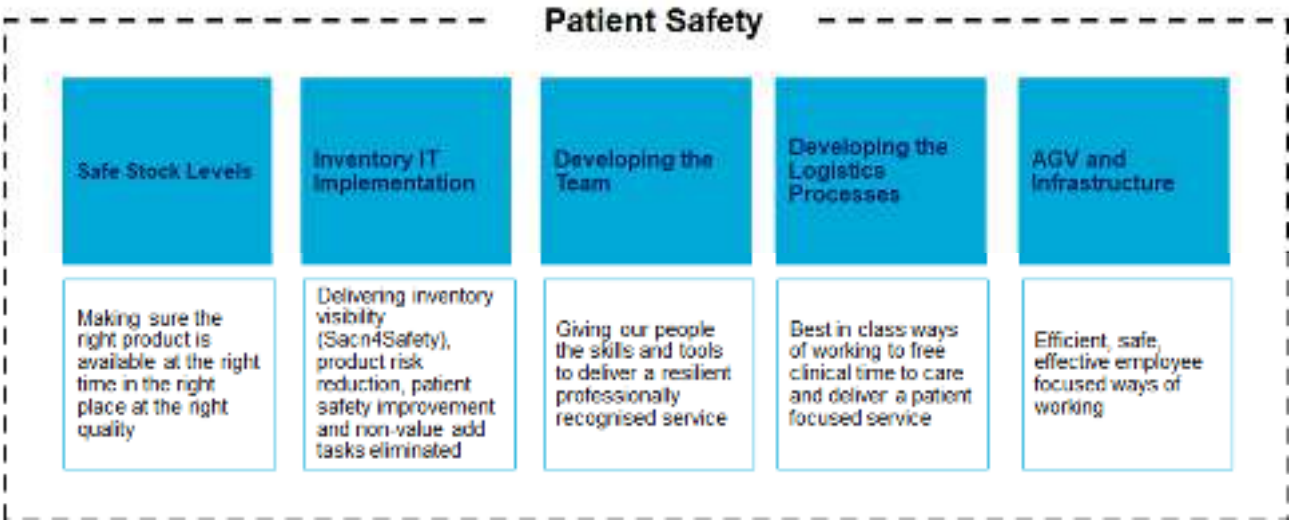
Green Completed
Amber On Track/in progress
Missed timelime not critical



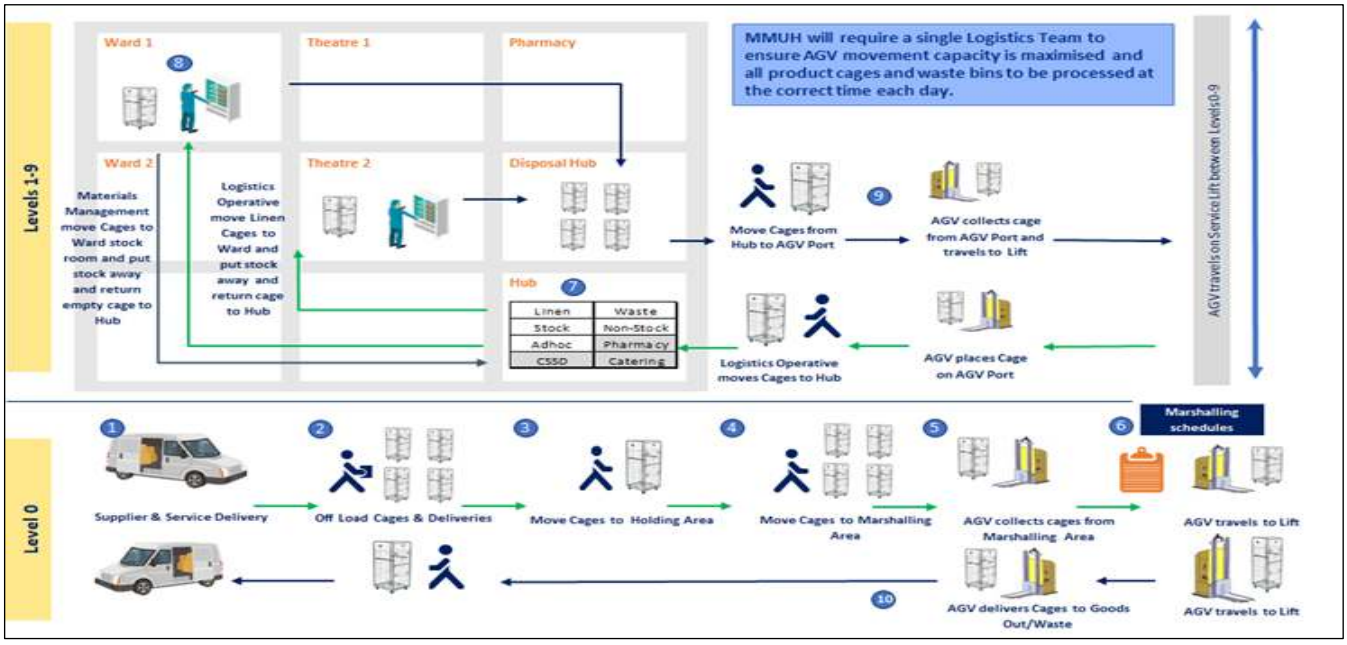
Logistics **Annex 7**

1.1 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 management, optimising and improving movement activities, by implementing a new inventory management system.

1.2 A significant improvement programme has been running to deliver this strategy, the **Logistics Project Structure** of which is shown in below. The programme is being supported by DHL as experts in logistics delivery and is a significant transformation.



1.3 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. The **end-to-end process** graphic below illustrates how this will work in MMUH.



1.4 The logistics programme has mapped current service processes to plan the future operational processes, to enable 'standard ways of working' which in turn should increase efficiencies, safety and continuous improvement. Each of the services transferring into Logistics have detailed process flows that illustrate the various steps involved in each service's processes. These flows serve as a visual representation and aid in communicating the processes to the service leads and relevant departments.

1.5 A detailed schedule has been completed for each Trust site, which maps out the movement of items per floor, per department in 15-minute intervals. This has also been mapped to shift preferences from transferring staff through the Management of Change (MOC) consultation to confirm how many staff are needed throughout the day and which shift patterns require recruitment of new staff.

1.6 In 2023 MLR System GMBH used their internal simulation software to test whether the updated move schedule for **Automated Guided Vehicles** (AGVs- shown below) was achievable. The report reviewed the volume of AGVs engaged with transport orders each hour. The MLR report stated that based on the revised schedule, all moves can be accommodated, and there is 34% free capacity.

1.7 Since the MLR review was concluded, the team have been continuing work on the AGV schedule to stabilise tasks over the 24-hour period to reduce the frequency of having full utilisation of lifts and AGVs at peak times of the day.

1.8 Standard Operating Procedures (SOPs) have been created and are documented and processes for carrying out specific tasks or activities within the Logistics Service. SOPs provide a standardised approach to ensure consistency, efficiency, and quality in the execution of routine operations.

1.9 Version one of the Logistics Service operational policy was completed in December 2023 and version two is currently due for completion and sign off. Version two will include Process Flow charts by services; All Standard Operating Procedures; Training delivery materials and Combined services efficiencies. Version three will be completed by the end of August 2024 and will include pre-opening readiness and business continuity plans whilst version four will be complete three months post MMUH opening and will include process review and adjustments and application of continuous improvement processes.

1.10 There are currently two ongoing management of change processes relating to Logistics to transfer staff into the combined team. The MoC process completes on 15th April 2024. Recruitment of 68 wte additional posts is required to fully staff the logistics service. The

third round of recruitment has closed and shortlisting is being completed. Around 45 wte are in stage 3 recruitment which needs board approval to proceed.

1.1 A training matrix for the Logistics Service has been developed which provides the golden thread of delivery of a safety culture throughout the practical training. All new and transferring staff will undertake this specific training programme. The training matrix will be used by managers to ensure that all operatives are assigned tasks that they have been trained on. Additional training modules will be developed for Logistics Management Team.

1.11 The logistics service leadership team has been developing departmental visions and values to embed into staff training. The service is one of the trusts priority areas for Organisational Development, and this work will commence when there is a larger critical mass of staff within the team. The leadership model brings together expertise within logistics and procurement who will be working to deliver a new career path for NHS staff within the logistics field.

1.12 The logistics critical path has been mapped and key upcoming milestones are centred around recruitment and training of new and transferring staff; and then the completion of the operational policy and Business Continuity Plans, as well as significant involvement in the MMUH activation plan.

1.13 There are 34 open risks at project level; there are no Programme level risks. The project level risk register is well managed, with escalation to workstream and programme level risk registers where appropriate.

1.14 The MMUH Managing Director has requested DHL undertake a Project Assurance Review 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.

1.15 Based on an October 2024 opening, DHL suggest five project assurance phases. These are 30 weeks from opening (Feb 24), 20 weeks from opening (May 2024), 10 weeks (July 2024) 6 weeks (Aug 2024) and 2 weeks from opening (Sept 2024). Regular review enables the team to monitor progress between reviews and provide continual assurance.

1.16 The scope of the initial PAR has been provided and a date set for the 12th March. The key components of the project assurance focus on Governance; Quality Assurance; Risk management; Financial assurance; Stakeholder communication; Timeline and schedule assurance.

1.17 Price Waterhouse Coopers (PWC) and the benefits workstream are currently undertaking a deep dive of the logistics programme benefits and this is expected to be completed by the end of March 2024.

Danielle Joseph
Associate Delivery Director Clinical Support and Non-clinical Services

Workforce Workstream **Annex 8**

1. Introduction

1.1 The specific MMUH people objectives are to; develop career pathways for local people, provide an inspiring and inclusive place to work and provide comfortable and productive spaces that make people feel valued.

1.2 This paper provides an overarching view and assurance on the MMUH workforce workstream and safe staffing provision across MMUH. This paper provides the Trust Board with a focused update and assurance on the following key areas; safe staffing to enable the opening of MMUH, action to address leadership and recruitment challenges in exception areas, as well as progress across the management of change, Organisation Development (OD), programme and Employee Service Record (ESR) workstreams.

1.3 The work on safer staffing has focused on 3 specific staffing groups; nursing and midwifery, medics and therapies. Whilst detailed work will be done on all other staffing groups, these three staff groups cover most of the emergency rotas and inpatient areas and therefore the Board can take this update as a reliable proxy for overall safe staffing.

1.4 The Trust Board should be assured that the overall risk rating for the MMUH workforce workstream has reduced significantly during the past few months and has been RAG rated 'amber' in the PMO Monthly Dashboards through January and February 2024, having previously been RAG rated as red since the start of the Programme. With the exception of recruitment, the MMUH Opening Committee (January and February 2024) reported reasonable assurance for the MMUH People Programme. Following their visit to the Trust on 12 February 2024 to review the progress across the MMUH People Programme, the New Hospitals Programme Team also reported that, "The team have made significant progress in the last few months and confidence is high with their approach, but recruitment and filling of roles remains a high risk". The Trust Board is advised that whilst recruitment to some key leadership, clinical and operational roles does continue to represent a risk for MMUH, there is sufficient oversight and mitigating action in place to manage and reduce this risk in the coming months.

2. Safe Staffing

2.1 Nursing and Midwifery

2.1.1 The Nursing and Midwifery staffing levels for all ward areas including the Emergency Department (ED) and Acute Medical Unit (AMU) have been developed and provide assurance that, for all ward areas, we have staffing to deliver the required ratios of care both in the day and at night. This is based on budgeted numbers and includes a 22% relief for inpatient wards and ED, to allow for leave and training. We have also introduced a ratio for health care assistants of 1-8 to support quality and patient experience.

2.1.2 The only exception to the above is the additional level 1 beds (enhanced care) on the Gastroenterology ward (14.9 WTE/£201k) and in the Enhanced care unit (11.9 WTE/£417k). These additional services and associated costs will be funded through the release of ward nursing costs associated with the Stroke ward, making the holistic safe nursing and midwifery staffing a robust and cost neutral solution. This is due to a different and reduced

bed model for stroke rehabilitation which will become part of the Primary Care, Community and Therapies clinical group.

2.1.3 It is worth noting that the discharge lounge has been excluded from this modelling now, until a final decision on its location has been made, but due to the synergies of 2 units moving into 1, it will be at least a cost neutral solution.

2.1.4 ED staffing has already been increased significantly in line with the original business case proposal, in line with the Royal College of Emergency Medicine providing a safe and robust workforce model for the new hospital. However, the major risk is that nearly 100 posts are already being covered by bank or agency currently. This remains a risk to the safe operating of the unit, however mitigations are in place, with targeted recruitment activity focused on ED, as set out within this paper.

2.2 **Medical Safe staffing**

2.2.1 The review of Medical safe staffing ensured a detailed oversight of the medical staffing provision for MMUH. Overall, the paper provides a significant improvement in the hours and staffing of both senior and junior medical staff, with robust 7-day services for all specialities provided.

2.2.2 The workforce paper presented to the People Committee in February 2024 outlines the out of hours emergency provision across the 3 sites, outlining that some additional training and posts are required for this to robust. sure, is essential to make sure that we have adequate Emergency medical Repose Team (EMRT) provision across our 3 sites.

2.2.3 A comparison of the hours of available consultant cover is outlined demonstrating that both weekday and weekends now have significant coverage, as well as an increase in the out of hours provision. The main enhancement is in the AMU/General Internal Medicine (GIM), Same Day Emergency Care (SDEC) and frailty SDEC provision, which is all 7 days on site presence by substantive consultant and junior cover. The models meet and surpass the NHS England guidance on seven-day working, which currently we fail to consistently deliver.

2.2.4 An additional 3 elderly care consultant post have materialised as part of the development to run 7-day frailty SDEC services. There is also a shortfall in the cardiology out of hours provision, a recommended increase from current Acute Care Practitioners (ACP) model to middle grade model is recommended to ensure there is out of hours senior provision for cardiology, which has an evidence base to reduce out of hours admissions. Both have an identified funding route.

2.2.5 Overall, the Trust Board should take assurance that the staffing models provide an increased-on site presence from senior and junior medical cover both during the weekdays and weekends and that staffing will be safe when we move into MMUH.

2.3 **Therapy Staffing**

2.3.1 Where there are national guidelines for safe therapy staffing, the model meets these requirements, where there are not, the staffing required is calculated on a WTE to bed ratio. Therapy have successfully recruited to several roles over the last few months and will be fully established by April 2024.

2.3.2 Successful recruitment within therapies will enable 7-day cover including Speech and Language Therapists and Occupational Therapists.

2.3.3 Similar to nursing, therapies will undertake a bi-annual staffing review which will inform the safe staffing requirements. The plan is to reduce the numbers of beds through the right-sizing schemes, at the same time increase staff numbers through ongoing recruitment initiatives ahead of moving into MMUH. The board is assured that this approach will secure safe therapy staffing for MMUH.

2.3.4 The therapy team have modelled a recruitment trajectory for their remaining phase 3 posts, which will provide them adequate time to recruit and embed their new working practice ahead of MMUH opening.

3. Recruitment

3.2 Recruitment into clinical (medical, nursing and Allied Health Professionals - AHPs) and leadership roles in some specific exception areas (ED, maternity) continues to represent a significant risk. In January 2024, in addition to Remedium an additional external recruitment partner (head-hunter) was commissioned to increase the pace and scale of recruitment. Both recruitment partners are focused on hard-to-fill and MMUH day one essential roles. The benefits of this additional recruitment capacity are anticipated to be realised during March, April and May 2024.

3.3 The Chief People Officer has been working with the Chief Operating Officer, Chief Nursing Officer and Chief Medical Officer to ensure that Groups are flexible with the Job Description and Personnel Specification (where appropriate) when recruiting to hard-to-fill roles.

3.4 Whilst areas of concern remain in ED nurse recruitment, positive progress has been made in SDEC, Imaging, and Pharmacy. There has been a notable increase in the volume of recruitment in January 2024, compared to the previous 6 months, where the monthly recruitment target of 125 has not been achieved.

3.5 The number of new hires coming from the local community is currently 70%, significantly higher than the target of 35% and demonstrating success against the MMUH people objectives by providing career opportunities for local people and widening participation. During the month of January 2024, the Learning Works team received 350 new contacts from local people expressing an interest in working within MMUH.

4. Management of Change (MOC)

4.1 The MOC quadrant is currently RAG rated green on the MMUH PMO Dashboard. Following the Project Assurance Review(PAR) in November 2023, which highlighted the MOC as 'red'

rated, the MOC process has been streamlined and ways of working with trade unions have been re-set. This has led to significant improvements in the efficiency of the STaCC process. Furthermore, the valuable learning will inform improvements to the Trust's core organisational change processes going forwards. By way of example the work to improve the MOC process will be reflected in an updated and improved Trust Organisational Change Policy.

4.2 All Emergency Medicine groups have now completed the consultation process and are in the implementation phase of the MOC process. The largest consultation, the Phase Three Base Change, has been approved at STaCC and is ready to launch on Monday 26th February. In total, 5,710 out of 6,017 staff have now had their consultations approved at STaCC, therefore significantly reducing the risks associated with Management of Change.

4.3 In March, the remaining MMUH change proposals will be presented to STaCC. This provides the necessary assurance that the Trust will have fulfilled its legal duty to consult with staff and will have made the necessary changes to implement the required contractual changes in time for the transition to MMUH, therefore addressing concerns from the PAR review and previous assurance reviews which highlighted MOC engagement as a programme level threat to MMUH. In their recent confidence report, the New Hospitals Team reported that, "Management of Change has made significant progress and risk is now minimal."

5. Organisational Development (OD)

5.1 The Organisation Development quadrant is currently RAG rated as Green on the MMUH PMO Dashboard.

5.2 The OD programme for MMUH is critical to facilitating the scale of cultural change, leadership and team effectiveness that will be needed to optimise the workforce capacity, capability and talent for MMUH. Following a robust objective assessment of the Affinal OD programme by the incoming Interim CPO and deep dive by the Opening Committee in December 2023, the OD programme has received positive assurance. A robust set of KPI's and a forward plan/trajectory for the OD programme has been established and agreed with the Groups.

5.3 In response to the PAR review and previous assurance concerns, a robust set of KPIs for the OD programme have been developed, with input the Interim Chief People Officer (CPO), Chief Strategy Officer (CSO) and Chief Medical Officer (CMO). These KPIs were supported by the MMUH Management Group at its meeting in February and align the benefits of the MMUH OD programme with core people, operational, quality and finance performance metrics, as well as the Trust's values and Strategic Planning Framework (SPF).

5.4 Forward plans for ARC Leadership training and Team Effectiveness interventions have been co-developed with triumvirate leads, which now extend to coverage for the wider Trust's leadership population. Engagement with Groups to deliver team diagnostics and design interventions with high priority teams are underway. Team diagnostics have begun with teams in Theatres and Medicine and Emergency Care; with planning in place for the other priority areas.

5.5 The Trust Board should take assurance from the reprofiled forward look, which demonstrates that 70% (289) of leaders in high-priority areas will have completed the ARC Compassionate and Inclusive leadership training (module 1) by October 2024. Furthermore, the forward look plan will deliver the ARC Compassionate & Inclusive Leadership Programme (Module One) to the Trust's wider leadership population (2,100) by September 2026. The forward plan will fulfil the MMUH people objectives through promoting inclusive leadership and enhancing the effectiveness, and productivity, of teams. In their recent confidence report, the New Hospitals Team have commented that the Trust's People and OD team, "have been "working with Affina OD based on Michael West work, which looks like a proficient tool aligning to the People Plan."

6. Electronic Staff Record (ESR)

6.1 The ESR quadrant is RAG rated as Green. The ESR team are in the detailed design phase of development and are working closely with senior finance managers to confirm the new cost centre codes for the ESR structure. Further work is being undertaken with procurement teams to ensure the new system structure supports the function and requirements of their teams with regards to delivery points.

6.2 The Trust Board should take assurance in the progress that has been made within this quadrant. The workstream and programme are confident in the plans to deliver the final ESR structure by September 2024. The New Hospitals Team highlighted the work that has been done in this area, citing, "We were particularly impressed with the ongoing work around ESR. We would be keen to spend some time with the team to understand their approach so we can share good practice."

7. Risks

7.1 The workforce models and safe staffing assumptions are based on the ability to recruit either successfully, and where recruitment is not achieved to continue with the levels of bank and agency that are currently in place. The ideal scenario is to substantively recruit to key roles. It is worthy of note that some of the areas that were previously considered hard to fill have recently been more successful, i.e. AMU medical workforce, radiographers, and therapies. Recruitment strategies have been developed for all areas and there is now a higher level of confidence about the ability to fill key roles. Additional resources have been commissioned and there is weekly oversight by Executives of the recruitment pipeline and swift action being taken to unblock any internal delays.

7.2 Recruitment to key leadership roles in the organisation will be paramount to the delivery of retention and OD work within departments. There are some leadership gaps across the organisation, which have a high level of recruitment focus.

7.3 ED is a specific hot spot, risk with nearly 50% vacancies across both nursing and medical roles and gaps in leadership roles. However more recently ED have recruited to 30 new posts within nursing. Improving retention is also a key priority for ED. ED is one of the priorities for the pro-active recruitment campaign.

7.4 Implementing an effective agile working environment for MMUH is both a priority and a challenge. A dedicated agile working project manager has been appointed to help accelerate this work.

James Fleet
Interim Chief People Officer

Digital and IT **Annex 9**

1. Introduction

1.1 The Digital and IT implementation for MMUH provides the foundation to underpin the hospital's opening and the ongoing implementation of the Trust's Digital Strategy. The workstream has had a dedicated lead since 2019, and the same individual remains in place today.

1.2 The workstream is 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.

1.3 At the external project assurance review (PAR) in October 2023, the workstream received positive feedback, including receiving a highly credible and assured technology brief on the overarching IT activation plan and in detail on the network provision and End User Device (EUD) rollout plan.

2. Governance and Oversight

2.1 The implementation was divided into four quadrants - Boxes & Wires, SMART Hospitals, Clinical Systems and MMUH Pre-Requisites.

2.2 A monthly MMUH IT Workstream meeting has been ongoing since 2022. It has been used to oversee the workstream, with escalations taken to Informatics Senior Management Team (SMT), where a monthly slot is dedicated to MMUH, which is now weekly for escalations and updates.

2.3 The workstream was subjected to a deep dive by the MMUH SMT in July 2023. Members were presented with a breakdown of each quadrant detailing progress to date and any issues or risks the group needed to be aware of. Following the deep dive, the workstream has seen positive movement in the deliverables required for the hospital opening and increased confidence in delivery.

2.3 Oversight and input have been received from the NHS New Hospital Programme. Furthermore, since May 2023, regular sessions have been scheduled with the Head of Digital Transformation at the NHS New Hospitals Programme.

3. Infrastructure

3.1 Having all clinical systems hosted offsite, the design of MMUH ensures a resilient wired and wireless network with sufficient bandwidth to support staff, visitors and patients accessing the services they require.

3.2 The building network was connected to the broader 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.

3.3 The server infrastructure is installed to support users accessing the network from end-user devices. The final configuration is expected to be completed by the end of March 2024.

3.4 The mobile network infrastructure is now completed on all levels except car parks, which will be installed during Q1 2024/25. The system is expected to be switched on during April, allowing connectivity for Trust and personal mobile devices that use the EE mobile network across MMUH. The remaining operators are expected to be available during Q1 2024/25.

3.5 Projects are underway to deliver the radio infrastructure and analogue bleep system into MMUH to ensure a safe opening. They are expected to be completed during Q2 of 2024/25.

4. End User Devices

4.1 A baseline audit of end-user devices was undertaken to confirm a future state for MMUH. Subsequently, this baselined with the Group Directors of Operations and the Chief Operating Officer in October 2022. The confirmed baseline was used to create a bill of quantities (BOQ), and a gap analysis was undertaken.

4.2 With a high confidence level in the BOQ, devices were purchased based on the gap analysis in March 2023. This confidence level remains today, with any service queries handled via the workstream.

4.3 The contract for multi-functional (MFDs) devices with RICOH has been renewed to deliver the MFDs into MMUH. A decant plan exists for end-user devices and will be updated during the activation period as the move order is confirmed.

5. Medical Devices

5.1 A baseline audit of medical devices was undertaken and compared to the future state from which a bill of quantities was created. A gap analysis created a bill of quantities, and the devices will be purchased during Q1/Q2 of 2024/25. Lead times were queried with suppliers following the pandemic and shortage of microchips, but no causes for concern were raised.

5.2 Additional funding for Medical Engineering resources for installation and support of medical equipment has been identified.

6. Systems Configuration

6.1 All beds are configured into Unity test domain, ready to be replicated into the Live domain, to be completed during Q1 2024/25.

6.2 IT service change requests, (SCRs), deemed a must-do for MMUH were confirmed with the group directors of operations during 2022. Subsequently, it was reconfirmed in September 2022, and a revised list was approved at the MMUH Programme Group in October 2022.

6.3 All accepted SCRs will be live by April 2024, except for Same Day Emergency Care (SDEC). The configuration of Unity required to support SDEC at MMUH is under development following an agreed-upon implementation plan with the service and operational leads. It is

expected to go live during Q3 24/25. For the opening of MMUH, a workaround has been agreed upon with both operational leads and information services. It will be implemented before moving into MMUH.

6.4 Downstream system owner identification and configuration for MMUH implementation is underway. Support and oversight will be provided throughout this process to ensure a successful rollout.

6. SMART Hospitals

6.1 Following the agreement at the agile working group and reported to the MMUH opening committee, the ICB-wide room booking solution – Optispace, will be implemented in the Trust and used at MMUH.

6.2 MMUH's audio-visual requirements are defined, and procurement is underway to provide a route to acquire the necessary equipment. Funding is available to equip Cancer MDT rooms. Further funding will be required to equip all meeting rooms before the new hospital opens.

7. MMUH Pre-Requisites

7.1 The telephone installation is currently on track, the cloud-hosted solution is now available, and 60 phones will be installed across the new hospital site during April/May. The oversight for the installation of telephones for MMUH is at a Telephone project board. It reports to the MMUH IT commissioning group every month.

8. Ongoing support post MMUH opening

8.1 Members of the informatics team have been directly involved in the delivery of the project, with IT workstream leads being assigned to the relevant Informatics senior manager responsible for the area on a day-to-day basis. As a result, the ongoing support teams have been included in the configuration of MMUH, and they will provide support after MMUH opening.

9. Risks

9.1 Risks currently within the workstream to note are:

- Additional funding for temporary resources to support the activation period. Currently underfunded and is required to supplement the current Informatics teams to ensure business as usual support and activity for the trusts are not impacted, in particular End User Devices team

- Capital funding not identified:

    - Audio Visual Equipment – An element of funding is available however, this is insufficient. If not fully funded, selected meeting rooms, lecture theatre and group worship in MMUH will not have audio-visual equipment installed. A

prioritisation activity can be used to prioritise those rooms requiring audio-visual at the opening

- PACS Equipment – A review of the PACS workstations required for MMUH will be completed During Q4 2023/24. With no current funding identified, a risk around the funding exists

- Additional Radios – In moving to MMUH and retaining the existing estate, it has been highlighted that additional radios may be required. A review is underway due to the completion of Q1 2024/25, and it will determine the current state and highlight additional radios required

Mark Taylor
IT Workstream Lead

Equipment Bill of Quantities **Annex 10**

1. Background

1.1 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. Within this equipment and furniture was divided into groups, in summary:

- Items the construction partner was best placed to procure and install as part of the construction period albeit with Trust selection rights for some items. Examples include, medical gas and power pendants, ceiling mounted patient hoists etc. The funding for these items was included in the construction contract and budget. These items have been procured with the majority now installed and being commissioned
- Items the Trust would procure and free issue to the construction partner for installation during the construction period. These include items such as dispensers (e.g. for hand wash, paper towels, toilet rolls etc), notice boards, clocks etc. The funding for these items was covered through the taper relief budget. Again, the majority of these have been procured, issued to Balfour Beatty (BB) and installed
- Major medical equipment supplies and installed by specialist 3rd party suppliers with some of this equipment being installed under beneficial access during the construction period (e.g. the dispensing robot on the central pharmacy department in MMUH) or in the activation period e.g. Imaging equipment. Funding sources are in place for these items e.g. Managed Equipment Service for Imaging equipment
- Loose equipment and furniture that the Trust would transfer from legacy sites as part of the move to MMUH or would procure directly with a supplier, have delivered to MMUH and place in the designated area withing MMUH in the activation period. These items are known as Group 3 equipment. Examples are patient monitors, beds, lockers etc.

1.2 During the scoping and design phases of MMUH the Trust engaged MTS, a specialist healthcare equipment advisory company, to ensure equipment requirements were fully considered and captured in a Bill of Quantities (BoQ) with best estimate costs. The Trust has retained support from MTS support throughout the project including to undertake audits of existing equipment and has more recently appointed them to undertake the equipping project management support for new Group 3 items including specification, procurement, receiving and overseeing distribution of these items in MMUH.

1.3 This rest of this report covers the Group 3 items for MMUH and in particular the new procure items.

2. Group 3 Equipment Bill of Quantities

2.1 From the start of the project the Trust had an ambition, wherever possible to transfer the majority (circa 70-80%) of its current Group 3 equipment from the City and Sandwell sites to MMUH. This level of transfer rate was confirmed as achievable in circa 2018 following an audit of legacy equipment undertaken by MTS. Subsequent to this audit the Trust introduce its electronic patient record (Unity) which resulted in a significant change to the Information Technology (IT) end user device requirement and equipment.

2.2 During 2021-2022 user groups were held with wards and departments moving into MMUH to review the Group 3 BoQ. This took longer than planned as a result of the covid pandemic and equipment having been moved around and at times off site to support this. The IT team were invited to these. Equans commissioned MTS to undertake another legacy audit during 2022/23 but this excluded IT end user devices as the IT team maintained their own register and planned to undertake an audit of these devices themselves. For the rest of the report IT end user devices are excluded as these have a separate budget and are procured by the IT team.

2.3 The updated legacy equipment audit identified a transfer rate of 62% (financial value) which whilst lower than the original target transfer rate of 80% is higher than most new hospital schemes in the NHS achieve. The categories of equipment deemed as suitable for transfer are of an excellent, good or fair condition. Those of poor or unacceptable condition are not included as suitable for transfer to MMUH. At that time (early 2023) the value of this 62% legacy equipment if procured new would have been circa £21m. The value of the required new procure Group 3 items at the time was circa £10.5 million excluding VAT.

2.4 Whilst the Trust continues to invest in medical equipment to the value of circa £3-4million per year, a financial gap of £5.8 million was identified in 2023 when comparing the updated MMUH new Group 3 equipment requirement against identified and agreed funding sources. The main drivers for the financial gap are summarised below:

- Lower validated transfer rate of 62% by value (compared to previous 80%)
- Higher inflation rate – especially for medical equipment (approx. 10%)
- Transformation and compatibility of medical equipment e.g., compatibility of central monitoring devices with legacy monitors
- Out of life/redundant equipment and suppliers along with need for consistency e.g. Defibrillators
- Retention of 2 additional theatres on retained estate as a result of service model changes along with Trust retention of the Gynae Oncology service and use of previously surplus equipment to replace broken/out of date theatre equipment has resulted in the need to procure new equipment for 2 theatre suites at MMUH (with transfer of equipment for the other 9 main theatre suites and 2 maternity theatre suites
- A reduction in ICB Capital allocation of circa £3m over 2023-2025 which has adversely impacted on the funding allocation for the Trust's capital equipment budget along

with the Trust being unable to spend its total depreciation costs due to the ICB financial position

2.5 The Trust approached the New Hospital Project (NHP) for funding support in recognition that many of these drivers were related to the delay in the construction period resulting from the need to change construction partner and to the Covid pandemic. Following further scrutiny of the Group 3 BoQ and related financial gap, there has been a verbal agreement from NHP that they will support the funding request given the unique circumstances of the project and in particular that the Trust was unable to update the legacy equipment audit in the period 2020-2022 due to the covid pandemic making clinical areas inaccessible for audit purposes and meaning even during the initial recovery period equipment was often in different locations including off-site.

2.6 With this support the Trust will have the funding required for the new procure Group 3 items on the BoQ. It was also agreed through MMUH Programme Company Governance in 2023 that additional items could not be added to the BoQ without a business case being agreed and funding source identified.

3. Procurement Process

3.1 A MMUH equipment group has been established to co-ordinate and oversee procurement of new procure Group 3 items on the BoQ. This group includes membership from IT, medical engineering and procurement teams. Progress is monitored through the commissioning workstream dashboard with exceptions and escalations being reported to the MMUH Operational and Readiness Group. All group 3 new procure items are subject to a detailed specification form which has to be ratified and signed off by a lead end user, equipping project manager, procurement and Director of Commissioning and Equipping before an order is placed. This will ensure items procured are required, are the correct specification and value for money. This is especially important given ongoing high inflation for some items.

3.2 The legacy equipment transfer rate measured by percentage of total group 3 equipment value forms one of the MMUH critical success factors. It has been monitored monthly through the planning stage and this will continue as orders are placed in March 2024 and through the summer. Timing of orders will be determined by lead in times for each item (these are closely monitored by the equipment project management team) and when they are required on MMUH site.

4. Governance and Assurance

4.1 The MMUH equipment requirement has been part of the project since the design phase of the hospital and developed through engagement with and sign off by clinical and operational end users supported by MTS the specialist equipping partner. Equipment User Group review meetings were held in 2021/22 to review and update the BoQ.

4.2 The equipment transfer rate is based on a legacy audit undertaken in 2022. Ongoing dialogue between HCR and the MMUH Move Champions is also providing a check on what is in the transfer BoQ and anything that has changed since the last legacy audit.

4.3 The procurement process for new procure Group 3 items is in place and will be closely tracked and monitored. It is reported through the monthly MMUH programme cycle including the critical success factors.

4.4 Funding sources for the new procure Group 3 BoQ are now confirmed (subject to written confirmation from NHP) and are across the medical equipment capital budget, taper relief budgets and MMUH project budget. Any additional new equipment request for MMUH will need to be considered via the business case process and a funding source identified.

Jayne Dunn
Director of Commissioning and Equipping

1. Definitions

1.1 ***The activation plan*** covers the period from site Hand Over (HO) from Balfour Beatty (BB) to the Trust (at planned contract completion), planned for early May until first patient day planned for early October 2024. It encompasses activities the Trust needs to complete on MMUH site to ensure the site is ready to safely receive and treat patients from first patient day.

1.2 ***Soft Activation*** covers the period when the Trust commences critical activation activities on site via construction access arrangements, whilst Balfour Beatty (BB) own the site. This is planned to be from early April 2024 until site HO planned for early May 2024. BB have achieved all red commissioning activities at the key date related to Trust equipment commissioning date from 28th March 2024 until early May 2024.

1.3 ***The Move Period*** is a circa 6-week period in which legacy equipment and patients from Sandwell and City sites are transferred to MMUH and the site opens as a functioning hospital. This is planned for early October until mid-November 2024.

1.4 ***First Patient Day*** – is the day the Emergency Department at MMUH opens to patients and the site becomes an operational hospital.

2. Activation plan and critical path

2.1 The activation plan was developed through a series of detailed workshops with operational and service leads for the activities required to transition MMUH from a construction site to a site ready to open as a hospital on first patient day. The activation plan encompassed lessons learnt from other new hospital developments in the United Kingdom and those provided by Health Care Relocations (HCR) from their experience in other countries. This included advice from other new hospital schemes that at times 3rd party suppliers, and particularly those installing Imaging kit, experience delays and therefore some 'float' at the end of their programme is advisable along with careful on site checking of progress during installation.

2.2 A critical path through the activation period was identified for the site to be ready for first patient day in early October 2024. This identified a circa 26-week requirement for the activation period.

2.3 When it became apparent that Balfour Beatty (BB) were unlikely to be ready for Planned Completion and Building Handover (HO) on 28th March 2024, the window end of March-early May was identified for HO. The Activation Plan critical path activities that need to start before May 2024 were identified and tested with the Activation Group. Most of these activities relate to installations by 3rd party suppliers (e.g. major imaging equipment) that if delayed would have the potential to adversely impact on other subsequent activities, such as new equipment placement and clinical cleans in these areas (especially Imaging rooms) and ultimately first patient day.

2.4 The Trust therefore requested a soft start to the Activation Period with BB who having reviewed the Trust's proposed activities in this period and have formally accepted this approach. Detailed multi-party discussions have commenced between Trust leads, 3rd party suppliers and BB about these activities in order to ensure alignment with the ongoing BB construction and technical commissioning work, clarity around interdependencies and minimise risk of adverse impact on each party whilst working on site.

2.5 The diagram below summarises the activation plan critical path activities in the context of soft activation and the move period.

3. Management of MMUH site during the Activation Period

3.1 The Trust will own and be responsible for the site after HO. During the period, from HO until first patient day, the site will not be operating as a hospital. There will continue to be some construction type work (i.e. the approved design changes Equans will be delivering) and major equipment installation (i.e. Imaging kit by Siemens) where access to areas will require full PPE and tight control. There will be many deliveries of equipment and consumables to site which will require co-ordination and identified routes from delivery point through the hospital.

3.2 Potential risks associated with the site during activation period (and based on feedback from other new hospital builds at this stage) have been identified. In response site control and access arrangements have been identified with site policies and processes being developed.

3.3 During the activation period site leadership will sit with MMUH Programme Company and at workstream level jointly with the Director of Construction and Director of Commissioning and Equipping. An activation site manager is identified (from within the Commissioning Team) to coordinate, oversee progress, problem solve etc. on-site activities during the period. There will be focused daily site briefings at circa 10.00 am and 4pm to monitor progress with activities, receive escalations, resolve issues etc.

4. Governance and Assurance

4.1 The Activation Plan was subject to a workshop with NHP team representatives in December. Verbal feedback at the time was supportive with some more detailed/operational actions suggested based on experience elsewhere. The Trust has recently received written feedback which in summary concludes, '*Overall you are covering the elements we would expect to see on an Activation plan using your definition and methodology, you know your local nuances, and we could see a number of such nuances reflected in the plan. The plan maturity is as we would expect for this stage in the construction/programme.'*

4.2 The Activation Plan along with site management and access arrangements during this period was agreed at MMUH Programme Group meeting, shared with Trust Management Committee and MMUH Opening Committee in the January 2024 governance meeting cycle.

4.3 Given the continued risk profile of the BB commissioning programme, the Trust's Construction Director and Director of Commissioning and Equipping continue to risk assess the activation plan to protect a 2024 opening of MMUH to patient services.

Jayne Dunn
Director of Commissioning and Equipping

1. Background

1.1 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.

1.2 The planning for patient move days is undertaken through a Patient Transfer Working Group for each patient move day with Dr Sarb Clare chairing the groups and membership consisting of ward and department managers for each clinical service transferring patients into MMUH along with senior clinical representatives from critical care, neonates, paediatrics and maternity. The detailed planning for equipment transfers is undertaken by the MMUH move champions with at least one for each ward and department (clinical and non-clinical) moving to MMUH in partnership with HCR.

1.3 In developing the plan feedback from other hospital service moves in the United Kingdom, overseas (via HCR) and a site visit to Denmark to observe a patient move day that the hospital team had planned in partnership with HCR.

1.4 The MMUH Move Plan has been developed in stages, starting with site order and now at ward and department level on patient move days. Each stage of the plan has been presented through MMUH Programme Company governance for approval and with the wider organisation through Trust Management Committee for engagement and socialisation.

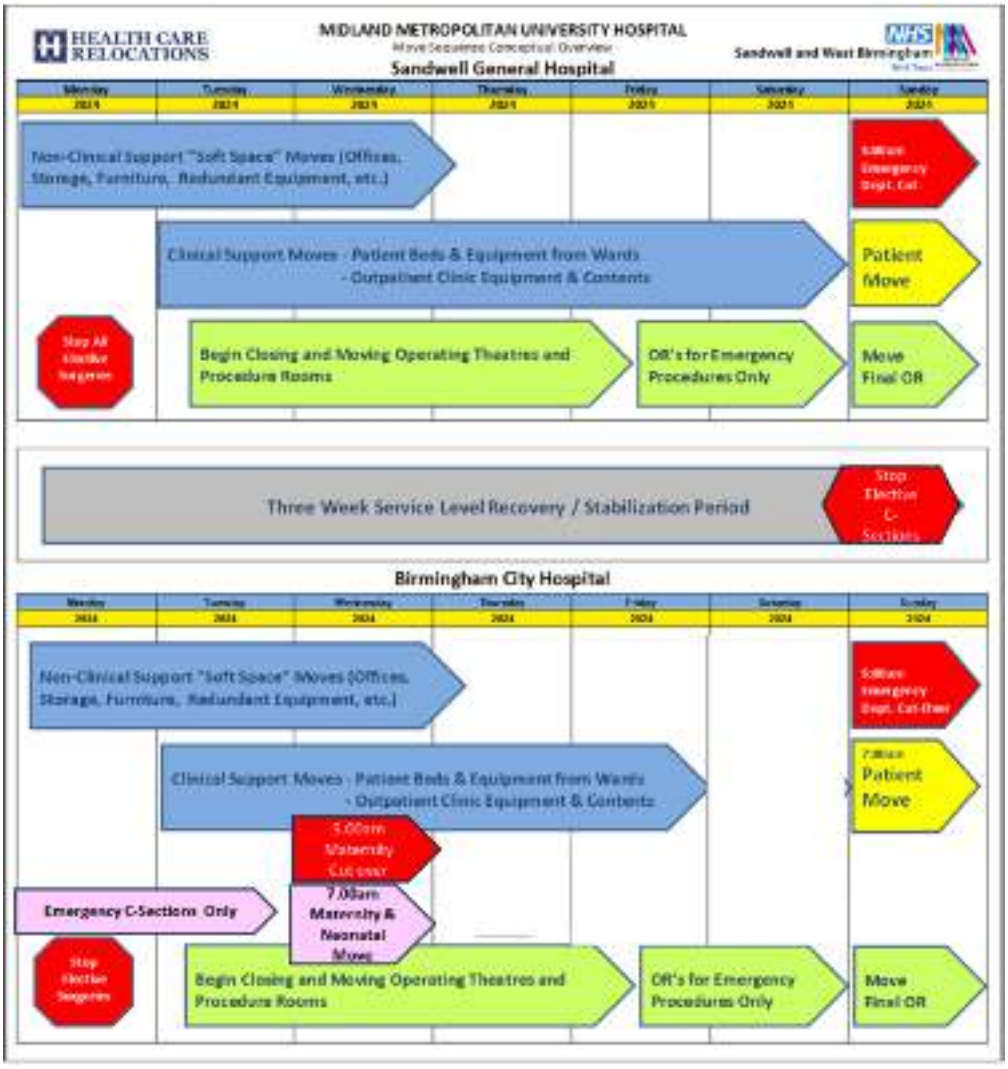
2. MMUH Move Plan

2.1 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.

2.2 The table below summarises the high-level move plan with some further detail about equipment transfers and reprofile of elective activity.



2.3 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. This order and pace include:

- Sandwell Patient Move Day - 3 parallel streams of patient transfer, i.e. Critical Care, Paediatrics and all other patients
- Maternity and Neonatal Patient Move Day - 2 parallel streams of patient transfer, i.e. Maternity and Neonatal

- City Patient Move Day - 2 parallel streams of patient transfer, i.e. critical care and other patients (including any children in City ED or assessment unit)

2.4 Key current and future move plan activities are:

- Patient Transfer Protocols: 20-30 of these have been identified for each patient move day. Clinical, ward and department leads are currently developing these protocols which will be shared and discussed at the Patient Transfer Working Group meetings in April to ensure interdependencies have been identified and planned for
- Move Guide: This will contain the detail of equipment transfers and is being developed by HCR in liaison with the MMUH Move Champions
- Mock Patient Moves: These are scheduled for mid-June
- Patient Transfer Schedules: The ward, department and patient move order schedules will be reviewed after the mock patient moves and will be developed in more detail closer to the patient move days and down to patient specific level in the week before each patient move day. These schedules will form a control document on patient move days ensuring specific requirements for each patient being transferred have been identified and planned for

3. Resources to Support the Move Plan

3.1 The resources required to support the move to MMUH already in place and funded include:

- Health Care Relocations Ltd.
- MMUH Move Champions – part time backfill for these roles in clinical areas
- Commissioning team – part of MMUH Programme Company budget
- Removal company – vehicles and workforce to transfer equipment etc between the legacy sites and MMUH

3.2 The additional resources required for the patient move days include:

- Patient transport and associated specialist transport teams
- Double running of wards and departments at the legacy site and MMUH until the last patient has transferred from the relevant ward or department at the legacy site
- Additional roles on move days including patient escorts, co-ordinators, patient registration teams, additional resuscitation team etc
- Non pay elements relating to role specific t-shirts, catering arrangements to support teams etc.

3.3 The above additional resources have been quantified, presented to MMUH Programme Company governance and funding identified through the taper relief element of the budget with some contingency for resources still to be quantified (e.g. any double running for medical teams) and for future demands not yet quantifiable.

4. Governance and Assurance

4.1 HCR are a specialist organisation that only plan and deliver health care service moves into new facilities. They have 30 years of global experience including in Europe although MMUH will be their first experience in the United Kingdom. HCR have undertaken a number of visits to the Trust to see every ward or department transferring, meet with move champions and clinical leads. In between visits, virtual meetings have been held. This approach will continue with HCR undertaking site visits in April and June and then being present for the moves.

4.2 Restore Harrow and Green have been appointed as the removal partner for the MMUH move and have supported numerous hospitals' moves in the United Kingdom over many years.

4.3 The current governance arrangements for the move plan will continue with Patient Transfer Working Group meetings increasing in frequency over the spring and summer period. Progress with move planning is reported monthly through the commissioning dashboard with any exceptions and escalations being reported to the MMUH Operational and Readiness Group and where required to the MMUH Programme Group.

4.4 Key decisions relating to the MMUH move plan have been taken through MMUH Programme Company governance for agreement and approval. In addition, they have been discussed and socialised through Trust Management Committee and other relevant core organisation meetings. This approach will continue.

Jayne Dunn
Director of Commissioning and Equipping

1. Introduction to EQUANS Readiness

1.1 EQUANS are the Trust's Hard Facilities Management (FM) Provider. The summary below provides and update and assurance to their readiness to run MMUH as an asset from Planned Completion.

1.2 EQUANS were appointed in 2019, in parallel with Balfour Beatty. As the new hospital was being constructed EQUANS have been undertaking the role of 'critical friend' for the Trust. Advising us on elements of the construction as technical details were available for review and comment and ensuring that Balfour Beatty's construction proposal considered access and maintenance from the outset. EQUANS are also feeding into this process any learning from the Retained Estate maintenance undertaken over the past 3 years.

1.3 As EQUANS have progressed with their mobilisation assurance on their readiness has been provided through monthly dashboard progress reporting and, recently, deep dive sessions into specific subject areas e.g. procurement, recruitment and asset tagging. External independent assurance has been provided the Trust's technical advisors, Mott MacDonald, as well as the New Hospital Programme Project Director. Where possible we have also taken on board lessons learnt from the go-live at Brighton, and from defects encountered at Southmead, the Grange and Pinderfields.

1.4 As set out in more detail below we currently have a reasonable level of confidence in EQUANS readiness to take over the operation of MMUH at construction completion.

2. EQUANS (Key Technical Deliverables)

2.1 **Asset Register**

EQUANS work to develop the Asset Register for MMUH is progressing, asset tagging is now broadly complete. Data will be shared in March 2024 for Trust internal assurance.

2.2 **Schedule of Programmed Maintenance (PPM Plan)**

With the asset data still being finalised and to mitigate against the risk of not having an asset-based PPM plan in place that complies with the requirements of the contract, EQUANS are proposing that an interim 'systems based' PPM plan is put in place. This will ensure that statutory maintenance requirements are discharged, while a final asset-based PPM plan is to be finalised following the conclusion of the asset verification exercise prior to patient occupation. Outputs are expected in early March 2024 and will be subject to review by the Trust's external technical advisors.

2.3 **Premises Assurance Model**

As part of the overall reviews of EQUANS readiness to commence services at MMUH, a detailed question set has been developed, based on the NHS Premises Assurance Model (PAM) and tailored to reflect the obligations placed on EQUANS through the FM contract. Fundamental information that is still required to conclude the reviews includes the asset register and PPM plan as described above, as well as other contract deliverables, such as

revised method statements. We expect the outstanding information to be provided during March 2024.

2.4 **Assurance from Authorising Engineers (AEs)**

The Trust has engaged with AE's to cover the main Heath Technical Memoranda (HTM) subjects. These reviews include assurance on the construction of MMUH and commissioning of the relevant assets and systems to provide their expert opinion on compliance against the relevant technical standards. The following subject areas are being reviewed by the Trust's AE's:

- HTM02: Medical gas
- HTM03: Ventilation
- HTM04: Water safety
- HTM05: Fire
- HTM06: Electrical safety
- HTM08: Lifts
- Pressure systems

The AE's have been providing the Trust with regular status reports based on their reviews of the construction and commissioning. The AE's will also be providing reports which describe what reviews have been carried out at each of the stages from design through to commissioning, providing commentary on their findings, including an opinion on whether the relevant installations are acceptable to the Trust and ready to be put into service. This process will continue as technical commissioning is completed by Balfour Beatty. To-date no major concerns are being raised by the AEs.

3. EQUANS Readiness (Contract Deliverables)

3.1 **Procurement**

EQUANS procurement of their specialist subcontractor supply chain is progressing with a number of contracts being reviewed and ready to submit for their internal governance. Challenges are being experienced from some contractors being requested to quote due to availability of accurate asset and system information caused by final elements of construction still being in progress. Works packages are now being RAG rated based by EQUANS based on the intended start dates such that maintenance activities due within the first month, for example, are being prioritised over those that may not be due until 6months after go-live.

3.2 **Recruitment**

EQUANS recruitment process is on target. The plan was developed with a degree of inbuilt flexibility to allow for fluctuations and difficulties due to available skill sets. This has meant that in some instances suitable personnel have been identified ahead of programme and have been onboarded where in other instances recruitment has been more difficult resulting in appointment being later than planned. However, overall, the plan is delivering as required and all roles currently have candidates in various stages from shortlisting to being in post. It is expected that suitable recruitment will be achieved prior to service commencement.

3.3 **Appointed Persons**

The most recent review of the Appointed Persons matrix was undertaken by EQUANS on the 29th February 2024. Positively, EQUANS have Authorising Engineers appointed for all roles as required by HTM's. EQUANS also have identified which individuals will be appointed as either Appointed or Competent Persons post and are currently progressing Training and appointments will be in place prior to service commencement.

3.4 **Trust Team Readiness**

4.1 **Internal Resources**

Following a number of months having challenges recruiting into Contract Management roles, the Contract Management Team is now fully resourced. The Contract Management Plan and Time Based Obligations for the EQUANS MMUH contract are drafted and undergoing final reviews. The Compliance Team is now also fully resourced with the Deputy Head of Estates and Compliance with responsibility for MMUH compliance starting in post in early March 2024.

4.2 **Governance Framework**

Estates compliance for MMUH will mirror the well-established arrangements and reporting that is used for for the Retained Estate. 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.

4.3 **Compliance Assurance**

This will consist of four key elements; auditing by impartial and independent Authorising Engineers, a system of operational and strategic Safety Groups, quarterly risk management by specialist subjects, and quarterly assessment against the NHS England issued Premises Assurance Model.

Warren Grigg
Director of Estates Development

Retained Estates Planning **Annex 14**

1. Our Retained Estate

1.1 Our 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 '24. Subsequent construction delays have lead 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. An extract from our Estate Strategy is shown below showing the extent of the Divested Estate (blue hatch). There are no short term plans to divest any areas of our other sites

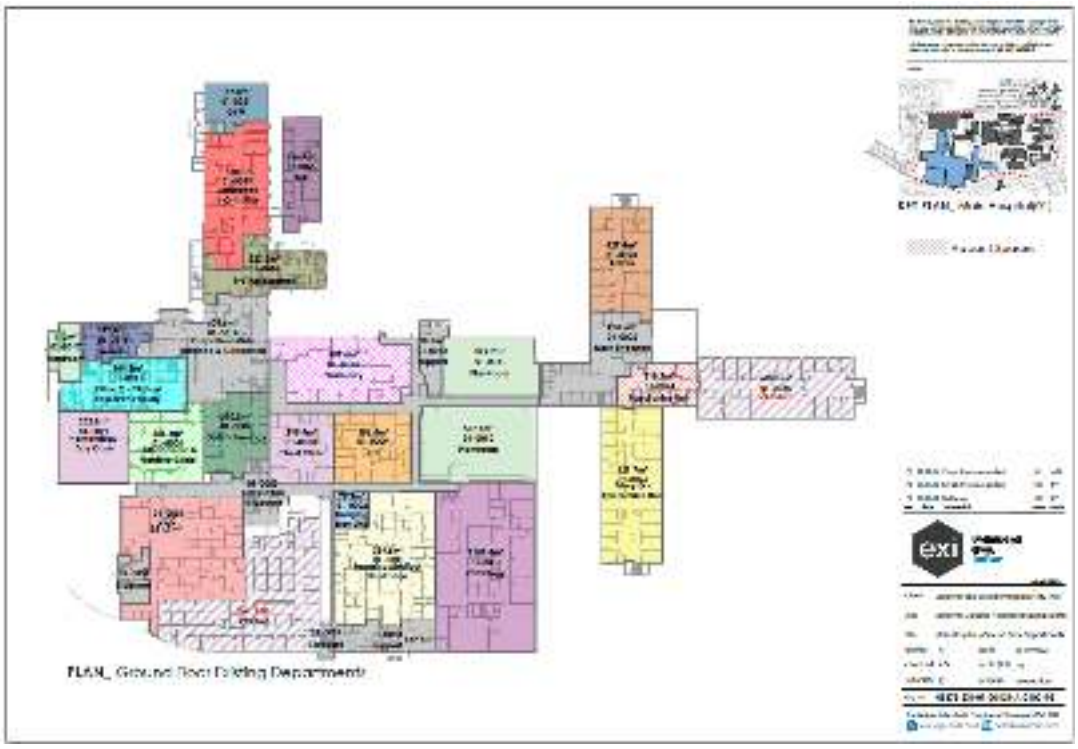
1.2 Moving clinical teams to their new, or interim, working locations has been progressive with some Teams already having moved to their new locations; Fracture Clinic and Oral Surgery moving into the BTC as recent examples. Large parts of the City Site have already been taken to vacant possession.

1.3 Historic moves, agreed future locations, and issues to be resolved have been tracked to-date by the Commissioning Team. This has transitioned to Estates as part of the post programme company business as usual working.

2. How We Use The Estate (Clinical Services)

2.1 Our Estate Strategy documented current working locations of clinical teams. We have produced an "MMUH Time Slice" of these site plans showing how the use of

the estate will change following the moves to MMUH. We have also published a "Services by Site" diagram showing which services are to be provided from each of our sites after MMUH opening. Examples of the "MMUH Time Slice" site plans for Sandwell main block, ground floor, are included below. A full pack of the departmental locations is currently being ratified by clinical leads in anticipation of being communicated to staff in April 2024.



2.2 **Planned Moves**

2.3 Capital schemes are in progress aligned to key moves that need to be undertaken in order to vacate the city site. These will be complete in August and September 2024.

- 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

2.4 Some other teams require an interim temporary location as works are required to be funded from future years Capital allocations in order to create permanent homes. Examples include:

- Neurophysiology temporary re-location to the BTC
- MIS / Clinical Immunology located to Newton 5 at Sandwell

2.5 There are then a range of moves where teams will simply move into a department that has been vacated 'as-is' with minor lifecycle works undertaken where timescales allow. Examples include:

- The Urgent Treatment Centre at Sandwell re-locating to the vacated Emergency Department space
- Pre-Assessment moving into the vacated UTC space (see above)
- Diabetes, Endocrinology and Rheumatology moving into Outpatient space within the BTC
- Haematology Day Case procedures moving into the modular SDEC building at Sandwell

2.6 While "home's" for all clinical teams have been identified in principal there remains a small number of issues to work through. For example, changes in working practices has meant that the space allocated for teams moving into the BTC is likely to be insufficient. To help identify solutions the ICB's workplace planning consultant is supporting the Trust, in March, to undertake a space utilisation study within the BTC. A preferred outcome would be that underutilised rooms are identified and all departments can therefore be accommodated through appropriate scheduling of clinics. If successful we would consider conducting similar studies on some of our other premises.

2.7 Workshops are to be undertaken in March 2024 to identify 'move windows' for the planned internal moves in and around the forecast MMUH move dates. We will also scope lifecycle works opportunities against the 2024/25 lifecycle capital budgets, taking the opportunity of departments being vacant immediately after moves to MMUH.

3. Capital Planning

3.1 The longer term Capital Plan is aligned to the Estates Strategy. Allocating budgets for 2024/25 schemes is currently being undertaken and anticipated to be complete by the end of March 2024.

3.2 Development Control Plans are in place articulating Capital Works planned in future years. These will be reviewed against available funding as financial planning for future years is undertaken.

4. How We Use the Estate (Non-Clinical) Locations

4.1 The Agile Working location project aims to define the non-clinical working space for all our staff 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

4.2 The feedback from staff demonstrates that implementing an effective agile working environment at MMUH and for the retained estate will be a critical success factor. Establishing an effective agile working environment includes; creating a flexible and dynamic working environment:

- within MMUH,
- across the retained estate
- as well as implementing effective remote working and access

4.3 An agile environment enables optimal space utilisation, whilst also supporting staff to achieve a positive work-life balance. Agile working will improve staff engagement, staff experience and build confidence within our workforce ahead of, during and after the moves to MMUH. Agile working practices will also support the focus on improving operational productivity and improved performance.

4.4 The Agile working programme for MMUH covers two core domains, these being; People & Culture and Environment. There are 4 key workstreams;

- OD & Engagement
- Policy
- Space Utilisation
- Room Booking

With effective communications being a major enabler for each workstream.

4.5 Given the importance of this workstream, an experienced Agile Working Programme Manager has been appointed to provide dedicated leadership to this programme from March. There have also been changes to further strengthen the governance of this work between now and the opening of MMUH. A comprehensive desk audit has been undertaken for current admin workers. We are confident that after vacating the Divested Estate that across both the Retained Estate, MMUH, and some of our Community Premises (including Sandwell Council House) that we can meet the current desk demand on a like for like basis in the short term.

4.6 MMUH desk allocation including zonal working arrangements have been agreed via Programme Management Group. This work is now complete. The Space Utilisation workstream are now undertaking an assessment of desk allocation related to the Retained Estate to determine where there isn't a requirement for dedicated desks. Following a mapping session on 12th March a proposal will be taken to Executive Group on 13th March to agree principles which will then inform a desk allocation plan that will be shared with the Trust Management Group in March.

4.7 Our Agile Working Group is developing a comprehensive engagement and Organisation Development plan to support engagement with staff regarding agile working locations/ arrangements and agile working principles well as ensuring alignment with the MoC change of base consultation arrangements.

4.8 The Group are also working on developing updated procedures to support agile working principles building upon policies already in existence including home working and flexible working policies. It is currently estimated that 600-700 staff work from home on a daily basis and our IT systems have capacity for up to 1,000.

4.9 We consider that effective agile working principles could reduce our overall demand for desk space, however it was not considered appropriate to launch updated agile working arrangements while teams are also going through Management of Change and preparing for the moves to MMUH in terms of both the impact that this would have on staff and also management capacity to manage the process and any resulting issues created. The Agile Working Group are working on ensuring the space utilisation and desk allocation work is completed in March 2024 after which wider communication will be issued to staff (April onwards) with staff engagement aligned to the MoC consultation timescales.

Warren Grigg
Director of Estates Development

Travel plans **Annex 15**

1.1 Good progress has been achieved in ensuring that multiple travel options are available to our staff, patients and visitors for the opening of MMUH.

1.2 **Already Achieved** - 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.

1.3 **In Progress** - There has also been positive progress in procuring bus services. While existing services between Birmingham City Centre and West Bromwich stop in close proximity to each of; City Hospital, MMUH and Sandwell Hospital we are working with Transport for West Midlands (TfWM) to procure bus services that will enter, and stop within, the MMUH site. Co-creation sessions are planned in March, informed by a staff survey that seeks to better understand journey start and finish locations. The procurement and tendering process for new services is relatively quick. TfWM have advised circa 3 months from tender documents being issued to an award being made, and services start immediately upon award. We would anticipate TfWM going out to market in June/July in order for a service to be in place prior to October 2024. We have also negotiated with National Express a four-week free bus pass for staff travelling to MMUH. The shuttle bus for inter-site travel for work purposes will continue with the timetable being amended to accommodate the stop at MMUH.

1.4 **s106 Obligations –** The Trust has developed a robust Travel Plan as required by the s106 agreement. Financial Contributions to the Council to support Highways Works and Canal Enhancements have been made. The Council has undertaken its baseline comparative parking surveys that will be used to assess the impact of MMUH on parking conditions within the vicinity of the site. The Travel Plan has a number of long-term obligations including; annual monitoring, surveys, reporting, car sharing schemes, bike purchase schemes, publication of travel information, and offers to support the use of public transport. Longer term obligations include a key assessment window 5 years after occupation where a revised Travel Plan may be required if excess private cars are travelling to the new hospital daily. The Trust may also have to pay a contribution towards a controlled parking zone if it is demonstrated that the new hospital has a negative impact on local parking conditions.

Warren Grigg
Director of Estates Development

Communications Plan **Annex 16**

1. Internal Communications

1.1 There are several internal communication initiatives which were created in 2023/24. These include but are not limited to MMUH Hubs; Lunch and Learn; Midland Met Matters (equivalent to a MMUH focused Team Talk); More Than Award Winners and Midland Met Monthly (stakeholder newsletter) .

1.2 Staff 'Pulse' (Diag 1), surveys are undertaken quarterly (with the exception of National Survey quarter). There were two questions attributed to MMUH. They are:
(1) I know about the new Midland Metropolitan University Hospital that is under construction in Smethwick – the response to this question has been consistently positive with scoring more than 90% in all surveys since the beginning.

(2) I understand how the opening of the new Midland Metropolitan University Hospital will affect my role and the work we do - the response to this question has been lower in general but continue to rise with each set of survey results.

On -going – the expectation is question (2) will continue to improve considerably as staff undertake the Management of Change Phase 3 and undertake staff inductions and have more access to the new hospital prior to opening.

1.3 MMUH Matters is the monthly information sharing gathering event via Teams, equivalent to the Trust Team Talk. Since October 2023, the membership has been extended to include all of the organisation and attendance now averages, in excess of 150 colleagues per session.

1.4 Midland Met Monthly is the external newsletter (issued 13 to date). It is issued monthly to over 200 external stakeholders, MPs, councillors, and shared future through our existing networks through engagement and volunteering and via LinkedIn (approx. receiving 1880 impressions per share).

1.5 We also have active social media channels including Facebook (310 followers) and Twitter, with dedicated MMUH accounts;-

Date	Channel	Impressions /Views
1/3/24 = 1/3/24	Twitter	16.9K impressions
31/12/23 – 28/2/24	Facebook	22 posts receiving 217 reactions

We also create much digital content for other Trust channels including Tik Tok which has a considerable following.

1.6 Lunch and learn – is an interactive, information giving session open Trust-wide for all colleagues to attend. It was led by key leaders from the Programme Group with special guests from specific subject areas. In addition, there are two Midland Met Hubs which are communication spaces in key, high footfall areas of Sandwell and City Hospitals. They are updated regularly with the latest key information and news about the new hospital sucg as being used currently to promote Management of Change (phase3) and supported by staff hosting drop-in sessions to focus on these subject areas.

1.7 Recognition; MMUH More Than Awards offer a fantastic opportunity to recognise the hard work and commitment of staff, (many above their day jobs) to get MMUH over the line.

The Awards are celebrated and presented at MMUH Matters and the award winner (s) receives a certificate and spends a month with Marvin the unofficial MMUH mascot which is used for further internal promotion and publicity throughout the coming month. So far, we have been pleased to announce 12 winners and had over 50 nominations.

1.8 Updated intranet; Connect – is updated daily with key messages about MMUH. This year (2024) MMUH presence has increased and is more visible on the home page and it will be fully integrated when the new intranet is launched to allow a much more prominent position. The intranet has particularly pivotal in the launch of the Management of Change piece of work.

2. External Communications

2.1 The external Trust communications website (July 2023– Febuary 24) has had approx. 503,000 users visit the site, (15,000 per week). The MMUH pages, through this period have seen 40,000 views, approx. 100 per day, this has shown a 50% growth in views on MMUH pages since January this year.

We will continue to work hard to promote the latest news and updates for Patients, People and Population with a targeted campaign against the communications key milestones and big-ticket items. The focus will be to improve growth to 75% by end of June 2023 and 90 % prior to opening.

2.2 As you would expect the MMUH lends itself to considerable media interest. To date the relationship with the media has been positive and somewhat restricted given access to the site (as it remains a building site with restrictions). There has however, been some very exciting pieces of coverage to date. For example; -

NHS 75; ITV News Central special programme broad cast live from MMUH (3 million audience reach).
There has been promotion and media interest in what is happening at City Hospital grounds when move happens (Birmingham Live – (12.5 million audience reach) and the Learning Campus.
Coverage of high – profile stakeholder visits that are received regularly at site.

2.3 As we progress along the critical path towards a move date currently scheduled in October 2024, we will be offering exclusive opportunities to media outlets for opportunities such as documentaries, and access to site to support our public communications campaign on confidence MMUH is opening and how to access health care.

2.4 There will also be internal and external communications plans written for each of the 'big-ticket' items which will advertising, promotion and digital and PR focus.

2.5 The big-ticket items are those which are aligned to the critical patient pathways and as of day one could (if not managed correctly) could lead to patient safety, patients & staff satisfaction and reputation issues.

2.6 These include Maternity, Urgent and Emergency Care, Planned Care and Cancer, Specialist; Paediatrics; PCCT and Place. Each has a kick off period with a working group and a set of communication activities aligned to each area. The working group is a cross functional group of key representatives from across the organisation.

3. Charity Update – ' We are Metropolitan'

3.1 The gross fundraising target for the campaign is currently £2,380,500. This consists of £2m of charitable expenditure, and fundraising costs (including payroll and raising funds) of £380,500.

3.2 £1,858,671 has been received to date, including all banked donations/monies allocated from existing charitable funds (the latter as detailed in 14th May 2020 progress report) and matched funds.

3.3 A further £115,590 has been pledged to date. This consists of the current remaining pledge target of £49,944 from the Business Committee, remaining pledge target of £31,561 from Community Committee, and £34,085 of further pledges or grants to be made.

3.4 Therefore, a total of £1,974,621 has been achieved and pledged to date. In addition, a prospect potential (including match) of £877,941 has been identified.

3.5 'We are Metropolitan' Charitable funds' are being used for several essential activities to assist with staff and patient wellbeing. This includes developing community spaces, creating a welcoming and healing environment and to enhance research and development. This is turn plays a major role in the new community regeneration initiatives with our local communities.

3.6 Examples of this include, Home Corner Play area and Paediatrics Display, 'Test and Explore' projects such as the Hope Sculpture, Buzz Stop and Abundance around retained estates and a memorial bench in the Winter Garden.

The charitable funding has also supported £194k on cardiology research with Aston University, £304k for infrastructure/equipment in urology (£105k), pharmacy (£75k), critical care (£54k)

3.6 There is a continued plan of fundraising activities to ensure that we close the gap on the shortfall in charitable income.

4. Volunteering Update

4.1 Several volunteer recruitment campaigns have been run with overwhelming interest and to date with 184 potential volunteers expressing an interest.

4.2 There have been three 'MMUH introduction to Volunteering' days since September 2024 with a total of 81 in attendance across those 3 days.

4.3 There are also several Volunteer training sessions, for example for ED, Chaplaincy and Peoples Gallery and catering which focus mainly be on navigating around the hospital and areas where patients and visitors will require assistance.

4.4 Moving forward, to ensure that we have enough volunteers we will continue to promote the opportunity to new and existing volunteers.

4.5 There are still a number of applicants applying and therefore we will continue to put on as many MMUH and we will run 'Introduction to Volunteering sessions up to and throughout the summer. After this we will only be running training sessions for the different volunteer roles that will be required at MMUH.

5. Arts, Culture and Community

5.1 The arts programme continues to gather pace. The arts programme previously received grant funding from an Arts Council which meet quarterly and offer an insight into local arts and areas of interest for potential exhibitors.

5.2 There are 3 aspects to the programme. Working with community prior to and following opening; working with local artists to products meaningful large-scale sculptures. Local artist, Jacob Chandler has been commissioned to provide the Hope sculpture, and there is also a large hanging sunflower which is the organ donation committee sculpture. In addition, there will be a comprehensive arts programme of exhibition and events.

5.3 To celebrate the opening of MMUH we are working on large scale exhibition by Julian Germain and Grain called *Newborns.* This exhibition has the potential to appeal to large, popular audiences, literally celebrating new lives as they arrive in our new hospital and in our community. Each portrait photograph made can be seen and enjoyed as a celebration of a new life, hope and new beginnings.

5.4 There will also be arts focus on memories of City and Sandwell for staff and supporters of the Trust.

5.5 An Operational Policy for the running of the Gallery is being created to ensure maximum usage of the gallery. In addition, an annual Programme of Events will be created during the Set Phase of RSG in line with opening and running the gallery.

The gallery will also have its own opening festival which will aligned to formal hospital opening in Spring 2025.

6. Community and Stakeholder Engagement

6.1 A comprehensive community and stakeholder engagement programme has been active since 2022. It is essential to ensure the safe delivery of the MMUH programme and supporting the opening this year.

6.2 Over the course of that time we have undertaken two Near Neighbours community events (over 400 people), met with over 1500 residents MMUH (touring community bus) and over 1000 residents at various other community events ranging from visits to local Sikh temple on open day; community outreach and schools.

6.3 During 2024 this community engagement programme will continue to gather momentum and continue with the wide-reaching programme of events and tours to engage and utilise our community. This will include Near Neighbours (event 3 and private tour) ; continuing tour of MMUH community bus to community venues and staff locations and attendance at high profile community events linked to 'big -ticket' items.

6.4 In terms of Stakeholder engagement (mapped on Stakeholder Influence Map), our stakeholders are at or close to the desired level of relationship maturity we require. Where there is still a gap between 'current and desired' action plans for each area with specific actions to close the gap.

6.5 Given the varying political backdrop of the year there will be heightened interest in visiting the new hospital and whilst acknowledging we will accommodate visitors (all stakeholders as such) are appropriate but must have a meaningful, focussed reason to support the visit.

6.6 In addition we must take consideration of Purdah (pre-election), we must also ensure that we focus across all political parties (such as shadow secretaries) given the potential changes to leadership in elections this year.

6.7 Once the hospital is ready to open its doors, stakeholders contribute to its success by promoting it within their groups and networks, referring patients, providing on-going feedback for improvement, and ensuring continued support for it on an operational, day-to-day basis.

7. Communications forward look

7.1 The key focus of communication activities will be to create public awareness, build trust and confidence on the safe move to MMUH and opening of patient services, and ensure that all stakeholders support us on the journey to opening the new hospital.

7.2 By engaging our staff and communities, educating the public, informing our patients. collaborating with stakeholders and managing expectations we will ensure a successful launch and smooth operation of MMUH.

7.3 The plan below gives an over of the year ahead key communications activities, aligned to Ready; Set; Go (RSG) and highlights 'big-ticket items' – each has own sub communications and promotional plan aligned to it. (Diag 2)

7.4 Maternity will start in April and Urgent and Emergency Care in May. Each subgroup starts in advance of 'big-ticket' item from start to opening and then post 100 days and beyond.

7.5 There is a comprehensive plan for each which runs up to and post go live (Post 100 days). The plans will be shared through governance monthly and supported via the PMO office with a Project Manager.

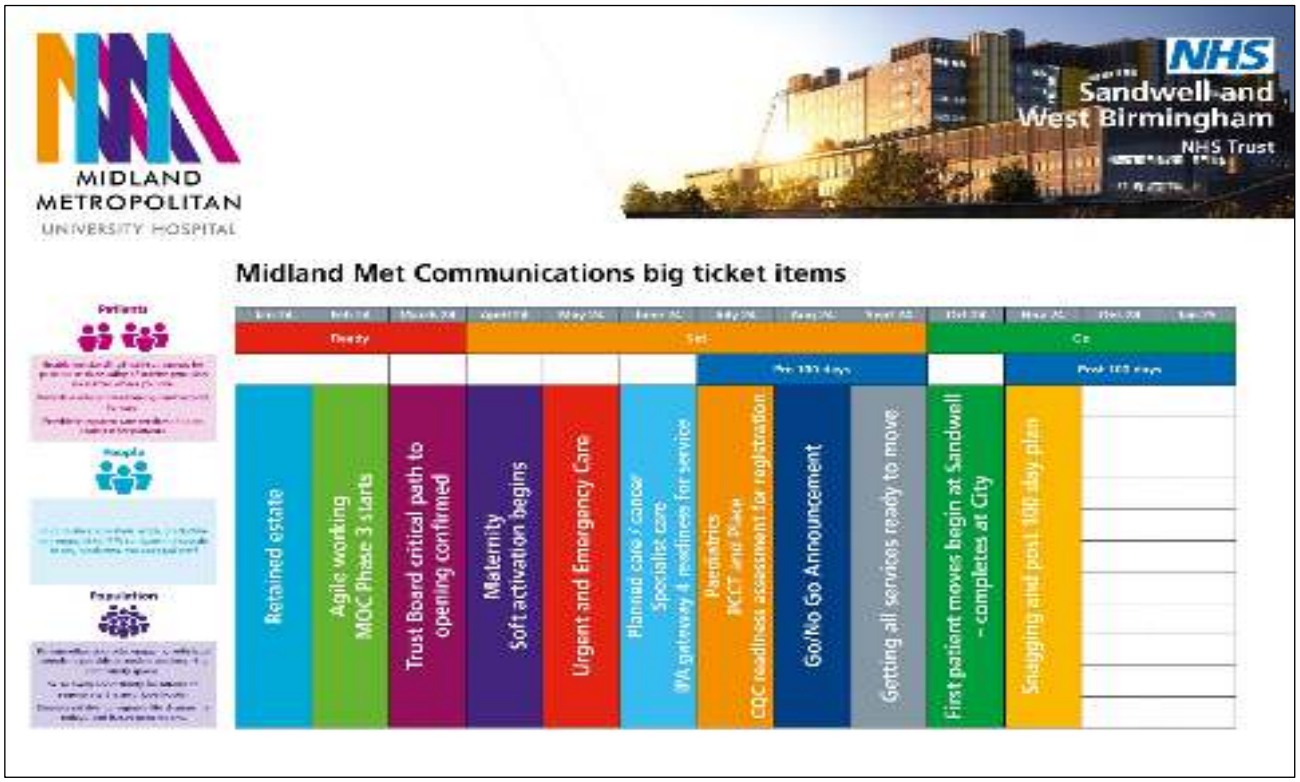
Diag 1

Midland Metropolitan University Hospital

21. I know about the new Midland Metropolitan University Hospital that is under construction in Smethwick.	RXK Q4 22/23		RXK Q1 23/24		RXK Q2 23/24		RXK Q4 23/24	
Strongly disagree	21	1%	7	1%	15	1%	36	1%
Disagree	41	2%	12	1%	32	2%	50	2%
Neither agree nor disagree	100	6%	46	5%	83	6%	207	6%
Agree	937	57%	517	55%	786	55%	1,688	53%
Strongly agree	554	34%	360	38%	506	36%	1,225	38%
Missing	24		9		15		36	
Positive Score	90%		93%		91%		91%	
Negative Score	4%		2%		3%		3%	
Base	1,653		942		1,422		3,206	

22. I understand how the opening of the Midland Metropolitan University Hospital will affect my role and the work we do.	RXK Q4 22/23		RXK Q1 23/24		RXK Q2 23/24		RXK Q4 23/24	
Strongly disagree	163	10%	94	10%	123	9%	233	7%
Disagree	347	21%	165	17%	251	18%	447	14%
Neither agree nor disagree	452	27%	234	25%	346	24%	779	24%
Agree	482	29%	291	31%	466	33%	1,105	34%
Strongly agree	216	13%	164	17%	243	17%	646	20%
Missing	17		3		8		32	
Positive Score	42%		48%		50%		55%	
Negative Score	31%		27%		26%		21%	
Base	1,660		948		1,429		3,210	

Diag 2



Jayne Ilic
MUH Director of Communications

1. MMUH Capital

1.1 MMUH was originally procured under a private finance 2 (PF2) contract in December 2015 but when Carillion Plc collapsed in January 2018 this caused construction to cease.

1.2 Consequently, the Trust submitted an Outline Business Case (OBC) in respect of the Replacement Construction Contractor (RCC) procurement in October 2018. This was approved in January 2019, allowing the Trust to commence procurement and issue an OJEU notice in January 2019. The procurement aimed to complete the construction of the by April 2022.

1.3 The OBC secured £358m for the completion of the programme with a further £31m for "early works costs", giving a total Public Divided Capital (PDC) allocation of circa £389m. The Trust also supported the costs via its own internal capital programme.

1.4 During 2021/22 it became apparent that due to delays in the construction programme additional PDC would be required to complete the build. Consequently, the Trust engaged directly with the national New Hospital Programme (NHP) team in 2021 with concerns about delays in the construction programme and potential costs.

1.5 To support the review by NHP the Trust and Balfour Beatty entered a commercial "standstill agreement" between January 2022 to June 2022. The over-riding purpose was for both parties to work with the NHP for the benefit of the protecting the Project and understand the timelines and costs to successfully complete and commission MMUH to open for patient care. NHP led and facilitated this review with the objective of resolving Project Critical Issues and agreeing on the future route to delivery of the Project to Completion. Construction continued during the commercial 'standstill agreement'.

1.6 The outcome of this was addition Public Dividend Capital funding secured as follows:

- £104.5m for additional construction costs
- £44.3m contingency based on a practical completion date of 31 October 2023 and a Spring 2024 opening

The total cost of the building at the time of writing is £731m.

1.7 The Trust MMUH Programme Group and Trust MMUH Opening Committee receive monthly reports tracking progress against these budgets.

1.8 Due to the delay in practical completion to the end of March 2024, we have also been in discussions with the New Hospital Programme team to secure additional delay funding. At the time of writing, we have secured an additional £10m capital funding to bridge the delay of practical completion from October 2023 to March 2024. We are also expecting a further £5.8m relating to equipment – this is to be formally approved via the NHP Investment Committee.

2. Revenue – Context and MMUH Costs

2.1 We recognise that over a period of time initial planning assumptions regarding the 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.

2.2 Led by the Managing Director of the MMUH Programme Company, the financial impact of MMUH has been presented through several forums over the last 2 years. These include:

- Presentations and question/answers to the Executive teams of the Integrated Care Boards (Black Country and Birmingham & Solihull) in July / August 2022.
- Sessions with the Chief Executive Officers of the ICBs provider organisations in August / September 2022.
- Presentations and question/answers to the Boards of the Integrated Care Boards (Black Country and Birmingham & Solihull) in February 2023.
- Full engagement with NHSE – Midlands regional team including face to face discussions and the current ongoing due diligence review of the financial impact of MMUH.
- New Hospital Programme "Programme Assurance Review" (PAR).
- Numerous correspondence with key stakeholders including the Chief Finance Officer of the NHS.

2.3 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**)

Workforce Model (£25m)

2.4 The clinical model and associated budgeted workforce in the Trust were reviewed in forensic detail by the Trust in 2021/22, which led to a revised evidence based clinical model with an additional 484 whole time equivalents. A substantial proportion of these changes are driven by national quality and safety requirements and/or good practice in acute care that have developed over the last 10 years, as well as 7-day service provision, which is essential to manage within the MMUH bed base.

2.5 The clinical and workforce models from a quality and safety perspective are supported by the Integrated Care Boards (ICB's) following a clinically led review in July 2023.

2.6 It was noted following the clinical review the workforce models and whole-time equivalents (WTE) were appropriate and reasonable and supported the clinical pathways.

2.7 During 2023/24 the Trust Board has approved 272wte to deliver the clinical models prior to the move into MMUH with a further 64wte approved in December 2023 to support the activation stage of the move.

2.8 The remaining 148wte are currently going through a Quality Impact Assessment (QIA) to assess the risks of a delay in recruitment to the move and clinical models. There is likely to

be some non-recurrent slippage in recruitment during 2024/25 but in the full year the whole of the 484wte will be required to deliver the clinical approved clinical models.

Inflationary Non-Pay (£16m)

2.9 The inflationary non-pay pressures relate to energy, rates, and other utilities, all of which have increased significantly since 2019, some of the rise due to excess inflationary pressures.

2.10 These costs will be incurred on practical completion of the building and he handover to the Trust – Spring 2024.

Capital Charges (£19m)

2.11 The increased revenue cost of capital has resulted from changes to the valuation approach used by the Trust, the increased cost of completion (now at circa £731m) and the latest post-opening valuation of the new hospital. The 2019 business case always assumed that a refresh of capital charges would be required.

2.12 This calculation has been recently reassessed by the Trust and is, pre audit, £12.0m of which £4.3m is depreciation and £7.7m is Public Dividend Capital (PDC). We anticipate that emerging policy to support incremental depreciation could provide a solution for up to £4.3m in 2024/25. Planning guidance to confirm an approach.

2.13 The Trust will undertake final valuation assessment during quarter 2 2024/25 with final views expected October / November 2024.

2.14 The working assumption of both the Trust and two ICB executive teams, is that the capital charges, depreciation and PDC, should be resolved through a national solution.

2.15 Overall, it is reasonable to say the costs implications of MMUH have been consistently reported and shared extensively with key stakeholders. Unfortunately, we have not secured any agreement regarding the national funding of these costs for 2024/25 and recurrently. The Programme Assurance Review recently identified the £60m revenue costs as a "blocker" to delivery of the overall programme.

Simon Sheppard
Acting Chief Finance Officer

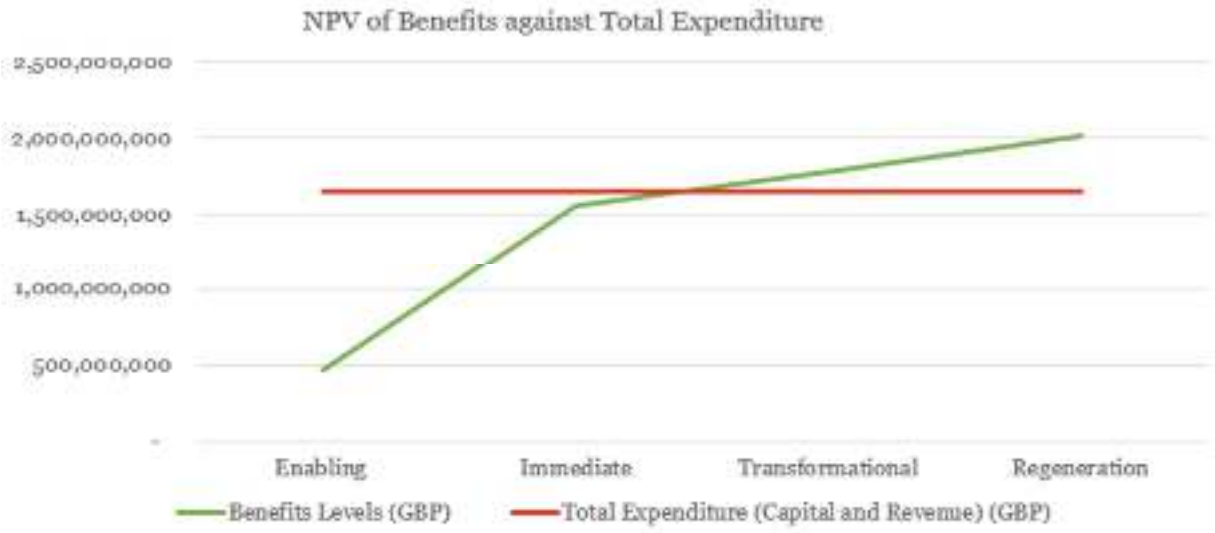
Benefits **Annex 18**

1. Introduction

1.1 The Trust Board is aware we appointed Price Waterhouse Coopers (PwC) as our partner in December 2022 for an initial 12 week programme (phase 1) concentrating on quantifying the benefits of MMUH. During the programme:

- Significant engagement and input received from MMUH / SWB colleagues - 17 sessions held with SWB colleagues
- Over 450 data requests provided
- Over 82 benefits identified
- Significant work undertaken on research and generation of additional benefits through engagement with individual disciplines (workforce, finance, operations, clinical, digital and logistics)

1.2 This 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**.



1.3 These benefits were further grouped into **four different time based verticals**:

Enabling Benefits -benefits which are required to be delivered in advance of the opening of MMUH, and are only realisable as a direct result of the MMUH investment.

Immediate Benefits -benefits which are required to be delivered upon the opening of MMUH, or within the first year of operations, generally over a **58 year** useful life.

Transformational Benefits -benefits which are to be delivered over a longer period due to their transformational nature, generally over a period of more than a year from the opening of MMUH, generally over a **58 year** useful life.

Regeneration Benefits -benefits are not directly attributable to the operation of MMUH as a hospital asset itself, rather they are consequences of both the direct investment made in, and the wider strategic aims of MMUH. These benefits relate to the regeneration of the communities within which the Trust operates.

2. Benefits Management Principles

2.1 Benefits delivery is essential to the benefits programme and to support this a set of principles have been developed. Underlying these principles is the SWBH belief that delivering quality of care is central to ensuring value for money for the taxpayer.

2.2 19 principles are listed within the strategy. The themes which emerge from these are as follows:

- Benefits management activities should be integrated into project activities in a way that is scalable and appropriate to ensure benefits delivery
- This will be an ongoing activity
- While the CEO retains overall accountability the MMUH opening committee is the tier 1 assurance committee for the delivery of the benefits management strategy
- Multiple roles across the organisation will be responsible for benefits delivery
- Four key benefits areas have been defined:
    - Bed gap rightsizing
    - Workforce
    - Productivity
    - Quality

3. Roles and responsibilities

3.1 Implicit in the ambition to embed benefits management within the Trust is the idea that responsibility for benefits management rests with multiple staff groups at various levels within the organisation. Successful benefits management is a thread that runs through the fabric of an organisation. Therefore, the board sub-committee infrastructure has a pivotal role to play. In addition, at different times, depending on the nature of the benefit sought certain exec roles will have a prominent role to play. These will be supported by delivery and corporate functions within the Trust. These are documented within the handbook and can be summarised as follows:

Benefit	**Executive Lead**	**Operational Committee**	**Assurance Committee**
Beds	Chief Operating Officer	Performance Management Group	Quality Committee
Workforce	Chief People Officer	Performance Management Group	People Committee
Operational Productivity	Chief Operating Officer	Performance Management Group	Finance & Productivity Committee

3.2 In addition to the Committees above until handover to the Core organisation the benefits will also be reported to the MMUH Programme Group and MMUH Opening Committee.

3.3 As the work of the benefits workstream has progressed an alignment has developed with the improvement team. Moving forward it is clear that advantages exist from continued close working. Specifically, it is expected that the identification and linkage of benefits and finance modelling to the improvement teams current work will enable transition to business as usual and associated risk mitigation.

3.4 The strong linkages provided by the above would then help to maintain alignment with the IPA 4 and 5 requirements. In addition, these linkages would also support the short-to-medium term challenge of achieving a well-owned Benefits Management Strategy.

4. Benefits Management Approach

4.1 Regarding MMUH, benefits have been classified as cash releasing, non-cash releasing, societal and unmonetisable. Cash releasing will correlate with Trust CIP programmes while non-cash releasing aligns with schemes which enhance quality for no additional cost.

4.2 Societal benefits in contrast relate to benefits which fall outside the Trust and, as the name suggests, benefit wider sections of society. The last type, unmonetisable benefits, captures qualitative benefits that are not measurable or are subjective.

4.3 A further classification of benefits has been applied which reflects the timing and scale of outcome. Those benefits which will pre-date the opening of MMUH are referred to as enabling while those delivered upon, or within a year of, opening are classed as immediate. However, many of the benefits will be realised over the useful life of the new hospital and, where this is the case, they are classed as transformational benefits. Finally, where there are beneficial outcomes that the new construction will have on the local economy and community these are classified as regeneration benefits.

4.4 Guidance in the form of the Infrastructure Project Authority literature has been used as the basis for best practice. This has informed the four-stage benefits management process to be adopted by the Trust.

Each of the four key benefit areas to be realised (beds, workforce, productivity, and quality) rest on the development of certain core competencies within the Trust:

- Recruitment, development, and retention of staff capability
- Materials management capability
- Elective capacity management capability
- Patient care capability

4.5 Given that benefits management will continue beyond the life of the MMUH programme it is essential that these capabilities are not eroded in future years. Therefore, it is anticipated that this benefits management process will be complemented by the Trust's own Quality Impact Assessment (QIA) gateways to ensure quality and equity are also maintained as cornerstones of the Trust's approach to change.

4.6 It is intended that the QIA will consider the impact of any changes on each of these capabilities. This application of the QIA is expected to guard against short-term CIP delivery undermining key organisational core competencies.

5. Strategic Benefits

5.1 In addition to the benefits assessment which underpins the current benefits totaliser other areas are being assessed – the strategic benefits. These additional benefit "deep dives" are being undertaken in relation to specific initiatives

5.2 We have had our inaugural quarterly Strategic Benefits Group in January 2024, which involved both ICBs, to discuss:

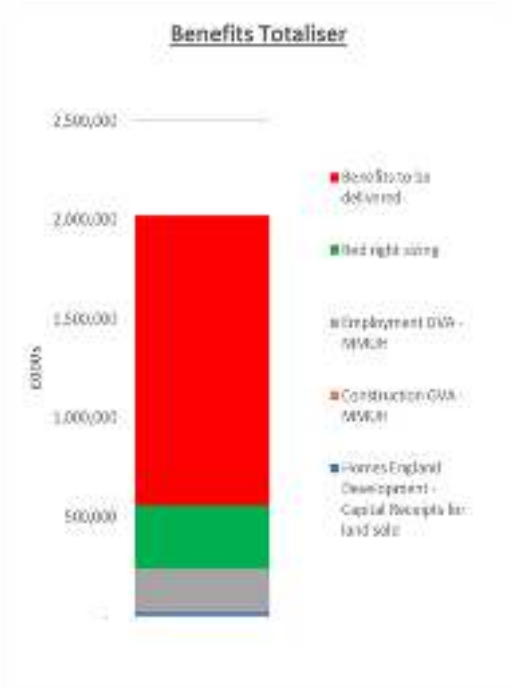
- DHL Logistics benefits – inventory optimisation and warehouse storage
- Elective Hub - Forecast of elective income / activity
- Pharmacy – end to end process and automation
- Fundamentals of Care
- Key Worker Accommodation

5.3 Going forward the meeting of the Strategic Benefits Group will concentrate on:

- Discussing and agreeing the critical path of the agreed schemes
- Further discussion on the new opportunities arising – stakeholder work in train with councils and West Midland Combined Authority to secure a delivery plan for the Smethwick to Birmingham corridor; Grove Lane Masterplan: Learning Campus; Urgent Treatment Centre
- The immediate priority is the Learning Campus, with the draft report to be presented to the Senior Responsible Officer in early January. The draft report is indicating a significant quantified (£150m+) and qualitative benefit of this development
- During Quarter 4 of 2024 the remaining schemes will be further scoped and indicative timelines recommended to the Programme Group

6. Benefits Totaliser

6.1 There is the provision of a monthly update of the benefits totaliser to show forecast performance against the £2bn opportunity. For the current reporting period the assessment of circa £2bn total benefits remains the forecast for the total benefits opportunity. This represents the value of benefits delivered extrapolated over the 58 year period.



6.2 To provide external governance the Trust will commission an independent annual review of the benefits.

Simon Sheppard
Acting Chief Finance Officer

PAR recommendations **Annex 19**

Ref	Recommendation	Risk and Issue Identified	Critical, Essential, Recommended
1	People: Staff Consultation. SRO to review and provide assurance to Trust Board wrt Staff Consultation resources, progress & outcomes.	Potentially insufficient time to complete staff consultation (5900 staff involved in consultation).	Critical (do now)
	Initial Response	**Update and Completion status**	**Owner**
	There is a clear programme of work linked to Management of Change (MOC) with clear delivery plans. This was independently validated via external Partner Camburg and updated and refreshed in the summer of 2023. The Chief People Officer (CPO) undertook deep dive into MOC process with key stakeholders at an away session in November 2023. Key actions put in place to streamline process e.g. reduce union pre-meets and increase STACC meetings. Additional capacity brought in by CPO via external agency to bolster operational capacity to support MOC activity . MOC process streamlined, with an overall reduction in the consultation timeline being achieved. Additional staff side/trade union facilities time also agreed to support delivery of the MOC process against revised timeline. Follow-up planning session completed for 14th Dec with new resources and Clinical Groups to check-in, review risks and orientate new resources joining to help deliver MOC. Director of People and OD and MMUH Delivery Director continue to have weekly escalation meetings with unions colleagues.	**Good progress made.** **Recommend risk / issue closed as well managed in the Programme.** The MOC process has been evaluated and revised (streamlined) and the trade union challenges addressed. Combined with the introduction of additional resources within Clinical Groups, and enhanced leadership oversight from the new Interim Chief People Officer, the MOC process is working more effectively for phase 1 and 2. Phase 3 MOC commenced in February 2024 and is on-track to close in April as planned. Whilst there continues to be	James Fleet – Interim Chief People Officer

	Away session took place with MOC Team and HRBP's led by Director of People and OD to support further integration of HR/MOC agenda to strengthen joint working.	close monitoring of the MOC process through to the close of Phase 3, the level of risk that was previously assigned to the MOC activity has been significantly de-escalated (with improved assurance through MMUH Opening Committee and People Committee). In total the MOC papers affecting 5,710 employees (out of 6,017) have been approved at STaCC. Whilst some issues present on an ad hoc basis, the enhanced of the revised MOC process and oversight ensure that any such issues are addressed swiftly. The NHP Workforce Lead conducted a review of the overall workforce and people plans for MMUH inclusive of the PAR review recommendations and progress. The output concluded good progress and evidential progress against this recommendation.	

2	People: Organisational Development (OD) & Staff Engagement. Trust Board to be assured that there is a comprehensive OD strategy with effective monitoring & KPIs in place.	Staff may not be fully prepared for new ways of working within MMUH. Cultural misalignment may impact effective future working.	Essential (as soon as possible)
	Initial Response	**Update / Completion status**	**Owner**
	There is a comprehensive Organisational Development (OD) programme linked to the 8 transformation areas and aligned with the Trust People Plan that was shared with Board and Committees. The OD Programme for MMUH has been reviewed externally on three occasions twice via two deep dives with the New Hospital Programme Team and most recently via external partner Camburg commissioned via Programme Company. As a result of the review the programme was further strengthened to ensure alignment with core priorities and Leadership and Culture deliverables linked to the Trust People Plan. A comprehensive revised programme developed including KPIS, and critical success factors and shared with People and OD Committee and MMUH Opening Committee in August 2023. Additional resources and capacity brought in to support programme through in sourcing arrangements. Quadrant lead now in place to support delivery of programme. First phase of diagnostic training completed with Affina OD. Scoping of low, medium and high intensity teams currently in progress.	**Good programme made.** **Anticipate to close risk / issue in March 2024.** The Interim Chief People Officer has reviewed the content of the OD programme as reasonably assured with some further work to develop a final set of KPIS which are due for approval in the February Committee cycle. The OD Steering Group has now been established in January 2024 to provide effective governance and oversight of the OD work which will continue past the opening of MMUH, though to 2026. An "**OD Journey Briefing and Familiarisation day** " took place on 5th	James Fleet – Interim Chief People Officer

	ED, Theatres and Imaging phase two follow up work currently underway.	February which was sponsored by the CEO and Interim CPO and was aimed at the “high priority “transformation areas. The event was a success and resulted in the development of a realistic plan for Groups to implement the next phase of the OD programme. A communication was also issued Trust Wide via the CEO Friday brief. A forward plan for the delivery of the ARC Leadership programme has been re-profiled in collaboration with the priority groups. The OD Consultants are engaged with Medicine and Emergency Care, Theatres, Imaging, Ward De-coupling, and Frailty; diagnostics are underway with the former three groups. Engagement with Logistics will begin in March 2024. Next actions include broadening communications through developing an OD brochure to	

		promote to OD programme and ensure Trust employees are aware of the benefits. The NHP Workforce Lead conducted a review of the overall workforce and people plans for MMUH inclusive of the PAR review recommendations and progress. The output concluded good progress and evidential progress against this recommendation.	
3	<u>People: Model of Care (inc seven day working).</u> Trust Board to review seven day working ambition – specifically: - Affordability - Recruitment team capability to achieve goal. - Alternative plans – minimum workforce required to open/a phased workforce plan.	The seven-day working and wider workforce model may not be immediately achievable due to funding, existing vacancies & ability of external partner to recruit into vacancies.	Critical (do now)
	Initial Response	**Update / Completion status**	**Owner**
	Funding confirmation remains outstanding – Private Trust Board to consider risk assessment in January 2024. Recruitment resource and contract reviewed by the Interim Chief People Officer; additional resource procured to support recruitment trajectory in December 2023. Workforce plans phased and signed off via People Committee in line with medium term financial plan.	**Anticipate to close risk / issue in March 2024.** Recruitment continues to represent a significant risk to the MMUH programme, both in terms of ensuring the necessary workforce capacity, as well as the multi-disciplinary skills and	Jame Fleet – interim Chief People Officer

	Safe staff plans agreed via December 2023's MMUH Programme Governance with the exception of ED to follow in January 2024. QIA of all Phase 3 recruitment completed in December 2023.	capabilities to deliver the service & pathway transformation required. **Addressing risks:** A power BI vacancy Dashboard has recently been developed, which shows the MMUH-specific and wider Trust vacancies. The dashboard provides oversight and full visibility of workforce numbers. The Remedium team are being re-aligned to deliver the revised Group trajectories. Targeted work to promote School Nursing and ED nursing is being undertaken. Additional specialist ('head hunter') resource has been commissioned to increase the rate of recruitment of 'hard to fill' roles (150 FTE's). A total Workforce assurance paper will be presented to the February Committee cycle and is intended to provide assurance to de-escalate this risk for	

		the Trust Board meeting in March 2024.	
4	People: Safer Staffing. MMUH safer staffing CNO review planned for January 2024 Board. SRO needs to provide assurance to Trust Board that MMUH nurse staffing plans are robust, affordable and in-line with national recommendations.	Dependant on outcomes – a January 2024 review may not give the Board adequate time to implement actions from the review.	Essential (as soon as possible)
	Initial Response	**Update / Completion status**	**Owner**
	Work completed for wards.	**Anticipate to close risk / issue in March 2024.** Review of ED staffing considered by February 2024 MMUH Programme Group. A total Workforce assurance paper will be presented to the February Committee cycle and is intended to provide assurance to de-escalate this risk for the Trust Board meeting in March 2024.	Melanie Roberts – Chief Nursing Officer
5	People: EQUANS Hard FM partner. Multiple concerns expressed to review team re. existing performance of EQUANS contract. Trust Board to review this contract performance and outcomes.	Successful handover and technical commissioning of the MMUH site could be delayed/compromised.	Essential (as soon as possible)

	initial Response	Update / Completion status	Owner
	Contract performance of EQUANs the Hard FM provider is reported quarterly to the Finance and Productivity Committee. Accountable Officers meet quarterly. Deep dive internal assurance review completed in November 2023 with reasonable assurance after recommendations all completed. Critical path and KPIs dashboard inclusive of recruitment tracked via Estates workstream in PMO.	**Managed within Programme. No current escalation or programme level risks.** **Risk/ issue - closed.**	Warren Grigg – Director of Estates Development
6	People: Recruitment Provider: Multiple concerns expressed to Review Team regarding the existing performance of the recruitment provider contract. Examples given include lack of progress with critical FM staff. Trust Board to review performance against this contract and satisfy itself of its effectiveness.	Gap in Board oversight of critical recruitment elements (i.e. FM staff) which could delay the opening of MMUH.	Essential (as soon as possible)
	Initial Response	**Update/ Completion status**	**Owner**
	Deep dive internal assurance review completed in November 2023 with reasonable assurance after recommendations all completed. Critical path and KPIs dashboard inclusive of recruitment tracked via Estates workstream in PMO.	**Managed within Programme. No current escalation or programme level risks.** **Risk /issue - closed.**	Warren Grigg – Director of Estates Development
7	People: Overarching Strategy and Board Assurance: Develop an overarching Executive-led MMUH People Strategy with Board oversight – covering the points above across all staff groups (clinical, hard/soft FM, administration). As required – seek People support from ICS/Region.	Development of a single 'Composite' MMUH People Plan could ensure gaps are identified & the Board is fully assured on performance and progress across the	Essential (as soon as possible)

		range of internal and external providers.	
	Initial Response	**Update / Completion status**	**Owner**
	MMUH Workforce programme in in place and has a focus on 4 quadrants (Recruitment, OD, MOC and ESR). Programme was reviewed (via Camburg) and strengthened further in the summer to ensure alignment with the Trust People Plan. KPIs and CSF's further developed following the review and now in place to monitor progress. Risk register aligned to plan and part of POD and MMUH BAF. **Areas to be strengthened:** Group Level Integrated People Delivery Plan to be developed that encompasses MMUH and Core People plan so there is clarity on the "People journey" at Group level and how this interfaces with workstreams that sit outside the workstream e.g. Induction Onboarding and orientation, Clinical Services and Readiness Workstream.	**Recommend risk /issue to be closed.** The MMUH People Programme is fully aligned with the Trust People plan and acts as vehicle to drive forward the implementation of the Trust People Plan priorities. At this stage of the MMUH Programme, which is due to close in early 2025, it was agreed to align the MMUH People Plan to the Trust People Plan rather than produce a stand alone document. A "deep dive" review session into the MMUH People Programme took place with the NHP People Team on 12th February where a detailed overview on progress and assurance in relation to alignment with the Trust People Plan priorities and MMUH Programme delivery and milestones was provided. At the time of writing the written outputs are yet to be received, but on	James Fleet – Interim Chief People Officer

		the day the NHP Workforce Lead fed back confidence on subject.	
8	Board Assurance & Leadership Capacity: Board assurance 'stock take'. Oversight of a fully integrated plan to give assurance with respect to appropriate progress being made and where course corrections/ interventions are required to unblock issues. Where staff have dual responsibility, Board to ensure MMUH Company Leadership and resources have capacity to execute Programme activities. Also that staff in core organisation are available for key programme / preparatory activity to maintain critical path (e.g. Ops Readiness)	Given the complexity of the programme – interdependencies and relationships are dynamic and could compromise the MMUH opening predictably and safely. Strong talented leadership throughout. This capability should be preserved as MMUH enters its final months, despite wider NHS pressures.	Essential (as soon as possible)
	Initial Response	**Update / Completion status**	**Owner**
	Posts with dual or multiple responsibilities include: • Managing Director MMUH • Director of Operational Finance • Director of Estates Development All posts had backfill or strengthened deputy level infrastructure built in to organisational structure. • Deputy Chief Medical and Nursing Officer posts include small amount of clinical / core work.	**This risk is adequately managed in the Programme.** **Recommend risk/ issue is closed**. Capacity remains under continued review over the life of the Programme.. Additional project support commissioned where needed. NHP unable to respond to meet request for additional Tier 2 structure support.	Rachel Barlow – Managing Director MMUH Programme Company

9	Hospital Operations: MMUH Target Operating Model (TOM). Consideration given to developing a clinical/non-clinical TOM to support site operations in the new MMUH site.	Operational detail in the new hospital may not defined/clearly understood compromising efficient operations.	Recommended
	Initial Response	**Update / Completion status**	**Owner**
	Requested example of good standard of TOM from NHP.	**Recommend the risk/ issue closed and managed as part of business as usual.** Managing Director has met with NHP and advisors to seek clarity of a target operating model. Manchester has shared their on going work of their organisational target operating model. The Trust intend to include a target operating model in their future approach to annual planning. MMUH will be a catalyst for the development of an organisational target operating model. This work is outside of the scope of the MMUH Programme and will be led by the Chief Strategy Officer.	Liam Kennedy – Delivery Director MMUH
10	Hospital Operations: diagnostic capacity (CT scanning). Review CT capacity across ICS to	Predicted 2024 diagnostic demand requires an	Recommended

	negate the requirement to deploy a temporary CT scanning trailer on MMUH site upon opening.	augmented/temporary CT facility on the new MMUH site on opening.	
	Response	**Update / Completion status**	**Owner**
		Anticipate close risk / issue April 2024. CT demand and capacity paper considered at February 2024 MMUH Programme Group shows the need for a 3rd scanner for sustainability. Mitigation to be agreed inclusive of business case in March 2024.	Liam Kennedy – Delivery Director MMUH
11	Hospital Operations: UTC. See 'Blocker'. Review and strengthen UTC mitigation plans – including impact of delayed UTC opening on MMUH critical path.	Predicted UTC model may be delayed due to funding, build time or other factors. Consideration should be given for mitigations which facilitate a safe opening of MMUH site.	Critical (do now)
	Initial Response	**Update / Completion status**	**Owner**
	Funding broken down into 2 parts, Revenue confirmed with BSOL Finance Committee, Aug 2023. Best route to Capital via CDEL arrangement with payback terms over 3 years sponsored by BC & BSOL ICB's and the Trust.	**Anticipate close risk / issue March 2024.** Funding bid for CDEL approved in principle at NHP Investment Committee, December 2023.	Rachel Barlow – Managing Director

	In addition working up a delayed opening due to concerns re planning and construction timelines.	Interim service plan B being developed to go through the March 2024 governance cycle in event UTC opens after MMUH.	
12	Finance: Budget/Affordability). See 'Blocker'. ICS and Trust CEOs meet and agree a resolution path as a matter of urgency.	ICS/Trust not aligned on revenue shortfall or agreed solutions/ compromises which could impact MMUH opening or the financial health of the local system	Critical (do now)
	Initial Response	**Update / Completion status**	**Owner**
	Joint (internal use only) position statement agreed with ICBs on finance position for MMUH in November 2023. Both ICBs assured of clinical and workforce model. No funding agreed. Regional NHSE have reneged on commitment to provide a conclusive letter on the funding and affordability position by 15th December 2023 and continue to make information requests and have not reached a conclusion which is a risk to the Programme Critical Success factors. Focus appears to be mainly on workforce costs which is circa 30% of the total affordability issue, despite emphasis and clarification on capital charges and inflation. There is evidence of factual misunderstanding in NHP and NHSE at various tiers which is causing repetitive work and indecision despite it being 13 weeks at the time of writing until soft activation starts and the earliest point of planned contract completion when the Trust will incur costs for running the building.	**Risk not expected to de-escalate in 2023-24.** SWBH considered the revised affordability risk assessment in January 2024 Private Trust Board. Affordability is no longer considered a blocker to move into MMUH itself but remains a significant potential financial risk for the Trust and ICBs. Black Country and BSol ICBs considering Board Assurance Framework risks via Committees in February 2024. Output of NHS England work to review to be	Richard Beeken – Chief Executive Officer

		completed in February 2024.	
13	Finance: Benefits Case. Finalise and validate the benefits case, clarify and confirm savings associated with MMUH.	Benefits are not fully understood, may not be realised or reflected in financial planning.	Essential (as soon as possible)
	Operational benefits presented to the MMUH Opening Committee on 1 December 2023. These benefits of workforce, productivity and beds will be reflected in the 2024/25 financial plan through the efficiency/benefits programme. Next stage is to confirm the governance process (benefits realisation plan) for delivering these benefits.	**Recommend risk / issue closed.** Plan to incorporate the key operational benefits in the 2024/25 efficiency plan (Draft plan 1 February 2024; Final plan 31 March 2024). The Benefits governance process inclusive of handbook and tracking, has now been approved and progress will be tracked on a monthly basis internally. The external Strategic Benefits Group with partners has also been successfully established.	Simon Sheppard – Director of Operational Finance
14	Finance: Benefits Case. Develop a Quality impact assessed benefits realisation plan ahead of IPA Gateway 4 visit (with link to Trusts medium term financial plan & annual planning cycle)	Benefits are not realised. Future IPA review is adverse.	Essential (by quarter 4).
	Initial Response	**Update / Completion status**	**Owner**
	The benefits realisation plan will include a full quality impact assessment. This will be an integral part of the 2024/25 financial plan and the	**Anticipate closure of risk / issue March 2024.**	Simon Sheppard – Director of Operational Finance

	medium-term plan being developed during Q3 and Q4 of the 2023/24 financial year.	SWBH will incorporate the key operational benefits, including QIA's in the 2024/25 efficiency plan (Draft plan 1 February 2024; Final plan 31 March 2024)	
15	Quality: MMUH Fundamentals of Care (FoC) workstreams (n=18) are ranked/phased to those which must delivered ahead of MMUH opening	The benefits of FoC will not be realised in time for MMUH opening and won't be sustained if not aligned to the 'Improving Together' CQI methodology.	Essential (as soon as possible)
	Initial Response	**Action / Completion status**	**Owner**
	MMUH FOC essential work documented and phased in a masterplan to inform reporting. This work monitored through both a delivery and assurance group via an exception report to MMUH Programme Group and Quality Committee. The work for MMUH is year 1 and is in delivery.	**Risk / issue – closed.**	Melanie Roberts – Chief Nursing Officer
16	Digital. Prioritisation of SDEC EPR development prior to commissioning (inc staff training)	SDEC EPR workflow is not adequately prioritised prior to commissioning.	Essential (by quarter 4)
	Response	**Update / Completion status**	**Owner**
	System development funded and procured.	**Risk / issue - closed.**	Jo Newens – Chief Operating Officer
17	Digital. An EMDS discovery project is considered to understand the activity to digitise case note, reduce carbon footprint.	Low-paper or paper free environment is not achieved.	Recommended

	Initial Response	Update / Completion status	Owner
		Recommend the risk/ issue closed and managed as part of business as usual. This is part of the Trust Digital Strategy and is not a MMUH specific project.	Mark Taylor

All recommendations should be categorised as Critical, Essential or Recommended:

- **Critical (Do Now)**: To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately.
- **Essential (Do By)**: To increase the likelihood of a successful outcome the programme/project should take action in the near future.
- **Recommended**: The programme/project should benefit from the uptake of this recommendation

1. Blockers to delivery

Ref No	Blocker	Describe specific nature of blocker	Consequence if not resolved
1	Financial	Additional £59.9m funding requested of the national funding and ICB growth to underpin capital cost growth and staffing. Stage 3 recruitment was said to be dependent on the ICB element.	Delayed operational start date.
	Owner	**Response**	**Action**
	Richard Beeken – Chief Executive Officer	The £59.9 m funding request is inclusive of workforce, capital cost growth, **energy/rates** and staffing. National and regional escalation in NHSE.	SWBH considered the revised affordability risk assessment in January 2024 Private Trust Board. Affordability is no longer considered a blocker to move into MMUH itself but remains a

		Joint position statement (internal consumption only) agreed with ICBs on finance position November 2023. Both ICBs assured of clinical and workforce model. No funding agreed.	significant potential financial risk for the Trust and ICBs. Black Country and BSol ICBs considering Board Assurance Framework risks via Committees in February 2024. Output of NHS England work to review to be completed in February 2024.
2	Operational	UTC capital funding and planning permission are not secured.	MMUH ED may be unable to manage patient demand until UTC is fully operational.
	Owner	**Response**	**Action**
	Rachel Barlow – Managing Director	CDEL arrangement agreed. Revenue agreed.	Plan B for interim Service model to be agreed is UTC opens after MMUH in March 2024.

Rachel Barlow
Managing Director MMUH Programme Company

Purpose of Gate 4; Readiness for Service Review **Annex 20**

The purpose of the Gate 4 Review is to:

■ Check that the current phase of the contract is properly completed and commercial documentation is completed;

■ Ensure that the contractual arrangements are up-to-date;

■ Check that the Business Case is still valid and unaffected by internal and external events or changes;

■ Check that the original projected business benefit is likely to be achieved, that they can be realised in the wider system and that the project will still deliver the policy and strategic intent;

■ Ensure that there are processes and procedures to ensure long-term success of the project as it transitions into business as usual (BAU);

■ Confirm that all necessary testing is done (e.g. commissioning of buildings, business integration and user acceptance testing) to the client's satisfaction and that the client is ready to approve implementation;

■ Check that there are feasible and tested business contingency, continuity and/or reversion arrangements in place;

■ Ensure that all ongoing dependencies, risks and issues are being managed effectively and do not threaten implementation;

■ Evaluate the risk of proceeding with the implementation where there are any unresolved issues – this must include for the wider system as well as the project;

■ Confirm the business has the necessary resources and that it is ready to implement the services and the business change – this should include timely delivery of other enabling projects or initiatives;

■ Confirm that the client and supplier implementation plans are still achievable;
■ Confirm that there are management and organisational controls to manage the project through implementation and operation;

■ Confirm that contract management arrangements are in place to manage the operational phase of the contract;

■ Confirm arrangements for handover of the project from the Senior Responsible Owner (SRO) to the operational business owner;

■ Confirm that all parties have agreed plans for training, communication, rollout, production release and support as required;

■ Confirm that all parties have agreed plans for managing risk;

■ Confirm that there are client-side plans for managing the working relationship, with reporting arrangements at appropriate levels in the organisation, reciprocated on the supplier side;

■ Confirm information assurance accreditation/certification;

■ Confirm that defects or incomplete works are identified and recorded – with a plan to remediate them; and

■ Check that lessons for future projects are identified and recorded

Rachel Barlow
Managing Director MMUH Programme Company