



MIDLAND METROPOLITAN
UNIVERSITY HOSPITAL

Programme Closure Report

Sandwell and West Birmingham NHS Trust



Forward

As Chair of Sandwell and West Birmingham NHS Trust, it is with immense pride that I present this programme closure report, marking the successful opening of the Midland Metropolitan University Hospital (MMUH). Even before opening its doors in October 2024, MMUH has begun transforming healthcare for our local communities, fulfilling a long-held vision that has been years in the making.

This programme has been a remarkable journey of collaboration, determination, and resilience over nearly 17 years. Despite challenges - including the collapse of Carillion, the COVID-19 pandemic, and unanticipated construction delays - the unwavering dedication of our teams, partners, and local communities has brought us to this incredible milestone. The result is nothing short of extraordinary and seeing the excitement and energy among staff as they settle into their new environment has been truly inspiring.

MMUH is far more than just a building - it embodies the **#MoreThanAHospital** ethos. It serves as a driving force behind the Trust's purpose to 'improving the life chances and health outcomes of the local population.' The pioneering clinical model is already making an impact, enabling thousands of patients to receive care at home, reducing unnecessary hospital admissions, bucking the national trend, reducing the length of stay in hospital and enhancing patient experience. Inside the hospital, a spacious, light-filled, and therapeutic environment-

combined with cutting-edge technology and a consultant-led workforce available seven days a week-ensures the very best care for patients.

Beyond its impact on healthcare, the investment into the new hospital has not only contributed to local employment over the course of the programme but has created opportunities to do far more to improve the life chances of those living and working locally in the years to come. With over 70 per cent of our workforce coming from the local community, the hospital has created new job opportunities and will continue to foster career development through the Learning Works and Sector Wide Academy Partnership with Sandwell College.

While this report marks the formal closure of the MMUH programme, the work to maximise its benefits has only just begun. Already, we are witnessing early successes, including improved access to care, enhanced patient experiences, and increased staff engagement. Looking ahead, MMUH will continue to be a catalyst for broader regeneration in the local area:

- 750 new homes, including affordable housing, will be built on the former City Hospital site, supporting local communities.
- Local employment opportunities will expand further through ongoing partnerships with Sandwell College and career entry programmes.
- A Learning Campus, opening in 2025 in collaboration with Sandwell College, Wolverhampton, and Aston Universities, will provide over 1,280 learning opportunities in a net-zero building.
- Plans for a new bike lane, connecting Sandwell and Birmingham City Centre, have been developed in partnership with Sandwell and Birmingham City Councils, promoting greener and healthier travel.

On behalf of the Trust Board, I am deeply committed to ensuring that MMUH continues to benefit patients, staff, and communities for generations to come. This remarkable achievement would not have been possible without the contributions of so many, the unwavering leadership of our Chief Executive, and I extend my heartfelt gratitude to our patients, their families and carers, our incredible staff and volunteers, and our valued partners. Your support and dedication have made this vision a reality. Thank you.

I hope you find this report both insightful and inspiring as we celebrate this extraordinary milestone and look forward to an even brighter future.

Warm regards,



Sir David Nicholson
Chair



A birthing suite in MMUH

Purpose

The purpose of the MMUH Programme Closure Report is to record the chronology and programme journey to successfully open the Midland Metropolitan University Hospital (MMUH), which is one of the largest hospitals to open in England in the last decade.

In creating this report, it provided an opportunity for the MMUH Programme Team and stakeholders to reflect and feedback on their experience and learning associated with delivering a major infrastructure and transformation programme.

The document sets out successful working practices, lessons learnt and is transparent in sharing reflections that can be applied to future significant Trust projects, as well as future new hospital projects.

The closure report includes:

- A review on the approach and value of using the Managing Successful Programme methodology.
- A summary of workstream content, leadership and delivery capacity and work outputs for the 10 programme workstreams; clinical services, clinical support services, workforce, commissioning, estates, communications and engagement, finance and commercial, benefits and construction.

- Consideration of the approach to operational readiness and preparedness to move.
- An evaluation of the first 100 days occupation of the new hospital.
- Evidence of external programme assurance; including programme assurance reviews, Infrastructure Project Authority (IPA) Gate 4 and an independent review of the benefits case.

The Trust has been privileged to learn from other organisations on their journey. It is intended that this closure report is an opportunity to share the MMUH learning with the New Hospitals Programme, other new hospital projects and other NHS stakeholders to support successful delivery of similar transformation and future major infrastructure projects.

This closure report does not cover the programme in its entirety, focussing on the period from 2020 onwards. This includes the inception of the MMUH Programme Company in October 2022 to the formal closure in March 2025. A series of case studies and lessons learnt have informed the closure process.

Opening a new hospital is a team sport. Thousands of people have enabled something very special to be achieved, be it during the design and construction phase, successful innovation in the clinical model, workforce and operational readiness, large scale community engagement and collaboration with hundreds of partners.

Whether you are at the start of a new hospital project, in the middle of that journey or soon to open, we are happy to collaborate and share our experience with you. For enquiries or requests for further information can be directed to mmuh.projectoffice@nhs.net

Rachel Barlow

Managing Director and Senior Responsible Officer for the Midland Metropolitan University Hospital Programme





Volunteers inside the Winter Garden

Contents

Chapter 1: Introduction	7
Chapter 2: Managing Successful Programme Methodology	15
Chapter 4: Clinical Services Workstream	23
Chapter 5: Clinical Support Services Workstream	29
Chapter 7: IT Workstream	39
Chapter 8: Commissioning Workstream	43
Chapter 9: Estates Workstream	52
Chapter 10: Communications and Engagement Workstream	57
Chapter 11: Finance and Commercial Workstream	63
Chapter 12: Benefits Workstream	66
Chapter 13: Construction Workstream	71
Chapter 14: First 100 days	76
Chapter 15: External Assurance	81
Chapter 16: Conclusion	85
Annex 1 Case studies and lessons learned	86
Glossary	87



Chapter 1: Introduction

- 1.1 **The Midland Metropolitan University Hospital (MMUH) is one of the largest hospitals to open in England in the last decade;** with 736 beds, 13 operating theatres, and separate adult and children's emergency departments. The hospital is the closest hospital providing acute and emergency care of Birmingham, England's second largest city.
- 1.2 **The Trust serves one of the most diverse and deprived populations in the country** with Sandwell ranked 12th and Birmingham seventh most deprived local authority in England. Sandwell is an ethnically diverse borough with 48 per cent of residents from black and minority ethnic communities. This compares to 26 per cent in England and Wales. Birmingham is one of the first 'super diverse' cities in the UK, where citizens from ethnic minorities make up more than half the population. Unemployment figures for Sandwell are 6 and 7.2 per cent for Birmingham, much higher than the 4.3 per cent average for England. (Source: Office for National Statistics).
- 1.3 **The Trust's Purpose:** To improve the life chances and health outcomes of the local population.

The Trust's Vision: To be the most integrated care provider.

- 1.4 **As an integrated care provider, the Trust annually provides care to:**
- 618,000 patients through our community services,
 - 220,000 patients who attended the emergency departments from which over
 - 40,570 patients required emergency admission for hospital treatment
 - 517,431 patients in the outpatient departments,
 - 44,533 patients requiring day case procedures, and
 - 5,795 babies who were born at the Trust.
- 1.5 **The Trust employ over 8,000 staff and spend over £750 million on healthcare annually.**
- 1.6 **The MMUH business case was predicated on establishing a single acute hospital site, with planned care under 23 hours delivered separately on the transformed former hospital sites, now known as City and Sandwell Health Campuses which both host planned care treatment centres.**
- 1.7 **MMUH has a standardised design and is dementia friendly. It offers:**
- An emergency department with co-located imaging and diagnostic services which reflects the needs of acute care in the 21st century.
 - A dedicated children’s emergency department and assessment unit
 - Adult and children’s wards totalling 736 beds with 50 per cent en-suite single rooms.
 - 13 operating theatres for both emergency and major planned surgery.
 - Two maternity theatres.
 - A midwife-led birth unit next to the delivery suite and two maternity wards.
 - A neonatal unit which delivers the needs of our children.
 - Same-day emergency care for adults.
 - A Sickle Cell and Thalassemia Centre.
 - Separate flow of the public, patients, staff and goods through wayfinding and technical (robotic) innovation with 12 Automated Guided Vehicles (AGVs) as part of the logistics service.
 - An enhanced range of seven-day services delivering the same high standards every day of the week.
 - Senior clinicians leading expert clinical teams to enhance decision making and improve flow through the hospital and early discharge.
 - A clinical model focused on keeping patient’s mobile making use of the Winter Garden and outdoor spaces which are designed to help patients stay active.
- 1.8 **The MMUH building provides staff, patients, and their families with a truly healing environment. Maximising access to natural light and outside views for all single side rooms and bays on the wards keeps patients connected with the outside world and offers a therapeutic environment in which to receive care. Fifty per cent of beds are single rooms, providing immediate benefits associated with infection, prevention**

and control as well as enhancing patient privacy and experience. The hospital design encompasses wide corridors, spacious rooms and good ceiling height which delivers a calm and noise reducing environment.

- 1.9 The building will also provide a showcase of local artists' work, through exhibitions in the public gallery in the Winter Garden space.
- 1.10 **The new clinical model** is designed around a shift from hospital-based care to the community, with new patient pathways avoiding thousands of unnecessary hospital admissions. Changes in the community services started 18 months before the hospital opened to enable clinical teams to transform six nationally supported, evidenced based changes to clinical pathways including Care Home Wrap Around, Frailty Same Day Emergency Care (SDEC), Heart Failure community pathways, Virtual Ward implementation and Front Door Falls Support. This has reduced the requirement of 78 acute beds. In context most other hospitals in the region were opening additional beds over the same period of time.
- 1.11 **Planned Care** with a scheduled stay up to 23 hours takes place in the two treatment centres at City and Sandwell Health Campuses. These facilities offer outpatients, diagnostics and day case treatments. The City Health Campus also retains the Birmingham and Midland Eye Centre and a Pharmacy hub. The Sandwell Health Campus retains the local Urgent Treatment Centre.
- 1.12 **Workforce optimisation** has been enabled by moving from two acute hospital sites to a single site, combining two workforce rotas and investing in new roles to establish a new seven-day service model, where consultants are based on wards every day, supported by robust junior medical workforce and with rota optimisation. The increase in availability of the acute medical consultant to oversee decisions to admit, reducing the reliance on resident medical staff in the former model, has also reduced the admission demand by 30 per cent.
- 1.13 **This state-of-the-art designed hospital** includes digital innovation to support clinical working. MMUH is the first purpose designed hospital in England with automated guided vehicles (robots that transport goods to departments through exclusive circulatory routes) and electronic end to end medicines management improving patient safety. The building has SMART enabled infrastructure but needs continuous digital investment to optimise the potential significant benefits.
- 1.14 **Community and primary-based care** are run from several community locations including at Rowley Regis Community Hospital providing outpatients, diagnostics, stroke rehabilitation and Intermediate Care, Leasowes Intermediate Care Centre and Harvest View Care Home. A new Care Navigation Centre, Connected Palliative Care Hub, Virtual Wards and the Urgent Community Response Team are now co-located at Sandwell Council House.

1.15 The MMUH Chronology

The journey towards opening MMUH started in advance of 2007 when formal consultation of closures to the emergency department at City and Sandwell Hospitals concluded. The MMUH site was purchased in 2011. In 2015 the full business case was completed, and Carillion appointed as initial construction partners and construction commenced under a PFI contract.

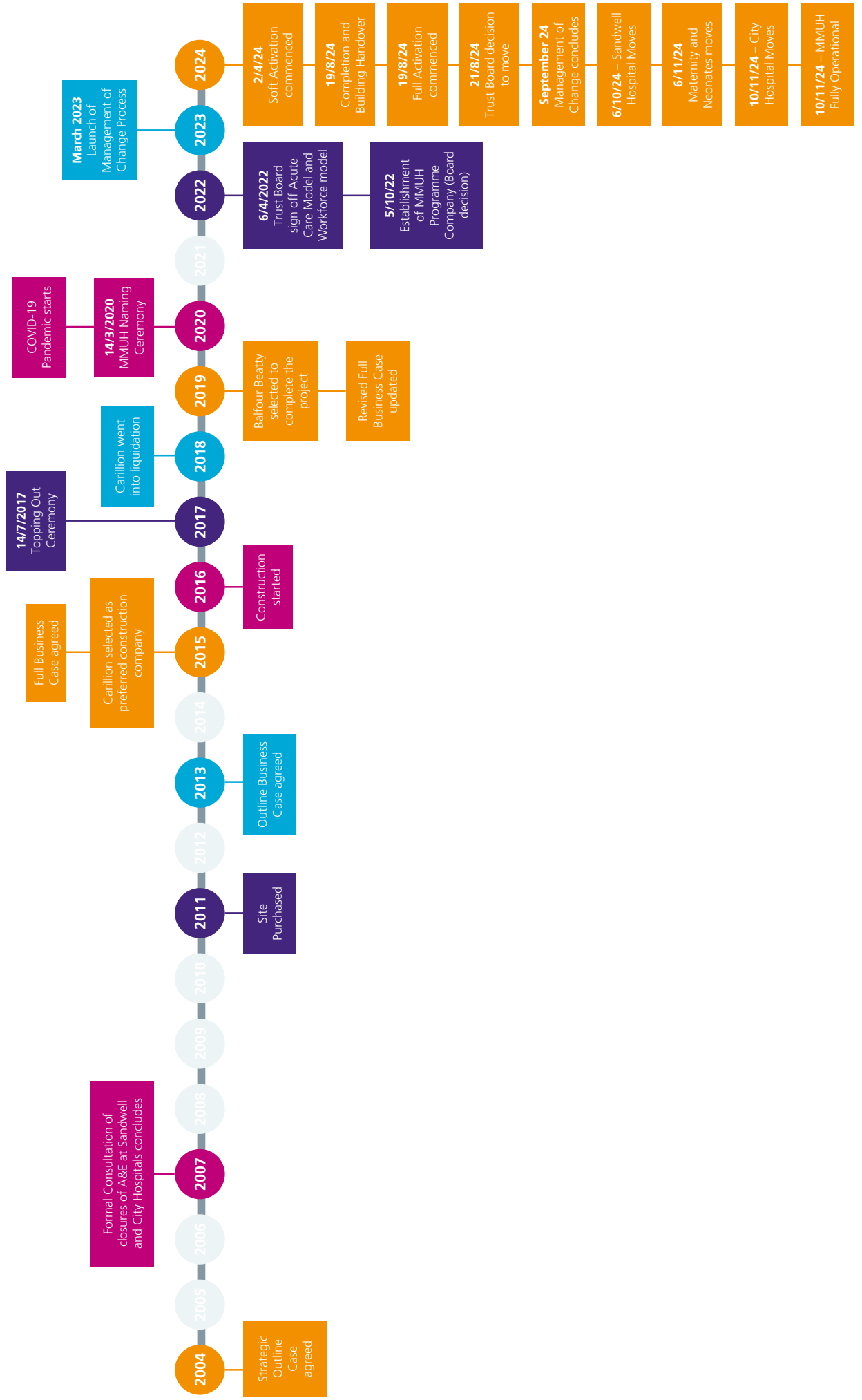
The full business case agreed in 2015, set out a clear case for change as summarised below:

- First and foremost, the Trust cannot sustain services and cannot meet Keogh recommendations on emergency care, operating acute services for adults and children from two sites.
- The poor health of the residents in the Trust's catchment area makes the case for change in the model of care to focus on prevention. The Right Care, Right Here (RCRH) Programme* has developed plans to deliver these changes. A new single site acute hospital is central to successful delivery of these plans.
- Major changes in primary and community care make the case for development of a new acute hospital with capacity aligned to the activity model agreed by the RCRH Programme.
- Due to the condition of the current estate, the provision of a suitable environment for patients and staff will require investment in new hospital facilities.
- The preference for care closer to home and expansion of patient choice makes the case for delivering new services closer to home, building state of the art hospital facilities; and developing a high-quality workforce.

*The RCRH partnership included Sandwell and West Birmingham Clinical Commissioning Group, Sandwell and West Birmingham Hospitals NHS Trust, Black Country Partnership NHS Foundation Trust, Birmingham Community Healthcare NHS Trust, Birmingham and Solihull Mental Health NHS Foundation Trust, Birmingham City Council and Sandwell Metropolitan Borough Council.

- 1.16 **The MMUH Programme was subject to complexity with challenges** including the construction partner Carillion's liquidation, Brexit, the COVID-19 pandemic which included an impact on workforce supply, the Ukrainian War, significant hyperinflation which impacted on energy and construction costs, and building construction delays. The Trust overcame those challenges, successfully opening MMUH on 6 October 2024.

MMUH Programme Chronology



- 1.17 Carillion went into liquidation in 2018 causing a delay to the programme, with a half-built hospital. A revised business case was completed in 2019 and Balfour Beatty selected as the construction partner to complete the build under a NEC 4 contract.
- 1.18 The COVID-19 pandemic hit in 2020, however building work continued throughout this period despite the impact on the workforce and the supply chain. The Trust worked in collaboration with Balfour Beatty to adapt and maintain a safe construction site as well as providing access to vaccinations and health advice.
- 1.19 The MMUH Programme Company was set up in 2022 as a temporary organisational programme structure in Sandwell and West Birmingham NHS Trust. This put in place the best practice principles of Managing Successful Programmes (MSP) methodology establishing robust and effective programme management, designed to align programmes and projects to organisational strategy. (Reference; Managing Successful Programme methodology, 5th Edition, ALEXOS).

The MMUH Programme Vision was to 'transform clinical services, acting as a catalyst for enhanced care and treatment, improving life chances and health outcomes across our community'.

This vision has been an important anchor to the programme, aligning with the Trust purpose. It is the rationale for the underpinning benefits case and programme hashtag **#MoreThanAHospital**.

- 1.20 **The programme was led by a Trust Board level, full time senior responsible officer (SRO)** with responsibility for delivering the outcome of benefits, whilst mitigating risk and actively engaging stakeholders.
- 1.21 **The establishment of the MMUH Programme Company was critical to the success of the programme.** Establishing a dedicated and highly skilled delivery team along with best practice MSP processes for the remaining lifecycle of the programme, provided capacity and skills to deliver the critical path at pace. Creating an open learning and proactive risk management culture led by the SRO, set conditions for the programme team to be empowered to deliver, as well as ensuring the Trust had capacity to deliver the complexities of 'business as usual' for a large NHS Trust.
- 1.22 **The programme content was delivered through 10 workstreams:**
- Clinical Services
 - Clinical Support Services
 - Workforce
 - IT
 - Commissioning
 - Estates
 - Communications and Engagement
 - Finance and Commercial

- Benefits
- Construction

- 1.23 **After a protracted construction period and pending planned completion (building handover), the Trust commenced soft activation on 28 March 2024.** This focused on major equipment installation in pathology, pharmacy, imaging and the cardiac catheter laboratory, as well as clinical cleaning. Soft activation was a pragmatic approach to enable Balfour Beatty to continue construction commissioning in parallel with the Trust's activation activities related to the installation of the most important equipment, therefore protecting patient day one in October 2024. This approach was made possible with beneficial access.
- 1.24 **Planned completion was achieved on the 19 August 2024.** Soft activation was a compromise and was only enacted to protect the delivery of patient day one in 2024. There were significant consequences to the prolonged soft activation and shortened six-week period of full activation, including compressed time for staff induction, equipment and stock distribution and a delay in the implementation of Automated Guided Vehicles.
- 1.25 **An intensive preparation of the staff and operational readiness preceded the move** which included:
- Contractual management of change for over 6,800 staff.
 - 83 new operational policies.
 - Resolution of 300 service interdependencies.
 - Scenario testing of 41 high risk critical patient pathways
 - Staff induction of over 4,900 staff.
 - Successful testing of move plans, which included patient transfer protocols.
 - Stress testing of the building infrastructure.
 - Ramp down of elective activity to minimal levels to free up equipment and reduce patient transfer numbers.
- 1.26 **The move of the emergency departments and acute services to MMUH** was scheduled over three phases in October and November 2024. A mass population communications campaign was commissioned to inform the public of the forthcoming changes to health care provision. The campaign was informed by research, geo-targeted and well evaluated.
- 1.27 **A parallel schedule of service moves on the legacy hospital sites set out to complete the reconfiguration of non-acute services within the retained estate** at the former City and Sandwell Hospital sites. Over 160 team moves completed the service reconfiguration in line with the Trust Estates strategy. With a change to the national Urgent Treatment Centre (UTC) model of care over the full project lifetime, consideration was given to an on-site UTC solution at MMUH. MMUH opened with a temporary on-site UTC solution pending the build of a permanent funded solution. This highlights the Trust's commitment to progressing with an estates transformation programme which is aligned

to both the Trust's clinical strategy, development of Place and the wider Integrated Care System (ICS) Joint Forward Plan.

1.28 The programme hashtag #MoreThanAHospital is intentional. MMUH is not just a place for treatment but a vital catalyst for change offering immense opportunities for local communities. The Trust works in partnership with the West Midlands Combined Authority, Birmingham City Council, Sandwell Metropolitan Borough Council and the Canals and Rivers Trust, who are all committed to the Smethwick to Birmingham Framework, which outlines plans for strategic regeneration inclusive of increased local employment, increased housing, development of both green and blue space, improved transport and connectivity and a cleaner, safer local place.

In advance of MMUH opening, £17.9 million has been invested in the development of a Learning Campus due to open on the MMUH site in 2025, creating 1,280 new learning opportunities annually and career pathways to sustainable employment.

1.29 The Trust is committed to realise the benefits associated with the MMUH business case and the return on major infrastructure investment, which will be audited and published annually. Applying the HM Treasury Green Book methodology the current value of the benefits case is £3,803 million. Examples of benefits delivered to date include:

- MMUH construction and employment gross value added.
- Investment in an on-site Learning Campus due to open in 2025, described above.
- Increase in local employment including over 200 local residents via the Sector Wide Academy Programme (SWAP).
- A reduction in the use of 78 acute bed and associated avoidable costs.
- Improved sickness rates.

Further new benefits opportunities in focus for 2025/26 include establishing a South Black Country Provider Elective Hub at the Sandwell Health Campus, realising the full impact of pharmacy automation and electronic end-to-end medicines management through improving safety and reducing waste as well as the impact of the new logistics service.

1.30 The Trust is thankful to our patients, their families and carers, residents, our staff and volunteers and multiple partners for their support to successfully open MMUH in 2024.



An early planning workshop

Chapter 2: Managing Successful Programme Methodology

2.1 In October 2022, the Trust Board approved the establishment of the MMUH Programme Company, adopting the Managing Successful Programmes (MSP) methodology for the remainder of the programme. The concept had the full and unequivocal support of the chief executive officer, who ensured that the programme was fully resourced as well as managed the inevitable tension of running a large scale integrated care organisation delivering business as usual at the same time as a large scale infrastructure and transformation project. This Trust Board level buy-in was crucial to the ability of the senior responsible officer and the MMUH Programme Company to function and deliver effectively.

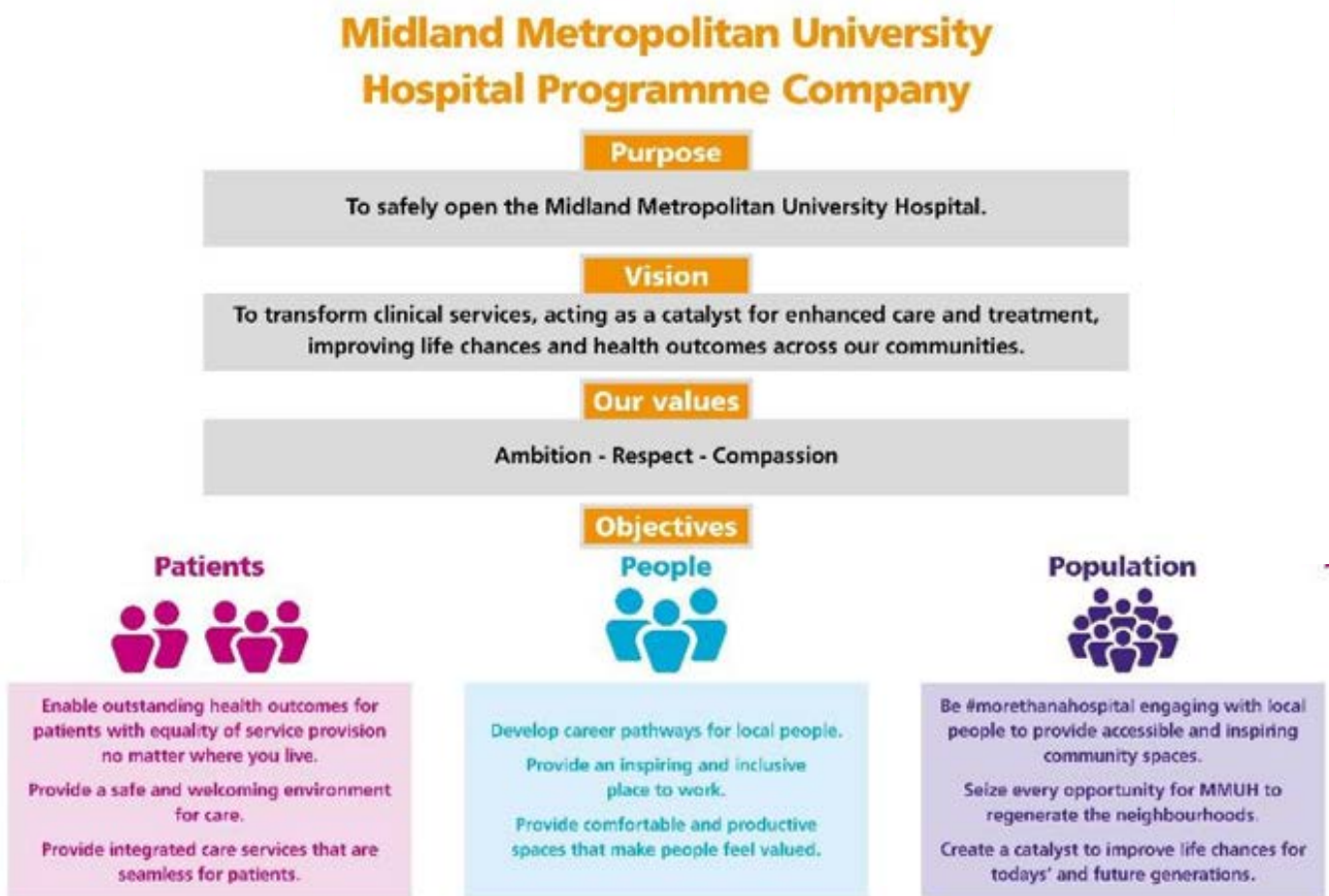
2.2 Programmes aligned with MSP are directed by the following principles:

- Lead with purpose.
- Collaborate across boundaries.
- Deal with ambiguity.
- Align with priorities.

- Deploy diverse skills.
- Realise measurable benefits.
- Bring pace and value.

2.3 The appointment of a Trust Board Level senior responsible officer (SRO) and establishment as a temporary programme structure, the MMUH Programme Company, was critical to the successful delivery of the overall programme, a safe move and hospital opening, as well as early benefits realisation.

2.4 The SRO established a compelling programme purpose, vision and objectives for the remainder of the programme. This was important to align stakeholders around the purpose of the transformation, the scale of ambition and the nature of the benefits. Although owned at the top, the purpose, vision and objectives were created by people representing the workstreams and diversity of the business and aligned both in format and intent, to the Trust’s strategy.



2.5 A programme culture was established based on the Trust values of Ambition, Respect and Compassion. An active learning culture was embedded with protected time for team development as well as workshops at least every quarter for the programme team and key operational and clinical leaders which focussed on skills development, coaching and learning. In the six months leading up to the move, these increased to monthly time out.

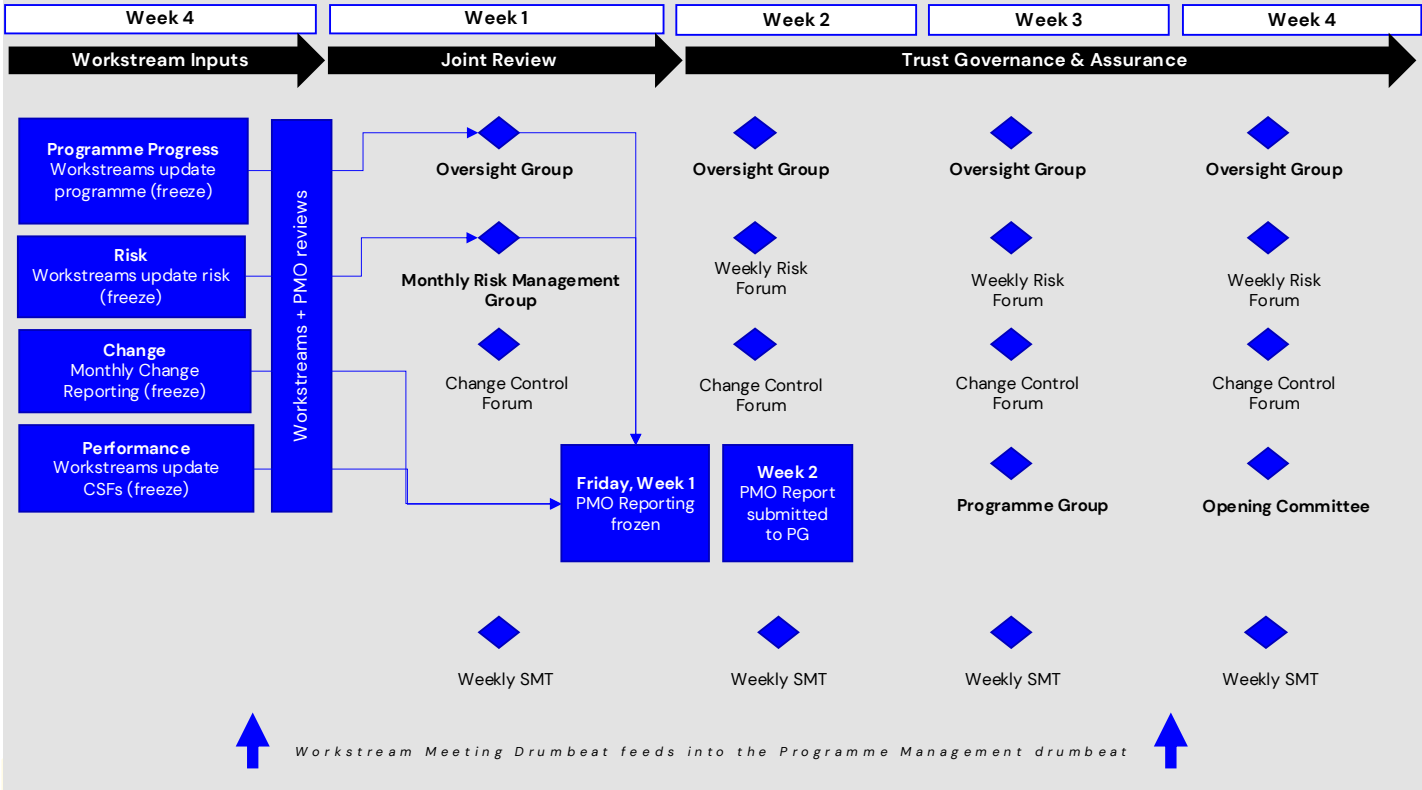
- 2.6 **Creating an open environment** in a fast-paced, high-risk programme was important in order for people to feel they could be open and did not feel alone if things went wrong or they make an mistake. Processes such as deep dive interventions and rapid improvement sprints provided a standardised approach to improvement, if work was off track and facilitated learning across the programme.
- 2.7 **The appointment of the programme team** was largely internal with the exception of an outsourced Programme Management Office (PMO) and programme director provided by Archus. The team were selected specifically for their talent, skills and experience, with most released full time onto the programme. The programme team key roles and responsibilities are outlined below:
- **Senior responsible officer (SRO)** – A full time executive director, who sets the programme strategy, monitors performance, oversees delivery of new capabilities and benefits, makes decisions regarding high impact risks and ensures effective stakeholder management.
 - **Programme director** - Provides overall leadership to the programme having oversight of the workstreams ensuring delivery to agreed timescales. Monitors workstream, risk management and benefits realisation. Is responsible for the exit strategy of the programme.
 - **Delivery director** - Acts as the business change lead with overall responsibility for the successful delivery of day-to-day implementation and adoption of new capabilities, in support of realising the outcomes of the benefits on behalf of the SRO.
 - **Clinical safety officer** - Exclusively focuses on effective risk management and mitigation and resolution of all clinical hazards.
 - **Deputy chief medical and nursing officers** – Provides clinical leadership and capacity as part of delivery team for the clinical workstream, operational readiness and move planning.
 - **Workstream leads** – Responsible for design and delivery of the workstream critical path, managing workstream interdependencies, effective workstream risk management and delivery of the critical success factors.
 - **Business change managers** – Acts as an interface role between the programme and clinical groups; these roles provide embedded delivery capacity into the core business.
 - **Programme Management Office** – Primary responsibility for managing delivery and change controls for the programme. Supplies robust assurance reporting for the programme.
- 2.8 **Four pillars anchored programme delivery:** a) Programme/Schedule, b) Risk management, c) Change management and d) Performance. During the infancy of MSP adoption, maturity in each of these areas was reviewed and monitored, incrementally building improved performance month on month.
- 2.9 **The programme sponsoring group was a dedicated Trust Board Committee, the Midland Metropolitan University Hospital Opening Committee.** Chaired by a non-executive director with MSP experience, the membership included non-executive director

representatives from the Quality, People and Finance Committees, NHS England, a subject matter expert (who was appointed with prior experience of opening a new hospital), the SRO and senior MMUH programme leadership team as well as the chief executive, chief operating officer, chief medical and nursing officers, chief finance officer and chief people officer.

2.10 **The Trust Board** received regular progress reports inclusive of the risk register and dedicated Board development time to the MMUH programme. The approval for the decision to move was made via a Trust Board Safety Case workshop with attendance from Integrated Care Board chief executive officers and the New Hospitals Programme (NHP) SRO and executive director of transformation.

2.11 **The MMUH Programme Group was the monthly assurance and oversight group, chaired by the SRO.** This meeting ensured evidence based assurance and timely decisions were made keeping the programme to time. At all levels of governance, the agendas were informed by the programme risk register profile as well the critical path.

2.12 **A four weekly periodic drumbeat was established to support governance (as seen below).**



2.13 **A PMO report** (shown below) was developed, providing appropriate data driven reporting at the level required across all tiers of governance. Reporting derived from MS project programmes, the live peer reviewed risk register, change log and evidenced Critical Success Factors. A tight set of RAG metrics ensured that decision making was both informed by progress towards completion, and timely.

PMO Report - Executive Summary										
Workstream	1. Clinical Services	2. Clinical Support Services	3. Workforce	4. IT	5. Commissioning	6. Estates	7. Communications and Engagement	8. MMUH Finance & Commercial	9. Benefits	10. Construction
Programme:	↔	↔	↑	↔	↔	↔	↓	↔	↓	↔
Milestones:	↔	↔	↔	↔	↔	↓	↔	↔	↔	↔
Risk:	↔	↔	↔	↔	↔	↔	↔	↑	↔	↔
Change:	↔	↔	↔	↔	↔	↔	↔	↔	↔	↔
Overall Score:	27	16	16	16	23	11	24	16	19	8

KEY	Green	Amber	Red	
Programme: (0.33 weighting)	Cumulative actual % complete vs forecast % complete	100%	99-90%	<90%
Milestone: (0.33 weighting)	Delay to milestone delivery	0	1-3 in delay	>4
Risk: (0.22 weighting)	Risks with overdue actions	0-1	2-3	>4
Change: (0.11 weighting)	Changes open (i.e. awaiting decision to accept or reject)	0-1	2-3	>4
Overall:	Weighted RAG (out of 27)	>24 (>90%)	19-23 (70-89%)	<19 (<70%)

2.14 A holistic picture across the programme allowed trends to be isolated, interventions and escalations to be targeted and improvements or deterioration (where there was risk) to be forecast. The outcomes of those actions could then in turn be monitored and managed.

2.15 From January 2024, the programme reporting was adapted with a planned three months of build time and six months of operational commissioning remaining in the master programme at that point. The 'Ready Set Go' approach was adopted to articulate progression of programme.

- Ready – All areas to be completed in advance of building handover.
- Set – All areas to be completed during operational commissioning/activation period.
- Go – Go/No decision to move and opening of the hospital.

2.16 This offered a clearly articulated plan, with activities, decision points and assurance requirements plotted. It was supported by evidence-based reporting, all of which linked to the concept of overall readiness.

2.17 **Risk management** being a key pillar in the adoption of the MSP methodology, acted as an anchor to the programme. A risk hierarchy was established capturing and managing a record of strategic, programme and workstream level risks. The risk register included wide-ranging types of risk, including those associated with:

- Stakeholder capacity and engagement.
- Delivery performance of projects and other work.
- Emerging changes in the programme environment.
- Capacity and capability of the organisation to embed changes.

- 2.18 All MMUH risks were allocated clear ownership at programme or workstream level and risk owners held to account for delivery of controls and mitigations in a timely manner. Risk was a team matter and monthly peer review and check and challenge of risks and management actions was critical. Interfaces between workstreams were discussed and visibility of risk was achieved across the programme.
- 2.19 The risks were managed to three programme critical milestones:
- Building handover/planned contract completion.
 - Patient day one.
 - Programme closure/transfer to BAU.
- 2.20 The development of risk profiles i.e. the forecast behaviour of the risk scores and clarity in risk outcomes meant that the risk register was a truly live document. In total there were 37 programme risks and 230 workstream risks which were managed via the process. Construction risks were held on a separate risk register aligned to the NEC 4 contract.
- 2.21 **At programme closure the risk register is no longer a live document.** Three programme level risks have been transferred to the core organisation for ongoing monitoring. The most significant risks were also recorded on the Trust Risk Register, with only one remaining at programme close.
- 2.22 The approach to effective risk management was positively recognised by NHP in programme assurance reviews and the Infrastructure Project Authority (IPA) Gate 4, Readiness for Service Review as exemplary, with the panel noting 'risk and benefits management is very well developed' and 'there was consistent dialogue relating to a proactive response to practical contingency/mitigation strategies. Treatment of risk was thorough.'
- 2.22 **There were numerous stakeholders and partners who were essential in delivering the programme and new hospital care model.** The relationships were mapped out with internal owners and where necessary additional contract administration was resourced. There are too many to name all, but here are some examples of key delivery partners:
- Construction partner – Balfour Beatty.
 - Project administration – Gleeds, ARUP, WT Partnership, Stride Treglown.
 - Trust design team – AECOM, HKS Architects, Curtins, EWA.
 - Mott Macdonald – Facilities Management Advisor.
 - PMO partner – Archus.
 - Hard FM partner – EQUANs.
 - Parking management partner – Q-Park.
 - Retail partner – Compass.
 - IT network partner – North.
 - Logistics partner – DHL.

- Equipment partners – MTS, Siemens.
- Pathology partner – Black Country Pathology Service.
- Transport provider – West Midlands Ambulance Service.
- Move partner – Health Care Relocations.
- Benefits partners – Price Waterhouse Cooper and RSM.
- Mass population campaign partner – Influential.
- Educational partners including West Midlands Health Education England, multiple universities, and Sandwell College
- Birmingham City Council and Sandwell Metropolitan Borough Council.
- West Midlands Combined Authority inclusive of Transport for West Midlands.
- New Hospitals Programme.
- Black Country Provider Collaborative and other local provider organisations.
- Integrated Care Boards.
- NHSE.

Senior responsible officer (SRO) Reflections

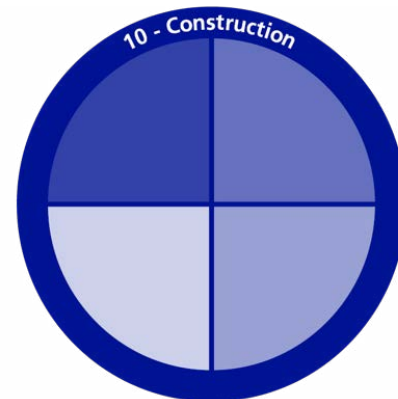
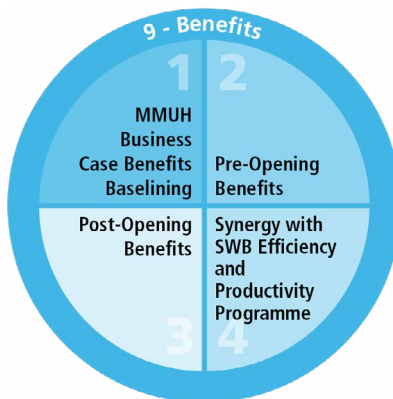
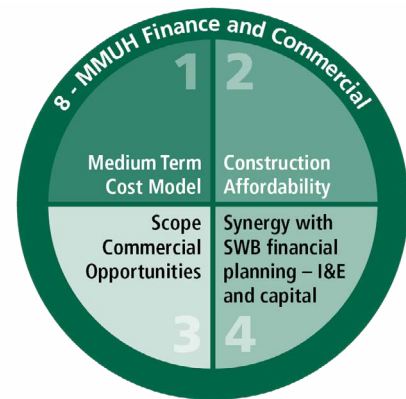
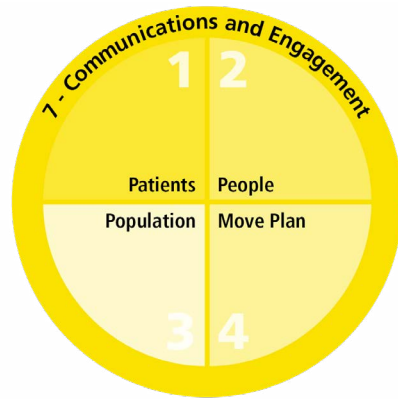
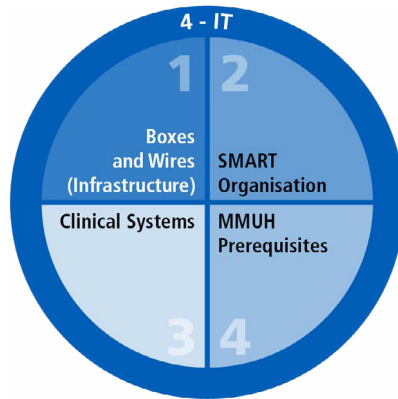
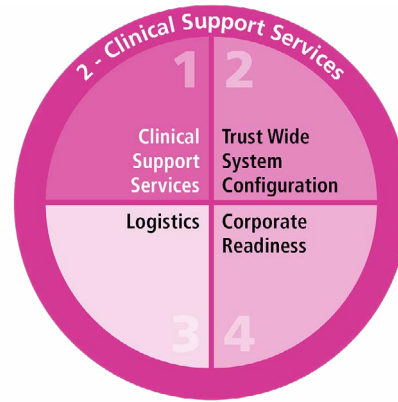
Appointment of an effective and full time executive director SRO, who sets the strategy, monitors performance, oversees delivery of new capabilities and benefits, makes decisions regarding high impact risks and ensures effective stakeholder management, was critical. With enhanced levels of Standing Financial Instructions and the backing of the Trust Board, the SRO was truly empowered to lead the programme. In terms of leadership behaviours both pragmatism and resilience are vital.

Managing Successful Programme (MSP) methodology is necessary to run a major infrastructure and transformation project of this scale. The methodology and associated insight of robust reporting, creates transparency and facilitates work at pace. The unequivocal support of the chief executive officer is critical, in order for the SRO and programme team to be effective.

Creating an open learning culture is fundamental to enabling effective risk management. The SRO needs to commit to be visible, actively engage, be approachable and accessible and role model the culture.

Chapter 3: Workstreams

3.1 The programme consisted of 10 workstreams. Each had four quadrants of work that were informed by a critical path, project milestones, a risk register and critical success factors.



The subsequent chapters summarise the workstream content, leadership and delivery capacity, impacts and deliverables.



The children's ED at MMUH

Chapter 4: Clinical Services Workstream

4.1 The Clinical Services workstream consisted of four quadrants:

- **Operational Readiness.**
- **Hospital Standardisation.**
- **Whole Hospital 24/7.**
- **Transformational Major Service redesign.**

4.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management, with the full-time delivery director responsible for the successful delivery of day-to-day implementation and adoption of new ways of working. The workstream team were purposely selected for the skill set they brought. A full-time triumvirate of a former operations director, a deputy chief nursing officer and deputy chief medical officer led the workstream, overseen by the delivery director who was the Trust's former chief operating officer. They were supported by a team of business change managers and clinical change managers who were the programme interface and local delivery capacity for clinical groups and corporate departments.

4.3 **The workstream had a wide range of stakeholders. Internal relationships were particularly important** to ensure the ownership of clinical transformation and operational readiness was enacted locally by clinical teams and operational managers at departmental level as well as by the accountable executive director, as opposed to being owned by the temporary programme structure team.

4.4 **The Clinical Services Workstream was the anchor workstream to the programme,** delivering the new clinical model and operational readiness, interfacing with all other workstreams e.g. workforce for people plans, IT to ensure critical system changes would support the clinical model, commissioning for site familiarisation and induction.

4.5 **Operational Readiness**

Service operational readiness was developed as a four-stage process:

- **Stage 1** - Review of all Trust services noting current and future service models, documenting any interdependent issues in services that have been created by a change in location, a change in pathway, activity or workforce changes because of the opening of MMUH. **A total of 105 service models were mapped and documented.**
- **Stage 2** - Logging of interdependent issues between two or more services and the creation of a service interdependencies tracker with an agreed governance structure to manage identified interdependent issues. A total of 385 were identified and resolved before the hospital opened.
- **Stage 3** - Development of a readiness checklist of essential requirements to support a safe move, with alignment to other MMUH workstreams for completion by each ward/department. In addition, a monitoring dashboard was developed for upward reporting into clinical groups, core business and MMUH Programme Company. **The checklist contained 75 actions completed by 154 departments.**
- **Stage 4** - With new ways of working in a new environment, consideration and mitigation for risk of harm to patients, high risk critical flows (life or limb threatening) were identified. 41 critical clinical flows were **identified, mapped and scenario tested pre MMUH opening.**

4.6 **All interdependencies were closed/mitigated prior to move days.** These were resolved through a series of workshops and away days with multidisciplinary teams from different clinical departments and corporate services. This protected time out was necessary to enable focus on the issues and find collaborative solutions.

The business change manager role was essential in collating and resolving the interdependencies as they acted as the conduits between each clinical group and corporate service. It took approximately eight months to collate the full list of interdependencies and about eight months to resolve them.

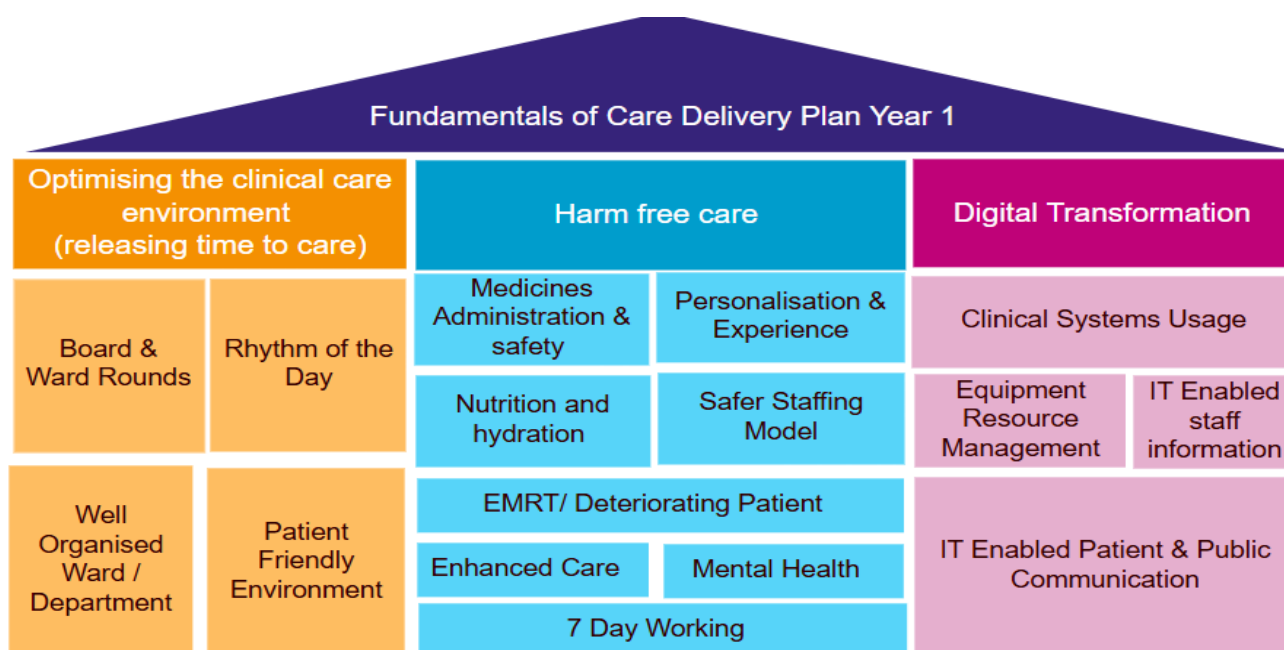
Very complex interdependencies or issues that needed an option appraisal and decision were referred to the **Clinical Reference Group**, which consisted of a multi-disciplinary team of senior independent clinicians and operational staff, who were delegated to decide on the best outcome.

Resolving these interdependencies was essential for the safe opening the hospital, avoiding 385 snagging issues which would have impacted patient care and is one of the main contributory factors to the first 100 days being so successful.

Completion of the operational checklist was a prerequisite to inform a decision to move. Operational readiness cannot commence soon enough. It is challenging to continue to deliver business as usual as well as be focussed on being operationally ready. For a programme of this scale, commitment of the Executive and Trust Board is required to prioritise and make space for operational readiness and effectively put a ‘no fly zone’ in for all other work at least six months before opening a new hospital.

- 4.7 Hospital Standardisation was delivered using an existing Trust wide quality framework called the Fundamentals of Care (FOC), led by the chief nursing officer. In the year leading up to the hospital opening, 16 projects were developed to support standardised, safe care delivery in MMUH with a focus on optimising the clinical care environment, harm free care and digital transformation. The diagram below shows the projects.

Fundamentals of Care Delivery Plan



The quadrant was managed by the deputy chief nursing officer for MMUH. With the plans for a seven-day workforce model, the rhythm of the hospital day, inclusive of the board and ward round standards, was a primary focus with success measures being 100 per cent of patients seen by a senior decision maker and 30 per cent of discharges occurring before midday.

A real time dashboard was created to drive improvement, and statistical improvements have been seen in earlier discharges.

Medicines administration and safety was digitally supported by the introduction of a new end-to-end medicine management system including Omnicell dispensing.

Training took place on the legacy sites, before MMUH opened. Early signs of benefits realisation include lower reporting of incidents with low to moderate harm, indicating

a shift in a reduction of harm related medication incidents, but with continued positive levels of reporting. A full evaluation of the end-to-end medicine management system will be completed within a year of MMUH opening.

- 4.8 **Whole Hospitals 24/7 Services preparedness worked alongside the hospital standardisation project.** Led by the deputy chief medical officer, deputy chief nursing officer and clinical safety officer for MMUH, the blueprint for seven-day working was modelled with revised medical rotas, establishment of seven-day senior nurses and allied health professionals as well as supporting services to ensure a multiprofessional integrated approach to working. This work reviewed policies as well as workforce plans to ensure comprehensive capacity and oversight of patient care. The plans were not exclusive to the new hospital and importantly covered the retained estate sites, where risks and interdependencies were identified. In the scenario of losing the acute 24/7 rotas for a retained non-acute site, the resilience of the Emergency Medical Response Team required new rotas.

The quadrant hosted the Clinical Safety Group which managed and monitored Clinical Hazards as well as having oversight of clinical risks, interdependencies, Quality Impact Assessments, Business Continuity Plans and Critical Patient Flows.

- 4.9 **Transformational Services Redesign was a major component of delivering the business case.** Implementing new clinical models, using evidence-based approaches to optimise patient outcomes and streamline healthcare delivery, was necessary to deliver the best clinical pathway and improve clinical outcomes. As an integrated care provider, the Trust had for some time been strategically committed to a more community-based care model to improve health outcomes for patients. MMUH was a catalyst for purposefully transforming how care was delivered, reducing the number of acute beds used. There was also an absolute need to reduce the use of acute beds to fit into the new hospital.

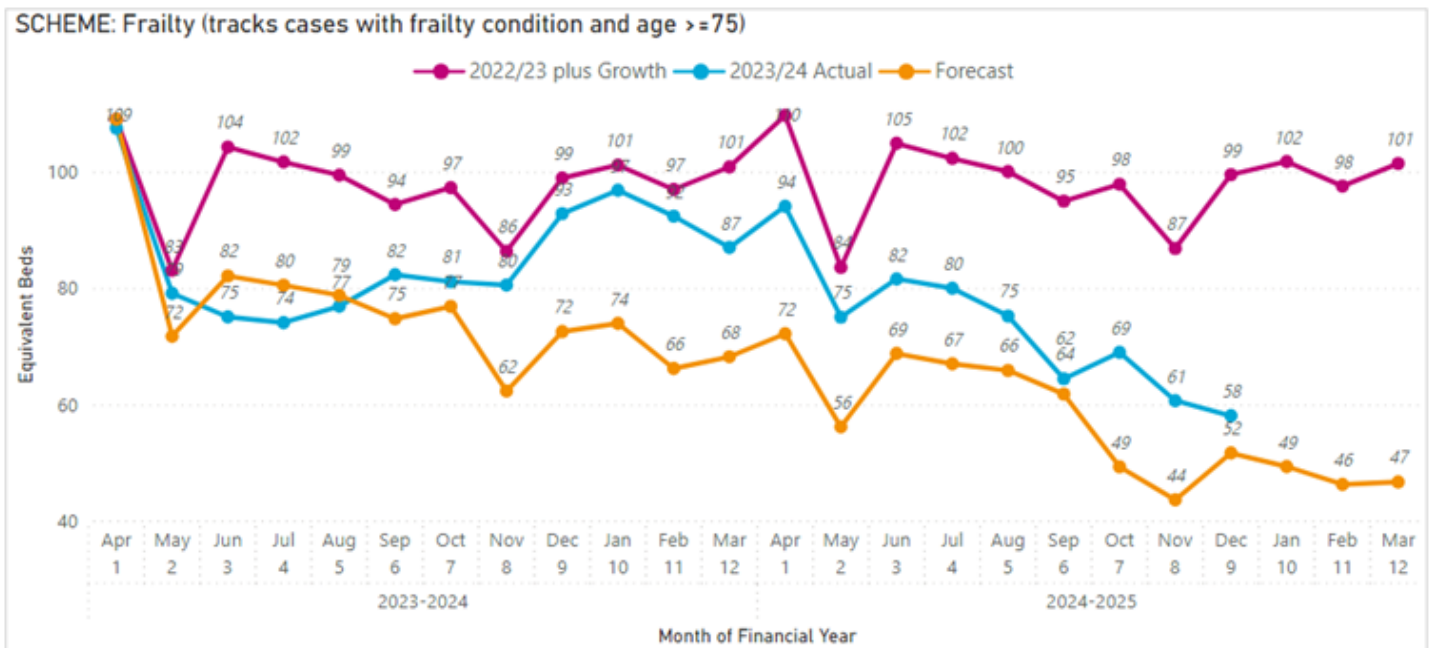
The new care model, which is underpinned by a shift from hospital to community care, has reduced the need for 78 acute beds.

Working with key internal and external stakeholders, redesign of care started circa two years before MMUH opening, delivering sustainable new community-based pathways. The areas of priority for transformation were identified utilising population health data.

The key areas of transformational focus were:

- **Care Home Admission Avoidance** - In 2019 investment in care home wrap around teams was made to support the most vulnerable patients who were unnecessarily spending a long time in the emergency department and had an avoidable hospital stay. The collaboration of community health, social care and primary care providers as well as the West Midlands Ambulance Service, developed strong relationships with the care home teams. Each patient had a personalised care plan and the multiprofessional team utilised agile diagnostics, community based acute medicine and health data trends to implement early intervention preventing hospital admission. This almost eradicated admissions from 40 care homes in the Sandwell Area and avoided the use of 20 acute beds.

- **Introduction of a Frailty Intervention Team** working across ED, Frailty SDEC and Frailty Assessment Unit ensuring rapid diagnostics and assessment to promote admission avoidance and enabling safe discharge home with support was the highest impact intervention. The graph below shows the 2022/23 plus growth acute bed demand without changes to the patient pathways, the forecast (orange line) and actuals (blue line) show an opportunity and realisation of 26 avoidable beds being used.



- **A Falls Assessment Service** was established that supports both patients in the community and presenting in the acute hospital to prevent falls admissions and support the rehabilitation both mentally and physically of patients.
- **Same Day Emergency Care is central to the care model and the building design.** Optimisation of SDEC is aligned to national standards with early diagnostics and time to assess, treat and discharge patients directly streamed/scheduled from ED, GPs and the Single Point of Access teams. The impact thus far has avoided the use of six acute beds, but there remains more opportunity to optimise this model and the associated benefits in 2025.

The reconfiguration of two acute sites into one, enabled single workforce site rotas to further improve Emergency Department and acute Consultant-led service responsiveness, seven days a week. This was a key principle in the MMUH business case and a requirement to drive clinical innovation in the care model. Section 6.5 covers this further.

The new clinical model means fewer patients are waiting for beds in the emergency department every morning. Patient discharges numbers before midday have increased monthly since April and have been sustained post MMUH opening. LOS has decreased by nearly 0.5 days since the FOC ward standardisation interventions were made in June 2024. This is very much bucking the national trend. As a balancing measure early indications show a one per cent improvement in 30-day readmission rates.

Other clinical service model changes driven by the new hospital and the split of acute and planned care, included changes to stroke pathways, theatres and endoscopy provision. **Acute Stroke** services are based at MMUH, and stroke rehabilitation has been moved to a newly established dedicated rehabilitation unit at Rowley Regis hospital. Evaluation of the benefits of the split acute and stroke rehabilitation model will be evaluated in the first year of MMUH opening.

Significant changes to service delivery required staffing reviews, skill mix changes and recruitment, alongside OD colleagues to recognise and support cultural changes during adoption of changes in practice and ways of working, which is covered in the Workforce chapter.

System activity impact - The opening of MMUH and closure of the emergency departments at City and Sandwell Hospitals, had some anticipated impact on the local populations access to the nearest ED. Activity profiles of both ambulance and walk-in attendances, was modelled as a catchment loss to MMUH and a 'risk share' investment, through consensus among the Integrated Care Systems CEO's, was made in local provider Trusts to create resilience. The system modelling was continually reviewed, and a risk held on the Black Country Integrated Care Board (ICB), UEC Board and MMUH Programme Company risk registers. The ICB's system control centre monitored the impact daily, whilst the ICB Information Team provided an independent and objective assessment of the impact over time. The first 100-day data shows system activity changes to be within the tolerance of what was predicted.

As clinical teams settle into new ways of working, the expectation is to optimise the benefits of the new care model and the shift to community care. This together with maturing the SDEC model, it is anticipated that a further reduction of 30 beds worth of patient activity will be achieved in Q1 2025/26. This will result in lower bed occupancy levels and hence improved flow and patient safety across MMUH. The reduction in acute beds is a significant part of the overall benefits case for MMUH.

Senior responsible officer (SRO) Reflections

Clinical models should not focus on what goes on in the walls of an acute hospital. There is huge opportunity to shift hospital-based care to the community, which delivers improved health outcomes. This needs early engagement with providers, Place partners, local authorities and Integrated Care Boards. Consensus work on activity assumptions cannot start early enough.

Seven-day service implementation for an urgent care site requires very detailed planning across both clinical and clinical support services. The clinical model should drive the model for clinical support and all interdependencies should be mapped early on to allow re-design and investment. Detailed job planning is essential as well as communication about the interfaces between services.

Operational readiness must be prioritised and balanced against the day to day running of services. Trust Boards should agree a 'no fly' and prioritisation zone to enable effective operational readiness. Visibility of the Executive Team and senior leaders in the organisation over this period is key to staff engagement and to get a 'real feel' of readiness in addition to looking at what the data shows.



A catering assistant inside the Winter Garden restaurant

Chapter 5: Clinical Support Services Workstream

5.1 The Clinical Support Services Workstream consisted of four quadrants:

- **Clinical Support Services** - radiology, pharmacy, pathology, sterile services and medical procedures unit.
- **Soft FM** – a new integrated in-house service incorporating ward services, catering, portering, security, accommodation.
- **Logistics** – a new pan Trust service inclusive of non-patient transport, waste management, non-patient facing portering, mail, receipts and distribution, materials management, sterile services and implementation of Automated Guided Vehicles (AGVs).
- **Corporate (Operational) Readiness** - HR, finance, chief medical officer's directorate, chief nursing officer's directorate, corporate operations, governance, performance and insight and informatics.

5.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management, with a skilled Director of Operations leading the workstream and new Soft FM and Logistics leadership appointed into the projects and later transitioning into corporate directorates.

- 5.3 **The workstream had a wide range of stakeholders** ranging from subject matter experts and advisors such as DHL for Logistics, to NHS partnerships such as the Blood Transfusion Service and commercial partners managed through contract mechanisms for radiology, pharmacy and sterile supplies.
- 5.4 **The scope of the workstream was much more than corporate operational readiness, including several large-scale transformational projects**, that would be significant by themselves in any other year without a new hospital opening. These included:
- Implementation of a full electronic end-to-end medicines management system inclusive of a pharmacy hub robot and ward based digital automation.
 - Reconfiguration of specialist pathology services at Sandwell Health Campus and establishment of an Essential Services Laboratory at MMUH.
 - Reconfiguration of radiology services to a split acute and planned care site model.
 - Implementation of radiology i-Refer clinical triage and demand management tool.
 - Formation of an integrated Soft FM service with single leadership.
 - Agreement and implementation of a new retail strategy.
 - Establishment of a pan Trust Logistics Service inclusive of automated guided vehicle and 'scan for safety' technology.
 - Retendering of a Pan-Birmingham decontamination contract with partner organisations.
- 5.5 **Radiology is a good example of the complexity of clinical support service readiness** reconfiguring services to provide an acute service at MMUH and a planned service at the two treatment centres, whilst continuing to support community locations. Readiness included the commissioning of new equipment under a Managed Service Contract with Siemens, workforce planning including the establishment of new radiology assistant roles, and a demand management project to respond to the request to report turnaround times required for the new clinical model. As part of preparedness, the service implemented the iRefer demand management tool.

Case Study Abstract: Radiology iRefer Clinical Decision Support System

The iRefer Clinical Decision Support System (CDS) software has been integrated into imaging requesting in secondary care since November 2023 and in Primary Care since April 2024, as part of the preparatory work to manage radiology demand and capacity in the new acute and planned care split site model. The initial benefits show:

	Secondary care	Primary care
Rejection rate improvement	7.5- 6.8%	3.9- 3.3%
Change to more appropriate tests	3.4% (8673)	6.4% (6243)
Requests cancelled	1.9% (4906)	5.6% (5453)
Forecast recurrent annual cost avoidance	£293,227	£456,410

5.6 **Creation of a single Soft FM Service** had a primary objective to coordinate the services (previously managed across multiple corporate directorates), support them through their staffing reconfiguration, and enable their readiness to take on activation and running of MMUH on handover. Under new single leadership, the integrated service determined a vision to be the number one support service in the NHS, supported by objectives to create a safe and welcoming space to be cared for and work in. This included identifying and delivering on a set of key performance readiness and responsive indicators, recruitment to an increased workforce, the mobilisation of the ward services team working in MMUH during soft activation following the construction team with clinical cleans, completion of food trials, as well as security supporting staff induction issuing of over 7,000 security ID cards.

In the first 100 days, wayfinding was an anticipated challenge. The head of Soft FM adopted the volunteers service, ensuring they were integrated into the Welcome Centre Team and provided additional engagement, leadership and training with this team to inform improvement solutions alongside colleagues working in the patient experience and the commissioning teams. The reported issues on wayfinding quickly reduced as solutions were put in place (First 100-day Section; 14.5).

The formation of a single Soft FM service received 'universal praise' in the independent programme closure assurance review. Looking ahead the Soft and Hard FM services will optimise collaboration opportunities in managing and maintaining the estate, with a commitment to integrate the 24/7 help desk and seek joint continuous quality improvement initiatives to achieve the best user experience.

5.7 **The Logistics Project** had a predefined scope aligned to a business case written in early 2022 and an assessment completed by DHL as a strategic advisory partner on the maturity of Trust to develop a centralised logistics model. The project formed a single logistics team, bringing together logistics functions through skilled and experienced leadership and adopting a consistent approach to logistics across the Trust. The purpose of the service is to improve clinical care and patient safety through one logistics service. Formation of the logistics service required completion of a management of change process across receipts and distribution, the waste and non-patient facing portering teams and catering team, as well as local recruitment. The cultural focus and development of such a team is not to be underestimated in order to realise the intended benefits. The Trust invested OD support for this project.

Improved inventory management included implementing Scan for Safety tracking technology. Warehousing solutions were also identified to serve all Trust sites.

The project pillars are shown below.

Logistics Programme structure

Delivery of the programme will be through five core projects:

Safe Stock Levels	eDC & eDC Gold Implementation	Logistic Processes	Developing the Team	AVG & Infrastructure
<p>Making sure the right product is available at the right time in the right place at the right Quality.</p> <ul style="list-style-type: none"> Product Categorisation Standardisation and product Standardise and implement good inventory management practice 	<p>Delivering inventory visibility, product risk is reduction, patient safety improvement and non-value add tasks eliminated.</p> <ul style="list-style-type: none"> Engagement and implementation planning Deliver implementation Establish Scan4Safety 	<p>Best in class ways of working to free clinical time to care and deliver a patient focused service.</p> <ul style="list-style-type: none"> Standard Ways of Working Roles and Responsibility Continuous Improvement 	<p>Giving our people the skills and tools to deliver a resilient professionally recognised service.</p> <ul style="list-style-type: none"> Developing a unified logistics team. HR Consultation process Training Team engagement 	<p>Efficient, safe, effective employee focused ways of working.</p> <ul style="list-style-type: none"> Capacity & Performance Process Training

Due to the compressed activation period and planned completion being achieved just six weeks prior to the hospital opening, there was insufficient time for the Trust to test and commission the Automated Guided Vehicles (AGV) adequately before MMUH opened, mainly with the process being interrupted by the delivery of large amounts of furniture, equipment and stores. The logistics service went live successfully with a manual service and the AGVs will be commissioned in Q1 of 2025/26.

A deep dive logistics benefits case reviewed by PwC baselined the benefits associated with the logistics service at a value of £35.7 million over 58 years. These included 'increased efficiency through use of AGVs,' 'Care hours saved' and 'Employment Gross Added Value.' The business case included benefits through inventory management, including one off stock savings and ongoing savings from consolidation of products and improved stock management. In addition to the financial value associated with these quantified logistics benefits an anticipated life expectancy increase of 318 years was also identified. It was possible to attribute this benefit as the logistics team utilised the widening participation schemes to recruit certain of their MMUH posts. A logistics benefits review will be completed annually.

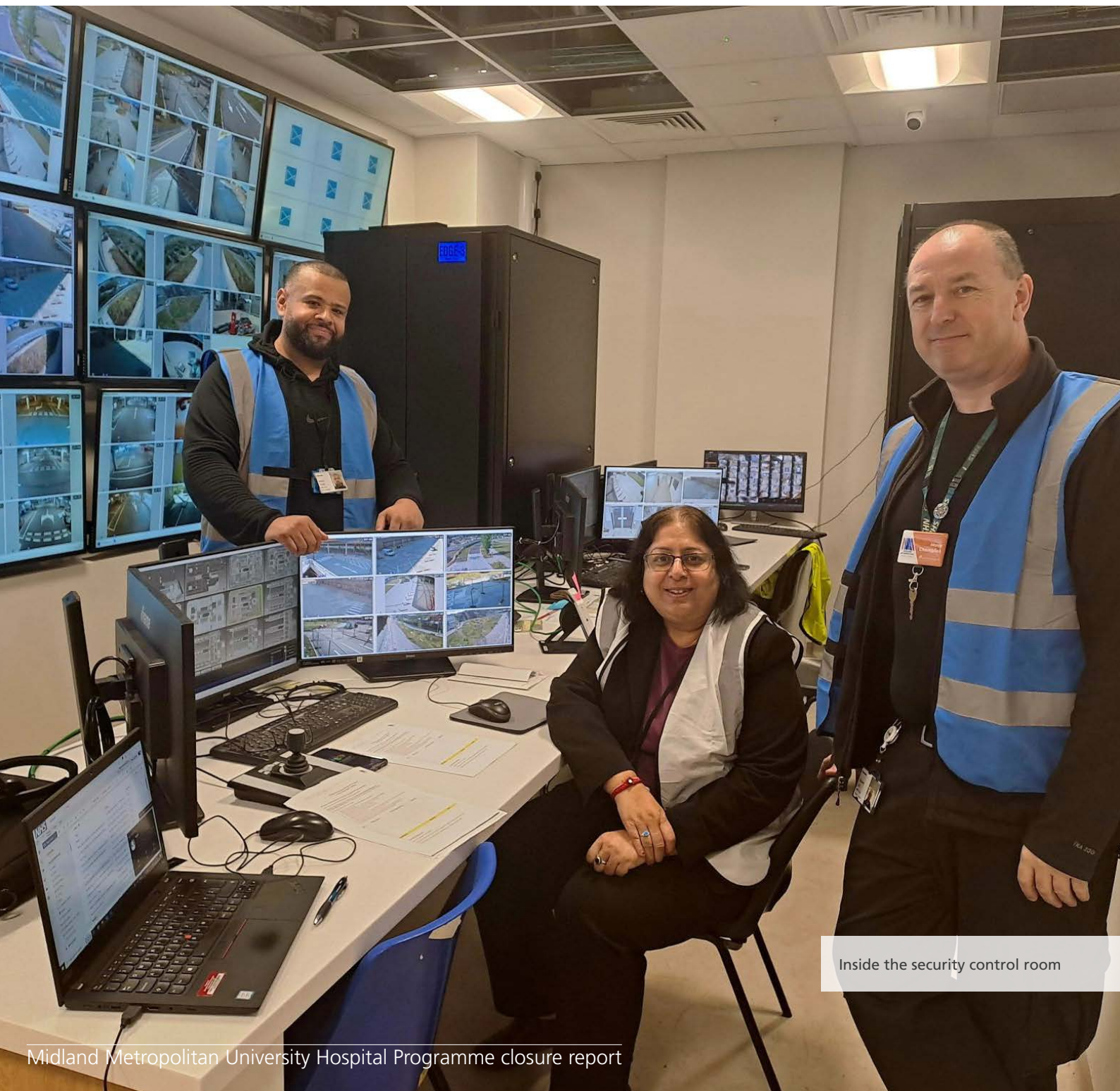
5.8 The **Corporate Readiness** quadrant consisted of 'operational readiness' oversight for all corporate directorates. A significant aspect of this work was to ensure the 182 non Electronic Patient Record IT systems had the correct organisational nomenclature to enable things such as incident reporting, payroll runs, risk management, requisition and ordering systems to be effective. A mandated naming convention structure was agreed and a change control process established to ensure the MMUH and site reconfigurations were corporately supported. Corporate readiness workshops were essential to identify all corporate and clinical service interdependencies and ensure they were resolved before MMUH opened.

Senior responsible officer (SRO) Reflections

Do not underestimate the work and scale of transformation to ensure clinical support services are able to support the clinical model and new environment. This likely requires business case investment.

Experienced operational leadership of this workstream was essential to ensure the work effectively interfaced with the clinical workstream and service interdependencies were resolved before the hospital opened.

Naming nomenclature must be locked down early to ensure IT systems are configured to match the new location and organisational model.



Inside the security control room



Chapter 6: Workforce Workstream

6.1 The Workforce Workstream consisted of four quadrants:

- Recruitment and resourcing.
- Management of Change (MOC).
- Organisational Development (OD).
- Workforce information.

6.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management. This was best delivered through an internal Director of People and OD as lead for the workstream, with the chief people officer taking on active board level responsibility. External partners and subject matter experts were required to ensure delivery capacity for management of change and OD which were funded as part of the project.

6.3 **The workstream had a wide range of stakeholders** ranging for subject matter experts and advisors such as Trade Unions, West Midlands Health Education England, multiple university providers across all professional groups, Sandwell College and Affina OD.

6.4 The workforce workstream was designed and successfully implemented through two key phases.

Firstly, the **design phase** ensured the workforce model was aligned to the Clinical Model as well keeping consistency with the original business case which was based on seven-day working. This determined the need for investment of 484 WTE in nursing, medical and therapy posts as well as the logistics team. The model was validated over a significant period with third parties including Health Education England and the Integrated Care Boards. The design work used two nationally recognised best practice approaches; Skills for Health Six Steps Methodology and the Health Education England (HEE) STAR model.

The workforce model was approved by the Trust Board in 2022, triggering the implementation phase. The timing of this decision was critical to ensure the workforce model was in place to deliver the clinical model and related benefits. The Trust Board determined recruitment had to start before revenue funding was agreed to ensure readiness for patient day 1.

The implementation phase was split into four quadrants as outlined above.

At first the workstream experienced significant issues which caused it to be RAG rated “red” across several risk areas. This reflected some key skills and capacity gaps within the internal People and OD team, as well as some challenging employment relations issues. Additional investment including the insourcing of specialist expertise such as Affina OD and obtaining specialist support via external recruitment partners in resolving with hard-to-fill roles enabled that risk to be mitigated.

At the SRO’s invite, the New Hospital Programme, undertook a formal external assurance review of the workstream in February 2024. The report confirmed positive progress since October 2023, including the development of a mature leadership team across workforce and OD and strong progress in workforce planning. This was reflected by improved assurance rating for the workforce workstream.

6.5 Recruitment and Resourcing

The seven-day workforce model was a key aspect of the original business case and enables significant benefits opportunities. New rotas include robust medical cover at both resident and Consultant level across the Trust, with particular strengthening within general medicine, where gaps existed across the former two acute site model.

The MMUH rotas have enabled senior decision making first time. Acute medical consultants now hold the resident medical officer (RMO) bleeps from 8am-4pm Monday to Friday which allows the right patients to get to the right place first time. This also diverts higher acuity patients that would normally be in beds into SDEC avoiding admission. This has reduced the medical take from 95 to 50-60 patients daily. The traditional role of the RMO was held by a doctor who was only qualified for two years and now being delivered by those who have over 20 years of experience.

A seven-day robust rota for consultants for emergency and ward work has also been introduced. There is now a resident doctor on all medical wards at the weekend from 8am-8pm following the changes to rotas. Previously this would have been an on-call system where doctors get bleeped and there is a delay in residents reviewing patients. This has made a remarkable difference to responsiveness and progression of care. Early engagement work for these rotas commenced two years before the hospital opened with numerous workshops including inputting to rota design and identifying the necessary clinical support services to enable seven-day working to be effective. This resulted in seven-day investment in pharmacy, portering, logistics, matrons and ward managers workforce models. The benefits from the seven-day medical rotas, which were also subject to a formal Management of Change process, have been impressive in the first 100 days with reduced decision to admits (DTAs), reduced length of stay (LOS), increased discharges and stable mortality rates. The full impact of seven-day services is part of the post one year evaluation in 2025.

Recruitment commenced two years before the hospital opened to enable the community based clinical pathways to be in place well in advance of MMUH opening. In the nine months prior to opening, 1,338 staff were recruited. Of these, 204 were medical staff, successful recruitment notable in acute medicine, emergency medicine, respiratory and radiology being removed from hard-to-fill list.

The Trust is proud that over 70 per cent of our workforce is now recruited within the local communities. With high local unemployment, the Trust's **#MoreThanAJob** programme has been recognised nationally for its innovative approach to helping people from the most deprived communities into employment and creating sustainable career pathways. More inclusive routes into employment have been created, resulting in 200 local residents entering employment at the Trust or with partners such as EQUANs, Marks and Spencer and Greggs. Organised learning events for over 1,000 people have supported them with employability skills. The benefits of increased local employment both in terms of gross value add to the economy and increased life expectancy are identified in the benefits case.

6.6 Management of Change (MOC) has been one of the largest and complex NHS provider workforce change programmes in recent years for the NHS affecting 6,816 colleagues in 31 separate formal processes. There were four principles that underpinned the planning and delivery of MOC; to ensure that the approach was legally compliant, in line with Trust values and policy, everyone had access to support and could query or challenge change proposals, and that local consultations were operationally led by line managers.

A five-step approach included preparation, partnership working / consulting with Trade Unions, consultation launch preparation, formal consultation and close / implementation. Each of these stages included a vast amount of activity to ensure they were executed effectively, whilst escalating any issues or risk to delivery that could impact on the opening of MMUH. Trade Union partnership working has been a key enabler and should not be underestimated with circa 78 formal Trade Union meetings held during the consultation period and a substantial amount of time discussing and resolving challenges informally, enabling the successful conclusion of the MOC programme ahead of the move to the new hospital.

6.7 The Organisational Development (OD) targeted transforming leadership and enabling optimal team performance, focussed on delivery of the Trust's Ambition, Respect and Compassion (ARC) Leadership and Team Effectiveness Programme. Supported by Affina OD, the approach brings with it significant benchmarking data for comparison and improvement purposes and provides an evidence-based approach to improving team effectiveness and patient experience and outcomes.

A values-based approach to developing leadership and high impact areas (including Theatres, Imaging, ED, AMU, Frailty and Medical SDEC, Logistics), has been used throughout all activity. The purpose was to move the dial on organisation culture and staff experience and engagement, measured by the staff survey results, team effectiveness scores, patient experience and outcomes and improved people metrics such as sickness, retention and reduction in turnover, agency and bank use. Underpinning the OD quadrants approach was a dedicated engagement plan developed and implemented to bring clinical leadership into the design and development of OD plans delivered by front-line teams and adapted to meet individual needs.

Over 600 leaders have completed the ARC Compassionate and Inclusive module (based on Prof. Michael West's work) and over 700 staff members have participated in the "team member" module. The programme has evaluated positively, with most participants (93 per cent) reporting that they will make positive changes to their practice as a direct result of the course. Participants also reported an increase in their compassionate and inclusive leadership knowledge because of the programme.

6.8 Workforce Information

In preparation for the opening on MMUH, the Electronic Staff Record (ESR) underwent its most comprehensive organisational update since its rollout in 2008. Thirty new organisations and cost centres were created specifically for MMUH to streamline financial and workforce management. Additionally, 288 bespoke positions were established to address the hospital's operational requirements. More than 2,000 employees were successfully transferred into these newly created positions, while more than 5,000 employee location records were updated to reflect MMUH and the Sandwell and City Health Campuses.

6.9 Early benefits impacts related to workforce include:

- The Trust's staff engagement score has improved to its highest level during the past nine months and during this time the highest response rates have also been achieved.
- The Trust's rolling sickness absence rate has been on a downward trajectory from 5.80 per cent in April 2024 to 5.69 per cent in December 2024.
- The Trust's vacancy rate has decreased from 13.36 per cent to 12.64 per cent.
- The Trust's rolling 12-month turnover rate has continued to demonstrate a downward trajectory, reaching its lowest at 10.06 per cent in December 2024.

The Trust People Plan will continue to realise the people related benefits to MMUH, which accounted for nearly a third of the original benefits baseline. With the

construction of the new Learning Campus underway and due to open in 2025, a strategic partnership with Sandwell College and other higher education providers, it is the next phase of creating increased learning and employability opportunities which will support both social and economic regeneration within the community (Benefits Section; 11.10). Both the impact of seven-day services and the OD interventions will be formally evaluated one year after MMUH has opened.

Senior responsible officer (SRO) Reflections

Ensure the People and OD Directorate is scaled with the necessary resource to deliver MOC at scale and OD a minimum of 18 months before a new hospital opens. For the MMUH Programme Company this needed investment.

Early engagement with Staff Side and line managers to ensure management of change at scale proceeds to time and is a good staff experience.

Organisational Development cannot start early enough and must continue after the hospital opens to ensure the benefits of new ways of working are optimised.

A consultant inside MMUH



A logistics operative in the new warehouse at MMUH





A nurse using a Computer on Wheels

Chapter 7: IT Workstream

7.1 The IT workstream consisted of four quadrants:

- **Boxes and wires** ensured the commissioning of various wired and wireless networks required to provide access to clinical, line of business systems, operational activities, and the devices connected to these services. The scope covered the core node rooms, Wi-Fi networks, wired networks, mobile coverage, Computers on Wheels (COWS), desktop computers, radios, bleeps and mobile phones.
- **SMART organisation** was to implement SMART technologies, such as medical device integration, and ensure the hospital was future-proofed for SMART technologies, such as asset tracking.
- **Clinical systems** ensured that systems had the appropriate configuration for patient locations to manage patients effectively. Including the patient administration (PAS), electronic patient record (EPR) systems, and risk management systems.
- **MMUH prerequisites** ensured that any technical solutions required for the hospital's opening, which were Trust-wide, were implemented in time to open the hospital. These included migration to a new cloud-hosted phone solution and room/desk booking solution.

- 7.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management. The deputy chief informatics officer was seconded full time to lead the workstream and was supported by quadrant leads who were members of the IT senior management leadership team. As existing team members were involved, they gained insight into the new hospital, resulting in an efficient and seamless handover into business-as-usual support.
- 7.3 **The workstream had a wide range of stakeholders** ranging from subject matter experts and advisors such as IT providers, Balfour Beatty, NHP Digital, NHP SMART, and NHS Digital to subject matter expert for mobile coverage, as well as connecting to learn from other live new hospitals.
- 7.4 **Boxes and wires or network infrastructure can be a significant risk in a new hospital project.** As part of the wider transformation programme at MMUH, the early deployment of network infrastructure was a key enabler in ensuring the hospital's operational readiness and mitigated risks and lessons learnt from other new hospital projects.

A robust and resilient network was critical to supporting clinical and non-clinical services, allowing systems to function seamlessly while minimising risks associated with third-party dependencies and future integrations. The network installation was incorporated within the construction contract, ensuring alignment with the hospital's needs and reducing the risk of delays. This approach also took advantage of beneficial access, enabling construction partners and service providers to diagnose and resolve issues remotely, streamlining the implementation process and enhancing efficiency during the build phase.

The proactive deployment resulted in a fully operational network well ahead of the hospital's opening, facilitating extensive testing, smooth system integration, and improved collaboration with third-party providers. Embedding infrastructure delivery within the construction contract ensured clear accountability and effective risk management, supporting a seamless transition to service. The success of this initiative highlights the value of early implementation, structured governance, and ongoing performance monitoring in large-scale transformation projects. Future work will focus on maintaining network resilience, adapting to evolving healthcare technology, and refining third-party access management to uphold security and efficiency.

Comprehensive mobile phone coverage was identified as a critical requirement for staff workflows, patient experience, and clinical safety. Due to the design and construction materials of the new hospital, the mobile signal was severely limited, posing operational challenges and risks. Additionally, the hospital needed to integrate with the Home Office-led Emergency Services Network (ESN), which required reliable connectivity throughout the site. An alternative solution was necessary since the original construction contract did not include mobile coverage. Through extensive market engagement and collaboration with NHS Digital, West Midlands 5G, and key stakeholders, Freshwave was appointed to install a Distributed Antenna System (DAS) to provide complete mobile network coverage.

Despite the late initiation of the project, the DAS was successfully installed using the beneficial access process and activated in time for the hospital's opening, providing seamless connectivity across all public and operational areas. This improved staff communication and enhanced patient experience. Lessons learned highlighted the importance of early integration of digital infrastructure in construction planning and maintaining transparent relationships with suppliers. Future work will focus on transitioning Freshwave into business-as-usual support, expanding coverage to additional areas, and conducting regular performance reviews to ensure the hospital remains aligned with technological advancements.

7.5 SMART infrastructure

The programme took a strategic decision to install SMART infrastructure to future-proof the hospital for advanced digital capabilities. This was commended in the IPA Gate 4 Review as good strategic programme management and decision making. However, at opening the hospital is not enabled to function as a fully SMART hospital due to a deficit in digital funding. The immediate priorities for SMART optimisation include are:

- Medical device integration – enabling real-time data capture to enhance patient care.
- Asset tracking and management – improving efficiency and resource utilization.
- Optimising digital workflows – leveraging automation and AI-driven insights to support clinical and operational excellence.

There needs to be continuous investment to ensure the hospital is digitally enabled and optimised.

7.6 Clinical Systems

A fully configured suite of clinical and non-clinical information systems was essential to ensure operational readiness. Accurately configuring over 1,000 hospital locations, including patient care areas and support services, posed a significant challenge. This was further complicated by limited early stakeholder engagement and the late discovery of systems managed outside the IT department. A structured methodology was developed, using multiple data sources to build a comprehensive configuration workbook and a phased system validation approach. Governance mechanisms, including an oversight group and a change control process, ensured accuracy and accountability throughout implementation. These will remain in place as a legacy of the project.

The new clinical model drove requirement for electronic patient record system changes in advance of the hospital opening to support SDEC, frailty scoring, AMU referral and live dashboard, a decision to admit checklist and the elective care unit pathway.

The successful completion of this project enabled seamless integration of core hospital systems, ensuring patient workflows functioned efficiently from day one. Key benefits included improved operational readiness, workflow alignment across clinical services, and streamlined communication between systems. Lessons learned highlighted the importance of phased implementation, robust governance, and early stakeholder

engagement in large-scale digital transformations. Future developments will also benefit from a site-wide configuration book detailing all spaces within the building, not just the clinical spaces. With system configuration complete, future changes will be managed through standard change control processes to maintain accuracy and consistency.

7.7 MMUH Prerequisites

Ensuring IT readiness for patient day one was a critical aspect of the hospital's transition. This included the installation, configuration, and testing of essential IT devices and infrastructure to support clinical and operational activities from the outset.

Key prerequisites included:

- End-user devices – Deployment of desktop computers, laptops, and tablets to ensure staff had the necessary tools for patient care and hospital operations.
- Clinical and operational hardware – Installation and testing of Computers on Wheels (COWs), barcode scanners, label printers, and medical-grade monitors to support real-time patient data entry and medication management.
- Communication systems – Implementation of a cloud-hosted phone system, mobile devices, radios, and bleeps to ensure seamless communication across departments.
- Room and desk booking solutions – Deployment of a digital booking system to facilitate efficient workspace management.
- Peripheral IT equipment – Configuration and readiness of networked printers, multi-function devices, and other essential peripherals for administrative and clinical use.

This comprehensive approach ensured that all IT systems and devices were fully operational before the hospital's opening, allowing staff to transition smoothly and focus on patient care from day one. Future work will continue to enhance system optimisation and user support to maintain a seamless digital environment.

SRO Reflections

The construction partner delivers the network. Embedding infrastructure delivery within the construction contract ensured clear accountability and effective risk management during construction, supporting a seamless transition to service.

Create a site-wide configuration workbook that includes all spaces in the building, not just those deemed clinical spaces. As a result, a 'one source of truth' repository exists detailing each space, the naming convention and how it is to be used from the perspective of many services, including clinical, facilities management and risk management.

The Trust welcome support from the New Hospital Programme to benchmark MMUH against the Hospital 2.0 Digital Strategy to inform the SMART development and associated benefits in a new hospital. Continuous digital investment is required to ensure the new hospital is digitally optimised.



Stress testing the building as part of activation

Chapter 8: Commissioning Workstream

8.1 The Commissioning workstream consisted of four quadrants:

- **Induction and familiarisation** - this included familiarisation, formal induction (which was a prerequisite to complete before the hospital opened) and equipment training including Omnicell and ceiling hoist training.
- **Construction interfaces and activation** – included licensing services, stocking of areas, clinical clean, testing of end-to-end processes such as security and catering.
- **Equipping** – procurement and transfer of equipment; the programme had a targeted 62 per cent equipment transfer profile.
- **Relocation of services** - design and completion of a safe move process.

8.2 Capable and dedicated leadership capacity was key to successful delivery and effective risk management. The workstream was led by the Director of Commissioning and Equipping who had extensive operational knowledge of the Trust, had worked on the programme since the design phase, and like most of the commissioning team had been retained supporting other capital projects, during the ebbs and flow of the elongated MMUH Programme. Retaining this knowledge, along with the prior clinical and operational experience of the team, allowed for continuity and understanding

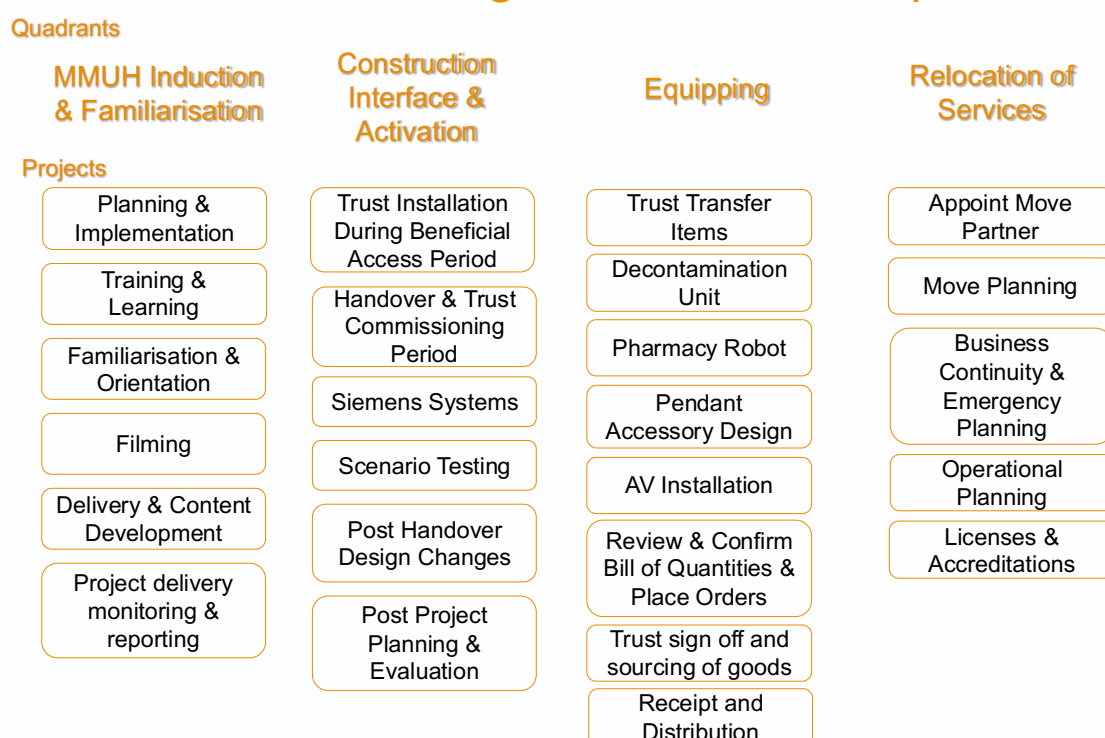
of the development of the project over an extended period including building design against the service vision, clinical functional brief and derogations in a changing clinical leadership environment and to minimise the level of design change. The development of strong working relationships over time between the commissioning team and end users supported prompt swift clarifications, responses to questions and planning of service moves. In addition, the continuity of commissioning team enabled a good working relationship with the construction partner and facilitated the Trust having controlled site access for end users throughout the construction period including with the Infection Prevention and Control team so that finishes were viewed and approved on site as installation progressed.

8.3 The stakeholders for this workstream were extensive and required good engagement and effective contract management. Some of the key stakeholders included:

- Balfour Beatty – quality team
- MTS – specialist health equipment advisor
- Health Care Relocations Ltd – move planning partner
- Restore Harrow and Green – removal company
- Siemens - Managed Equipment Service partner for imaging equipment
- Omnicell – pharmacy robot dispenser supplier
- West Midlands Ambulance Service – patient transport supplier
- Midlands Critical Care Transport Services – a partnership of ACCOTS, NTS, KIDS for specialist transfer of critically ill adults, children and babies.

8.4 The content of the commissioning quadrants and scope of the operational commissioning activities from within the programme are summarised in the diagram below:

Commissioning Workstream Scope



8.5 Induction and familiarisation

Induction content was informed by the MMUH Induction and Training strategy. It included a MMUH specific online general induction tool with a number of modules including a welcome from the chief nursing officer, information about navigating the site, travel and parking, security and access control, agile working, staff facilities and safety standards, ward layouts, logistics and future estate use were also covered. Eighty per cent of 3,823 staff identified as moving to MMUH or spending a significant amount of time there completed the MMUH online general induction, with a further 1,858 colleagues primarily based in other Trust locations also completing it. Several additional area-based online courses were available for key areas (e.g. emergency department – ED - and theatres) and these included bespoke films of clinical areas plus equipment instruction videos.

Site and department tours were offered to all colleagues in a department moving to MMUH and taken up by a critical mass of at least 75 per cent of each of these departments and 90 per cent of shift or team leaders. Eighty-four per cent of colleagues identified as moving to MMUH or spending a significant amount of time there undertook a site tour. In total 476 site tours were hosted by staff who were assessed as competent and knowledgeable to complete the induction effectively; this included the commissioning team, business change managers, the Trust training team and the PMO team. For large scale and specialist areas, the local professional development teams led induction for ED, critical care, theatres, maternity and pharmacy, which had the added value enabling multiple visits on site and clinical scenario testing where needed.

8.6 MMUH Activation - The activation programme critical path demonstrated a 26-week period was required for key activities. This was subsequently challenged by unanticipated delays in the construction phase of the project, with multiple changes experienced on the site handover date from Balfour Beatty to the Trust. The Trust Board risk assessed, on a number of occasions, the potential of a delayed move into 2025. Given the range of impact on safety, staff and public engagement and further delay costs, the Trust worked agilely to adapt the activation plans, with a goal of maintaining a safe opening date for MMUH in autumn 2024.

This challenge was mitigated by the Trust working collaboratively with advisors and the construction partner to agree a 'soft activation' period from April 2024. During this period, Trust activation activities were adapted to be undertaken on the site under extended beneficial access arrangements, where safe and practical to do so, whilst the site was still managed by the construction partner. The Trust's multidisciplinary activation group, which was established circa 12 months before the planned site handover date, coordinated and led daily delivery of the activation programme in this period, as well as during the full activation period which ultimately was only six weeks from site handover on 19 August 2024, until first patient day on 6 October 2024.

Whilst the soft activation approach protected a 2024 opening, commencing with the installation and commissioning of major imaging equipment, some group three equipment installation and clinical cleans, it did compromise the activation plans.

The most significant compromises included the delay of the commissioning of the Automated Guided Vehicles into 2025, delay to starting induction on site which initially had to be completed in full construction Personal Protective Equipment, which in turn prevented the scale of on-site patient pathways scenario testing the Trust had planned, and pausing induction for a month to ensure that Balfour Beatty could complete the final technical commissioning uninterrupted which temporarily negatively impacted on staff engagement.

The delivery of all group three equipment was significantly delayed and resulted in the need for an 'all hands on' approach to protect patient day one. For some items delivery, distribution and installation was compromised to several months after patient day one. The Trust does not advocate the soft activation approach as a norm and strongly recommends that this should only be considered as a significant risk mitigation option, rather than a safe way of activation. The intensity of work created its own risk in terms of the team resilience and wellbeing with activation team members working heroically long hours. The New Hospital Programme Team provided an experienced individual to work in the activation team to bring some additional leadership capacity. The independent programme closure assurance review advocates a six-month activation period for the scale of this project.

8.7 Equipping

The equipping strategy for MMUH was developed in the early stages of design based on equipment requirements that would use space as identified by senior end users. This equipment was included in room drawings to confirm fit and infrastructure requirements. MTS, an experienced, specialist health equipment advisor, previously involved in many new hospital projects, supported the Trust from the design stage onwards.

The equipment strategy identified an Equipment Responsibility Matrix (ERM) with groups of equipment based on broad equipment types and whether equipment is part of the building, fixed to the building or mobile along with ongoing maintenance responsibility. The construction contract reflected the equipment responsibility matrix. Broadly the groupings were:

- **Group one – new fixed equipment integral to the building design**, part of the construction contract, with the Trust having some selection involvement e.g. handrails at the side of toilets, curtain tracks etc.
- **Group two – new equipment fixed to the building** with the Trust having selection rights for and then a) either procured and installed by the construction partner e.g. operating theatre lights, macerators, mortuary fridges etc. or b) procured by the Trust and free issued to the construction partner for installation e.g. dispensers, white boards etc.
- **Beneficial access equipment** – a subset of group two. These were fixed items supplied by the Trust either as new (e.g. pharmacy dispensing robot) or legacy (e.g. pathology analysers) and installed by a specialist third party supplier during an agreed period of the construction programme because of the significant interface with the building infrastructure. During the period the defined area was handed to

the Trust and third-party supplier for equipment installation and then handed back to the construction partner for building finish activities.

- **Major imaging equipment** fell into the beneficial access category but with an additional nuance that the Trust had an established Managed Equipment Service with Siemens for the major imaging equipment on all its sites and under which all major imaging equipment in MMUH would be supplied as new.
- **Group three - moveable equipment and furniture supplied by the Trust** either as new or transfer from legacy sites with minimal fixing to the building e.g. storage racking, beds, computers, patient monitors. These items would be moved into the new building after the construction period and as part of operational commissioning.

MTS facilitated the capture of all the above equipment by group type and location into a single but detailed Bill of Quantities which also reflected the ERM. The Equipment Strategy had an aspiration for 80 per cent of group three equipment to be transferred from legacy sites. MTS undertook an equipment audit on legacy sites which at the time validated this assumption based on equipment deemed to be of excellent, good or satisfactory condition would be suitable for transfer. One exception was storage racking where the majority was planned as new to provide the most efficient storage in the new spaces.

Following delays to the programme a further group three equipment audit was undertaken and this concluded that 62 per cent by value of the MMUH group three equipment could be transferred equipment from legacy sites. Even with this high transfer rate, the value of new group three equipment was circa £11 million (excluding VAT) across circa 25,000 items with many individual items having a value under £5,000, a few individual items having a value of over £50,000 and other items having the potential to be grouped into packages with a value of circa £100,000. Given the complexity and size of procurement the Trust retained support from MTS to develop specifications, identify suppliers, lead in times etc.

Against the revised target of 62 per cent by value of group three equipment to be transferred from legacy sites. It should be noted that some additional new equipment was subsequently requested and ordered, and additional legacy equipment was transferred making it impractical to make a final calculation however it is likely to be in the range of 62-65 per cent.

As part of a lessons learnt exercise, the workstream recommend that major fixed medical equipment should be group two i.e. Trust selection rights for equipment and supplier but procurement, installation and technical commissioning as part of the construction contract so that the construction partner manages the interface with the third-party supplier (as happened with the pharmacy robot). Also, that group three equipment needs to be ordered and delivered to agreed timescales, regardless of site handover date delays with an off-site storage location arranged/hired, so as not to cause delays due to lead in times.

8.8 The move

The Trust needed to safely transfer clinical services, equipment and patients from two legacy hospitals (City Hospital and Sandwell Hospital) into the new Midland Metropolitan University Hospital in a timely manner with minimal disruption to clinical care, whilst safely maintaining front door emergency and maternity services during the transition. MMUH was built on a new brown field site located circa one mile from City Hospital and circa four miles from Sandwell Hospitals with connection via busy urban roads.

The Trust engaged a specialist health relocation service, Health Care Relocations Ltd. (HCR) from Canada with 30 years' experience of hospital moves across the world (although none in the UK) circa 18 months ahead of the planned MMUH opening date (which was subsequently delayed by six months). HCR had teams experienced in working with hospital teams to plan and deliver service, equipment and patient moves into a new hospital. HCR also supplied planning tools, processes and relocation equipment.

A planning structure was established at circa two years ahead of the move with nominated clinical leads and circa 75 move champions from each ward and department transferring into MMUH. This was led by the Trust deputy chief medical officer (MMUH), the director of commissioning and equipping and a senior commissioning manager. Through this planning structure and several workshops, the Trust worked with HCR, support services and patient transport providers to develop the move plan for equipment and patients, starting at a high level and working towards very detailed plans at patient level with governance review and sign off at each stage. Mock patient transfers and patient census process were undertaken within the three months before the patient move days to test, review, modify plans and build clinical confidence and ownership of the move plan and process.

A critical element of the move plan and preparation was the patient census process. This involved a clinical lead from each transferring ward attending a daily census meeting chaired by the deputy chief medical officer to review whether the patient needed to be an inpatient or with additional focus on diagnostic, treatment, community-based services could be safely discharged home or to another appropriate setting, as well as to identify transfer support requirements for each inpatient likely to transfer to MMUH. Patient transfer arrangements and support requirements for each patient likely to transfer were captured and updated daily on a single spreadsheet which also recorded the order of patient transfer, times for each patient to leave the legacy site and bed number the patient would transfer into at MMUH. Patient transfer capacity was planned for 630 patients to transfer from legacy sites to MMUH but with the enormous success of the patient census process only 341 patients were transferred. This impact avoided unnecessary patient transfer and reduced potential risk of harm. The impressive results of the patient census have been a point of subsequent interest for the Trust and region in terms of adapting the methodology, and applying learning to patient pathway design and management.

There were three patient move days, one for each legacy hospital and one for maternity and neonates (to allow a special focus given potential complexity and vulnerability of these patients) spread over a five-week period. On each patient move day, receiving and sending controls hubs were temporarily established which liaised with the central move control room for any escalations. The move team included designated move roles with clear accountabilities and tasks, occupied by named individuals and a clear mandate to remain within the designated role for the duration of the patient move period. There was also clear process supported by patient transfer protocols, chains of communication and escalation routes. Patient transfer providers were commissioned and funded to provide additional resources over and above business as usual, for the patient moves. Partners included West Midland Ambulance Service (WMAS) Adult Critical Care Co-Ordination and Transfer Service (ACCOTs) Neonatal Transfer Service (NTS) and KIDS – a specialist neonatal and paediatric critical care advice and transport service.

Patient transfers started at 7am on each day, following a final census meeting and briefing session, with adult ward patients transferring at a pace of one patient every two minutes. Patient transfers on each day were complete by 2pm. 175 patients were transferred to MMUH on Sandwell Hospital patient move day; 49 patients were transferred on maternity, gynaecology and Neonates patient move day, and 117 patients were transferred on City Hospital patient move day.

A phased move is a tactic that can derisk several aspects of opening a new hospital. Opening the hospital in three sequences enabled a live partial load test of the building, whilst staff and patients settled into their new environments safely and hard FM services became familiar with running the building. With the impact of a highly compressed and compromised activation period, the split move meant equipment and furniture for later service moves could be delivered after patient day one. If the move plan had not been phased, it is highly likely the 2024 move would have been postponed.

Senior responsible officer (SRO) Reflections

Early and consistent engagement with a wide range of internal and external stakeholders is essential to successfully activate. For service relocations this should include mock patient transfers and mock patient census which are essential to refine plans and develop wider clinical team confidence (through understanding, experience etc).

A patient census process, led by an experienced and non-risk averse clinician, is essential to safely reduce patients needing transfer from the legacy hospital to the new hospital. This meant a significant reduction of the overall transfer period on patient move day and therefore derisked the double running of services over that time.

Soft activation should only be a mitigation to a significant risk, where no other options are available as whilst successful in MMUH, it required considerable compromise and carries a high risk of further delays, greater volume of site defects and snags to rectify after opening, and delays to induction and staff familiarisation.



A snapshot of our three moves:
Sandwell Hospital: 6 October
Maternity, Neonatal and Gynaecology: 6 November
City Hospital: 10 November





Handing over the keys to our Hard FM partner Equans



A new bus route that goes past the front of the hospital

Chapter 9: Estates Workstream

9.1 The Estates workstream consisted of four quadrants:

- **EQUANS readiness** – The successful mobilisation of the Hard Facilities Management (FM) provider EQUANS was key criteria for being able to successfully open MMUH.
- **Retained estate reconfiguration** – The opening of MMUH was supported by some important Capital Projects that were being undertaken on the retained estate. Due to this key interdependency the progress of these Capital Projects was reported through to the MMUH Programme Company. The projects contained within this quadrant included creation of a pharmacy hub on the city site, Pathology Laboratory Reconfiguration across multiple sites and creation of a Soft Facilities Management (FM) Hub.
- **City site decommissioning** – with two thirds of the City Site sold to Homes England in 2018, the site continued to be occupied by the Trust under a lease arrangement. The quadrant of work ensures plans are delivered once the site City Site was vacated, to decommission and disconnect the site to enable a safe handover to Homes England later in 2025.
- **Estates statutory approvals** – included largely legal and compliance matters; renegotiation of the City Site Lease with Homes England, terminating leases

with and third parties occupying space on the City Site, securing any third-party approvals, licences or consents, and completion of the Premises Assurance Model (PAM) assessment.

- 9.2 As the workstream entered its final year, oversight of transport and connectivity to the new hospital and the retail strategy was added into the scope of work.
- 9.3 **Capable and dedicated leadership capacity** was provided as the director of estates development who was accountable for the workstream, and was supported by quadrant leads who were members of the Estates senior management leadership team. As existing team members were involved, they gained insight into the new hospital, resulting in an efficient and seamless handover into business-as-usual support. Stakeholders had consistency of relationships through the core estates delivery and contracts teams.

Where possible, the alignment with the live estate oversight and governance framework were run in parallel before planned completion to ensure a streamlined transition to business as usual; this included integrated governance, the same authorising engineers and expansion of the contracts team and Estates project management office to ensure delivery capacity was right sized.

- 9.4 The following **key stakeholders** were critical to the Estates workstream:
- EQUANS – Hard FM provider.
 - Mott MacDonald – Hard FM technical advisor.
 - Gleeds Advisory – retail strategy advisor.
 - Compass Group – retail provider.
 - Transport for West Midlands – local transport (bus) provider.
 - Authorising engineers.
- 9.5 **Equans readiness** - EQUANS were appointed in December 2019 (around the same time as Balfour Beatty) to act as the Trust's 'critical friend' for the duration of the construction programme. This included supporting the Trust for technical aspects of MMUH construction. For example, EQUANS would support the Trust in reviewing technical submissions made by Balfour Beatty, comment on reviewable design data, and ensure that the construction proposals were providing a new hospital that would be accessible and maintainable once operational. The benefit of this early contractual engagement was that Balfour Beatty were held to account to ensure that what they were building would be maintainable once the hospital was handed over.
- 9.6 The mobilisation of EQUANS Hard FM services included asset tagging, development of Planned Preventative Maintenance (PPM)
- 9.7 and lifecycle plans, procurement of the specialist supply chain, recruitment of in-house labour, mobilising the 24/7 helpdesk, and witnessing the commissioning and construction completion process.

- 9.8 There was a simple logic to developing the EQUANS operational readiness success measures which included a good level of assurance that EQUANS had successfully mobilised their services: i) percentage of PPM plans in place; i.e. demonstrating that EQUANS had a good understanding of the assets within MMUH and associated the maintenance tasks required, ii) recruitment of an appropriate number of staff to undertake the required maintenance, and iii) appointment of necessary specialist subcontractors.
- 9.9 Collaboration and effective partnership working was key to EQUANS readiness, alongside the effective management of the contract. The Trust supported EQUANS in successful recruitment of new staff, enabled from the Sector Wide Academy Programme (SWAP) with a goal of supporting employment of the local population.
- 9.10 The same authorising engineers (AEs) advised for both the construction and estates workstreams. In the construction phase this facilitated a joined-up approach to commissioning and for the estates workstream it ensured that planned maintenance processes had a robust external assurance process. For example, the AEs provided assurance that they considered the asset capture process to be appropriate and that the level of maintenance being proposed by EQUANS was also appropriate.
- 9.11 In the condensed activation period, the Trust undertook enhanced stress testing of the new hospital. This was delivered in two phases; User Testing and System Testing.
- User Testing – Over a period of two days we deployed over 100 volunteers into MMUH with a range of pre-agreed scenarios to test how the building would handle large volumes of visitors. The elements stressed included lifts, wayfinding, baby tagging, and drainage. Several observations were recorded and rectified prior to patient occupation.
 - System Testing – commencing two to three weeks prior to each patient move, a full system test was completed in all the spaces to be occupied. This included testing of local lighting, plug sockets, sinks, toilets, showers and heating. This approach also allowed any issues to be pro-actively rectified prior to patient occupation.
- 9.12 Similar to the Construction workstream, as part of the patient move days the on-site presence and support of key subcontractors was procured. This included a number of specialist subcontractors for systems where failures were risk assessed as having the potential to impact the patient moves. Examples included lift, fire alarm, door, and access control sub-contractors. This supported the rapid resolution of any issues encountered and ensured that the move plan progressed at pace and in line with expectations.
- 9.13 As patient day one approached, it was crucial to manage risk and issue resolution without delay to manage quality of service and protect patient day one. The SRO put in place a project oversight mechanism to ensure local resolution of issues where possible, with the structure ultimately promoting a culture of collaboration where amicable solutions were agreed at project level rather than spend unnecessary time and effort in escalations, dominated by contractual terms. This mechanism worked well. Examples included incentivisation mechanisms such as the early recruitment of key staff, early

commencement of specialist supplier subcontracts and the early procurement and stocking of critical spares. This way of working has been maintained into business-as-usual working for 2025/26.

- 9.14 **Retained estates reconfigurations** and **city site decommissioning** quadrants are an excellent example of how Estates business as usual governance streamlined with the MMUH Programme Company. Both quadrants were enablers, in different ways, for the Trust vacating the City Health Campus site safely.
- 9.15 **The retained estate reconfigurations** quadrant tracked the progress of key capital works in the retained estate that would allow teams to provide their services from their future locations. Examples include the creation of a Pharmacy Hub in Sheldon Block at city to allow for the pharmacy department to move from the old city site, and moving the city-based pathology services into the main block at Sandwell to allow the city pathology building to close. Capturing the governance of key capital works in this way helped a focus on effective risk management, establishing a reporting drum beat, understanding interdependencies and appropriate escalation of issues.
- 9.16 At the same time a schedule of service moves on the legacy hospital sites set out to complete the reconfiguration of non-acute services within the retained estate at the former City and Sandwell Hospital sites. Over 160 team moves completed the service reconfiguration in line with the Trust estates strategy.
- 9.17 With a change to the national Urgent Treatment Centre (UTC) model of care over the full project lifetime, consideration was given to an on-site UTC solution. MMUH opened with a temporary on-site solution pending the build of a permanent funded solution. This highlights the Trust's commitment to progressing with an estates transformation programme which is aligned to both the Trust's clinical strategy, development of Place and the wider Integrated Care System (ICS) transformation plan.
- 9.18 Two thirds of the city site was sold to Homes England in 2018 and was continued to be occupied by the Trust under a lease arrangement. Once the site city site was vacated it needed to be handed over to Homes England and this quadrant tracked two aspects of **decommissioning** progress.
- **Disconnection activities** – Much of the infrastructure serving buildings on the remaining one third of the city site owned by the Trust either passed through or was served from buildings in the two thirds of land that had been sold. This project ensured that the buildings on the remaining one third benefited from supplies and infrastructure that was independent from the rest of the site. The projects included fire alarm and building management system connections, independent power and heating supplies, specific projects for the Birmingham Treatment Centre including provision of standalone infrastructure and mobilising the demolition of the Link Bridge.
 - **Decommissioning activities** – This monitored taking the city site to vacant possession on a block-by-block basis. Ensuring that buildings had been appropriately cleared of their clinical equipment and that all appropriate building and statutory records were available.

- 9.19 **Estates statutory approvals** – This final workstream included largely legal and compliance matters; Renegotiation of the city site Lease with Homes England, terminating leases with any third parties occupying space on the city site, securing any third-party approvals, licences or consents, and completion of the Premises Assurance Model (PAM) assessment. The premises assurance model is a framework to provide assurance in relation to a Trust’s estates function across a range of specialist subjects by assessing that; Policies and Procedures are in place, Roles and Responsibilities are clear, Appropriate Risk Assessments have been undertaken, maintenance is being undertaken, training is up to date, and Business Continuity Plans are in place.
- 9.20 In the final year of the programme two new projects were added into the Estates workstream; **retail** and **transport**.
- 9.21 The **retail** project concerned plans to fit out the vacant Retail premises space within MMUH. The design of MMUH allow for a mix of in-house delivered and third-party retail. This created an opportunity of including the use of third-party retail outlets to significantly improve the retail offering for the benefits of patients, visitors and staff and in particular enhancing the offering for a staff working overnight or at weekends. The project consisted of market testing, development of the retail strategy, procurement of a partner organisation, and site deployment.
- 9.22 **Transport** planning was an important project to provide staff, patients and visitors accessible and sustainable transport options to allow easy access to MMUH while promoting a modal shift away from cars and towards public transport and other alternative means. The Trust worked successfully to influence key stakeholders and partner organisations to deploy a range of sustainable transport options. Transport for West Midlands amended some of the pre-existing bus routes and procured new bus routes to take advantage of new bus stops that are located within the MMUH site. National Express promoted bus travel offering free or discounted bus passes for staff working at MMUH. Birmingham City and Sandwell Councils used MMUH as a focal point for their cycling infrastructure plans ensuring that cycle routes between the two councils joined up on the MMUH site. Birmingham City Council also made MMUH accessible from the City Centre via newly refurbished canal infrastructure.

Senior responsible officer (SRO) Reflections

Collaboration to achieve the end goal of patient day one in 2024, was critical. Co-location of the Trust advisors, Hard FM provider, Trust and Balfour Beatty on site was beneficial and should be a minimum standard for all future projects.

Align existing hard FM and estates expertise and compliance oversight and governance as much as possible to the New Hospital Programme. This facilitates consistency and smooth transition to operating a live new hospital.

Align and integrate the new hospital critical path with retained estate reconfiguration and preparedness for decommissioning which are interdependent with patient day one. These also need good leadership, rightsized delivery resource and alignment of interdependencies.



Chapter 10: Communications and Engagement Workstream

10.1 The Communications and Engagement workstream consisted of four quadrants:

- Internal and external comms
- Public and community engagement
- Arts and fundraising
- Volunteers

10.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management. Leadership of the workstream was at director level, with the Trust's substantive Director of Communications and Engagement and a Communications Manager joining the programme company when first established. The capacity of the communications and engagement team was expanded with skilled community engagement leaders and further still particularly during the year leading up to opening, with more of the core organisation team taking on MMUH related work. This ensured consistency with tone and knowledge and understanding of Trust channels.

During the summer of 2024, the Director of Communications from Black County Integrated Care Board joined the programme to oversee the mass population campaign and manage stakeholder relationships.

In terms of specialist resource, Influential an experienced public relations company was procured to design and deliver the mass population campaign.

10.2 **The workstream had a wide range of stakeholders** ranging from the Trust Charity, Near Neighbours Groups, local authorities, councillors, MPs, faith and community leaders, local providers and media partners.

10.3 Whilst the workstream started with the original quadrant approach described in section 10.1, in the spring of 2024 it shifted to ensure more coherence with the Trust's wider strategic ambition and messaging pillars. The original categories were broad, touching on various aspects of outreach and awareness, but needed to become more specific for the activation and move period. The final phase of the communications plans were anchored around the Trust's three strategic objectives:

- **Patients**, focused directly on changes to patient services, such as:
 - Maternity and Neonates.
 - Paediatrics.
 - Specialist Services (e.g., Stroke, Medical Infusion Suite, SCAT, Haematology, and Cancer Day Unit).
 - General patient communications.

This prioritisation ensured that communication was tailored to specific patient groups and service specialities.

- **People**, a category dedicated to internal preparation and readiness:
 - The multi-site estate (infrastructure focus).
 - Operational readiness and activation (ensuring systems and teams were ready for transitions).
 - Training, induction, and clinical pathways.
 - Fundamentals of Care and move plan.

This consolidation placed emphasis on ensuring the workforce were fully prepared for changes, fostering smooth operations.

- **Population**, aimed at external engagement and alignment with the broader community:
 - Awareness of the hospital opening.
 - Travel and Connectivity (ensuring ease of access for patients and staff).
 - Local employment opportunities.
 - Arts, Charity, and Volunteer Management (bridging internal and external efforts for enrichment and support).
 - Community Engagement.

This reflected a more strategic approach to maintaining a strong connection with the community and addressing any concerns around the moves.

10.4 Internal and External Comms

The importance of clear staff communications was essential for a smooth transition to the new hospital and maintaining high engagement and morale. The approach to this included:

- **Midland Met Corners:** Staff were encouraged to create a dedicated space within their work areas for posters and important information including floor plans of their new locations.
- **Intranet Redevelopment:** A dedicated section was created to house all information regarding MMUH.
- **Monthly Online MMUH Programme Briefings:** Provided all staff with the opportunity to ask questions and raise concerns.
- **Monthly 'More Than Awards':** Recognised and rewarded staff who went the extra mile in their work to open MMUH.
- **The Trust CEO led Team Talk Sessions:** Midland Met updates were a regular feature within the monthly Trust-wide sessions.
- **Midland Met Bulletin:** Issued twice a week (daily in the run-up to each move), providing regular updates and important information to keep everyone informed.
- **'Get Set for Midland Met' Campaign:** Launched after the Board's final decision to open MMUH on 6 October 2024. This included distributing a staff welcome brochure, leadership walkabouts to engage with staff across all sites, 'Midland Met' pin badges and fortnightly line manager forums to ensure consistent messaging and transparency and provide an opportunity for open dialogue and feedback.

In the run up to the move itself, there was effectively a 'no fly zone' for other Trust Communications, with all the internal communications focussed on operational readiness and the move itself.

- 10.5 **Good and effective stakeholder management has been vital to the success of the programme.** It ensured alignment, secured support, identified and mitigated risks, enhanced decision-making, fostered strong relationships based on trust and contributed to the positive reputation of the organisation.

Using the stakeholder mapping aligned to the programme, the SRO ensured tailored stakeholder conversations – whether that was the key political stakeholders, local authorities, critical providers, integrated care boards patient representative organisations, local residents and businesses, and the connectivity of the voluntary, community, faith and social enterprise sector. Stakeholders were mapped by interest and level of influence and then grouped with key executives assigned to forge the effective links to each group.

Prior to MMUH opening, a monthly stakeholder newsletter was distributed electronically. The pinnacle of this extensive relationship management was a stakeholder pre-opening celebration which saw alumni, key suppliers, local representatives and national leads come together to experience the building, hear

about the plans for move, celebrate the building handover and hear how the vision for **#MoreThanAHospital** was coming to life.

10.6 Public and Community Engagement

Fostering meaningful community connections involved a MMUH community roadshow and the community ambassador’s initiative which were instrumental in engaging the community and local stakeholders. With the use of a branded minibus the community roadshow informed the local population about the upcoming moves, while the community ambassadors initiative, helped communities – especially those with limited internet access or non-English speakers – to understand service relocations.

A variety of other events were also organised with the Trust Youth Forum, local community groups and our Near Neighbours - those living within a mile of MMUH, which helped to foster a sense of ownership and pride in the new hospital, enhancing community support and participation. By involving the community in the process, the Trust was able to build strong relationships and ensure that the new hospital was seen as a valuable and integral part of the community.

#MoreThanAHospital meant that community conversations were not just about the new hospital, but also the catalyst effect on local regeneration including creating increased local employment, development of the MMUH Learning Campus due to open in 2025 which will enable over 1280 new learning opportunities and improving local transport and connectivity.

10.7 Population Awareness

Ensuring patients attended the correct location for their health care needs was crucial for their safety and the efficiency of care delivery across the Trust during and after the move period. An extensive mass communication campaign was commissioned to disseminate information to local audiences, about MMUH, its benefits, and the changes to services at the Trust’s existing acute sites. The campaign launched on 22 August 2024, immediately after the Trust Board had formally supported plans to open MMUH on 6 October 2024, with the primary objective of ensuring that patients and the public were well-informed ahead of the opening, thereby minimising confusion and potential safety risks.

The success of the campaign is evidenced below, which show the impressive reach and engagement achieved across both offline and online channels. Targeted messaging, including specific advert sets in the top five most spoken foreign languages such as Punjabi and Polish, was adopted alongside substantial engagement to ensure that all members of the public, regardless of background, were aware of where to seek the appropriate care.



The campaign successfully drove a significant increase in awareness and knowledge of MMUH and the Urgent Treatment Centres.

10.8 A comprehensive media plan was developed and executed in the lead-up to MMUH opening, resulting in extensive local and national coverage. This included holding a pre-move media day, which significantly raised public awareness about the new hospital.

Move media coverage began early on the morning of opening (6 October 2024), with filming at Sandwell Hospital as it was decommissioned and at MMUH as it began to receive its first patients.

All footage was promptly shared via ITN for cascade/syndication to national and regional media outlets. These efforts safeguarded the Trust's reputation by ensuring effective and controlled media use, showcasing the successful transition to the new facilities at MMUH, and reinforcing the Trust's commitment to transparency.

Collaborating with ITV Central, various segments of MMUH were pre-filmed and subsequently aired during a live broadcast on 7 October 2024 once the hospital had successfully opened. This proactive approach ensured that the public were well-informed about the new facilities and services.

Furthermore, the Trust's social media platforms achieved an organic reach of nearly one million people in the week after opening. Standout posts included a video of the clearing of Sandwell Hospital and the final patient receiving a staff 'guard of honour' welcome applause as they arrived at MMUH.

10.9 Arts and Fundraising

The Trust Charity and its partners secured £2.4 million gross fundraising to commission a range of art, culture, learning and research projects.

The power of partnerships and collaborations with groups like Spectra and the Organ Donation Committee have secured funding and amplified projects like the arts initiative, enhancing patient and visitor experiences while driving sustainability.

Arts installations include:

- Golden Sunflower commissioned by the Trust Organ Donation Committee which raises awareness of the importance of organ donations and complements the relocated Gift of Life sculpture from the former City Site.
- Hope sculpture by local artist Jacob Chandler – which celebrates the successful discharge of over 10,000 patients during the COVID-19 pandemic. The Local population were amongst the highest group nationally effected by the virus.
- Paediatric artwork display in 16 wards/areas by artist Lynne Hollingsworth.
- Tree of Life mosaic and faith symbols in Spiritual Care Centre completed by artist Caroline Jariwala.
- People's Gallery modular display system – which will see the largest gallery in the region to open in a public building in spring 2025.

- The Commons Garden installation which is a completely accessible and inclusive living nature green space, designed with the local community with arts partner Spectra.

10.10 Over 130 new volunteers were recruited to support the opening of MMUH. The volunteers were trained and assisted with wayfinding as the hospital opened. The Trust is hugely appreciative and proud to work with 243 volunteers who contributed over 6,000 hours of their time between October and December 2024. Their work has positively contributed to the improvements in public experience of the new hospital.

Senior responsible officer (SRO) Reflections

In the run up to opening a new hospital it is important to create a 'no fly zone' with internal communications totally focused on operational readiness and the move.

The Mass Population Engagement Campaign was critical to a safe move. Delivered by an expert public relations company (Influential), the research-based campaign ensured a multi-channel strategy which used a diverse range of channels to engage the public and stakeholders effectively and ensure clear, consistent messaging. The campaign has been well evaluated.

The impact of MMUH does not conclude with the opening of MMUH. The Trust Communications Strategy will continue to promote and celebrate #MoreThanAHospital benefits realisation, engaging with the local population and stakeholders on local learning and employment





Chapter 11: Finance and Commercial Workstream

11.1 The Financial and Commercial workstream consisted of four quadrants:

- **Medium Term Cost Model** – to ensure the recurrent revenue implications of the programme (workforce costs associated with the clinical model, non-pay and capital charges) were consistently reflected in the medium-term plan.
- **Construction affordability** – to ensure the capital costs of the construction and any costs of delay were forecast and appropriate funding secured.
- **Scope Commercial Opportunities** – to identify any commercial opportunities arising through the programme workstreams. This quadrant was paused to allow for prioritisation of the other three quadrants.
- **Synergy with Sandwell and West Birmingham financial planning** – to ensure the complete alignment of the MMUH Programme Company with the annual operational planning of the Trust and Integrated Care System. This included the monitoring of the MMUH Programme Company budget.

11.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management. Leadership of the workstream was by the Director of Operational Finance with support from the senior finance team.

11.3 **The workstream had a wide range of stakeholders** which included the full Trust Board, Executive team, Trust senior management, New Hospital Programme, Black Country Integrated Care Board, Birmingham and Solihull Integrated Care Board and the Regional NHSE team.

11.4 **Medium term cost model**

This recurrent revenue costs of MMUH can be grouped into three buckets, which have been consistently reported internally and externally:

- £25 million relates to the workforce model associated with the clinical pathways,
- £16 million to inflationary non-pay pressures and
- £19 million to the increased cost of capital (capital charges – depreciation and Public Dividend Capital (PDC)). The Trust will undertake final valuation assessment during Quarter 4 2024/25 with final position expected to be confirmed in March 2025.

Whilst the capital costs of construction were largely accepted, the revenue costs were not. The revenue costs should be seen as investments, as they fund transformation and drive a benefits case, which significantly exceeds the capital investment.

The Trust agreed alongside the Black Country and BSol Integrated Care Boards for an independent review of the MMUH costs and profiles. This review commenced in July 2024 and the final report was received in November 2024. The key points presented to Trust Board to note from the report included:

- SWB have consistently reported three material drivers of cost change from the Full Business Case
- Each of these drivers has been reviewed, and in material terms, we recognise and agree with the reported impacts

The costs relating to specific financial years have consistently been included within the Annual Operating Plan for the Trust.

The funding of the capital charges is still outstanding and is a key lesson to be learnt for subsequent new hospital projects. The costs of depreciation and PDC are unavoidable and need reflecting in the financial models of all new schemes. Due to the scale of the costs a discussion at a regional / national level is recommended.

11.5 **Construction affordability**

With regards to the construction costs, the final capital costs of MMUH will be £814 million. Funding has been secured to this value resulting in a fully funded capital programme.

There remains a lack of digital investment to optimise the SMART ability of MMUH, which needs immediate review and funding secured to digitally enhance the potential benefits of the new building.

11.6 Synergy with financial planning

The NHS annual financial cycle and annually agreed settlements, are not helpful in a multi-year New Hospital Programme. Longer term funding is vital to allow proper planning and decision making. The handover and closure of this workstream has already commenced particularly regarding the recurrent revenue costs and the alignment with the Annual Operating Plan.

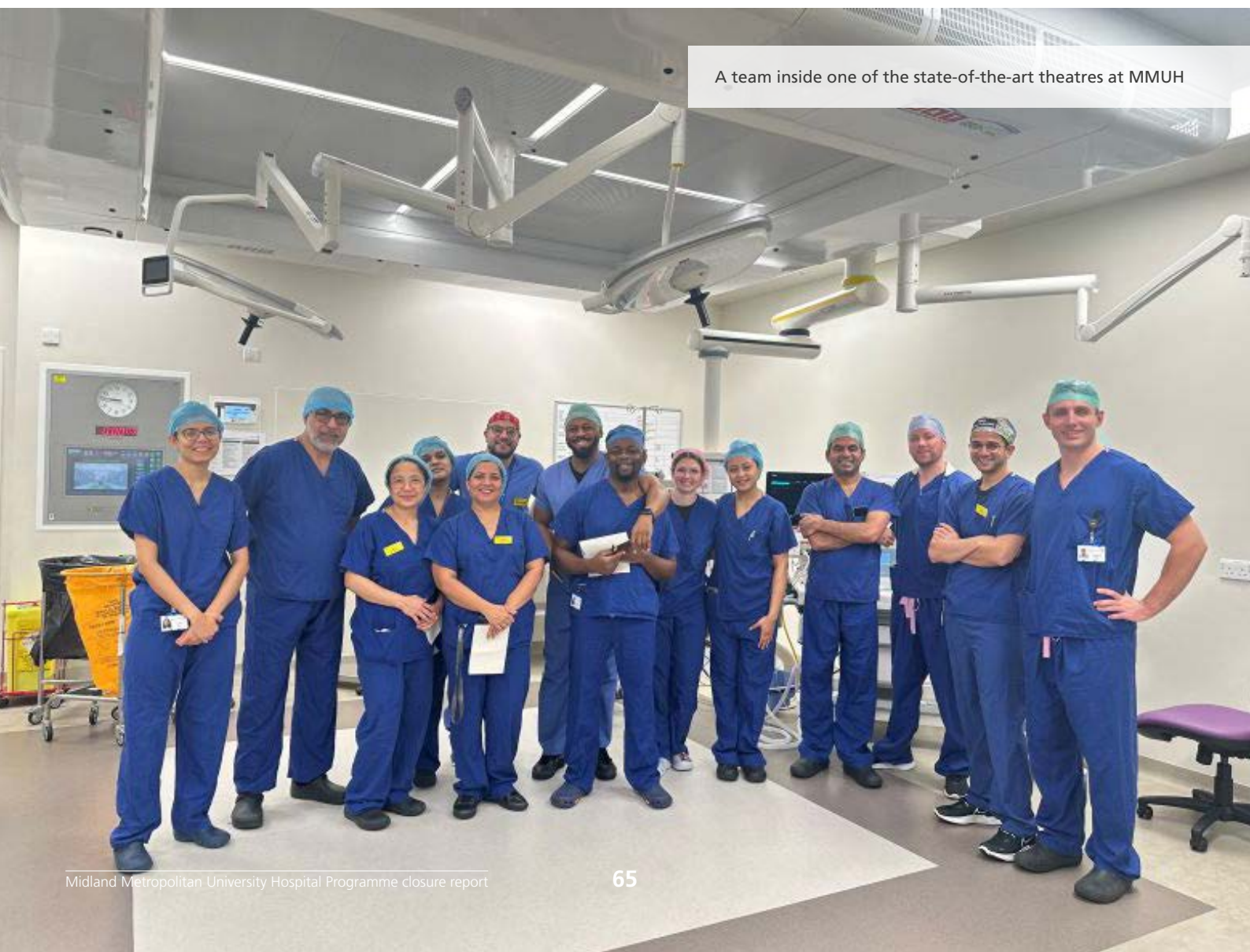
SRO Reflections

Ensure consistent reporting of the financial cost drivers and regular communication to key internal and external stakeholders, alongside full integration of the costs into the Trust Annual Operating Plan.

The funding of the capital charges is still outstanding and is a key lesson to be learnt for subsequent new hospital projects. The costs of depreciation and PDC are unavoidable and need reflecting in the financial models. Due to the scale of the costs, it is recommended that this issue is considered at a national or regional level.

Revenue should not be seen as a cost pressure, but an investment to drive benefits far in excess of capital investment. A multi-year approach to revenue investment would enable proper planning for multi-year infrastructure programme and drive benefits realisation.

A team inside one of the state-of-the-art theatres at MMUH





Murtaza and Lamiya Zaveri, who have both found employment through the SWAP programme. Their home overlooks MMUH

Chapter 12: Benefits Workstream

12.1 The Benefits workstream consisted of four quadrants:

- **MMUH Business Case Benefits Baselineing.**
- **Pre-Opening Benefits.**
- **Post-Opening Benefits.**
- **Synergy with Efficiency and Productivity.**

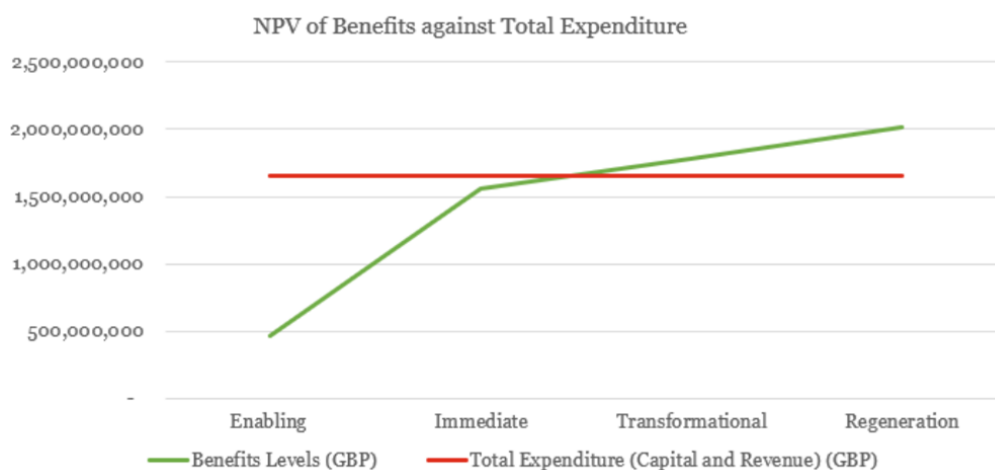
12.2 **Capable and dedicated leadership capacity** was key to successful delivery and effective risk management. Leadership of the workstream was by the Director of Operational Finance with support from the senior finance team.

12.3 **The workstream had a wide range of stakeholders.** It was acknowledged that the Trust did not have the capacity and capability to undertake a benefits baseline assessment without support from an external partner. Consequently, Price Waterhouse Coopers was appointed in December 2022 to support the benefits workstream.

12.4 Benefits Baselining

The initial phase of work included 17 workshops held with operational and strategic benefits owners, over 450 data requests provided and over 82 benefits identified.

Following the Treasury Green Book guidance used to appraise and evaluate major projects, the initial benefits baseline assessment had a total value to the Trust of £2,019 million against a total capital cost of £544 million, and revenue cost of £1,113 million (total cost £1,657 million), resulting in a benefits surplus of £362 million for the Trust.



The agreed benefits were 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 57-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.

These were further classified, simplified the benefits, into two groups as follows. These are all aligned with the MMUH success factors.

- **Operational** – these are classified as those benefits 365 days pre and post opening – basically the enabling and immediate benefits.
- **Strategic** – the longer-term benefits of the programme.

12.5 **The key operational benefits themes were bed reduction, improved workforce productivity and operational productivity.** Each theme has a recommended Executive Lead to accountable for delivery.

- 12.6 **In addition to the operational benefits, a number of strategic benefits were identified.** These include the MMUH Learning Campus, new dwellings, Fundamentals of Care, reducing health inequalities, seven day working and the development of an elective hub. To support delivery of these benefits the Trust established a quarterly strategic with membership including representatives from the Trust, NHP and the ICBs.

Learning Campus Case Study

The MMUH Learning Campus (LC), is a partnership project with the Trust Learning Works, Sandwell College, Aston and Wolverhampton Universities which will provide a range of higher and further education learning opportunities. With £17.9 million investment from Sandwell Metropolitan Borough Council and the West Midlands Combined Authority, the LC is scheduled to open in 2025 on the MMUH site and will drive the widening of participation in education and onwards into long term employment. It is an authentic example of #MoreThanAHospital. Even before the building is complete, the collaboration with educational partners is fundamentally breaking down social barriers and tackling the detrimental and long-standing impact of deprivation on employment and health, through creating more inclusive routes into employment. In the last 18 months the Trust's employability team have supported 203 local people to receive a job offer, 155 of these people at Trust and 48 externally with other local employers. During the past 12 months over 81 per cent of the Trust's new recruits have come from local communities. In preparedness to open the LC in 2025, the Trust is working with Sandwell College, Aston University and Wolverhampton University to develop and finalise the education offer for the LC to deliver the Towns Fund commitments, whilst also providing the local population with access to university level education within Sandwell for the first time.

A benefits impact analysis for the LC has identified both qualitative and quantitative benefits. A baseline benefits financial value of £282.4 million is made up of Employment GVA - the impact to the economy of additional, better qualified employees, salary uplift - the forecast impact on individual salaries of better educational attainment, decreased spending on welfare, utility savings and reduction in carbon emissions.

A further quantitative benefit, relating to life expectancy, was also identified and assessed as 148,736 years. This reflects the impact on the members of the local community of engaging with and benefiting from the learning opportunities offered. Additional quality years of life will be enjoyed by the alumni of the Learning Campus as a consequence of their enhanced economic activity and resulting impact on lifestyle.

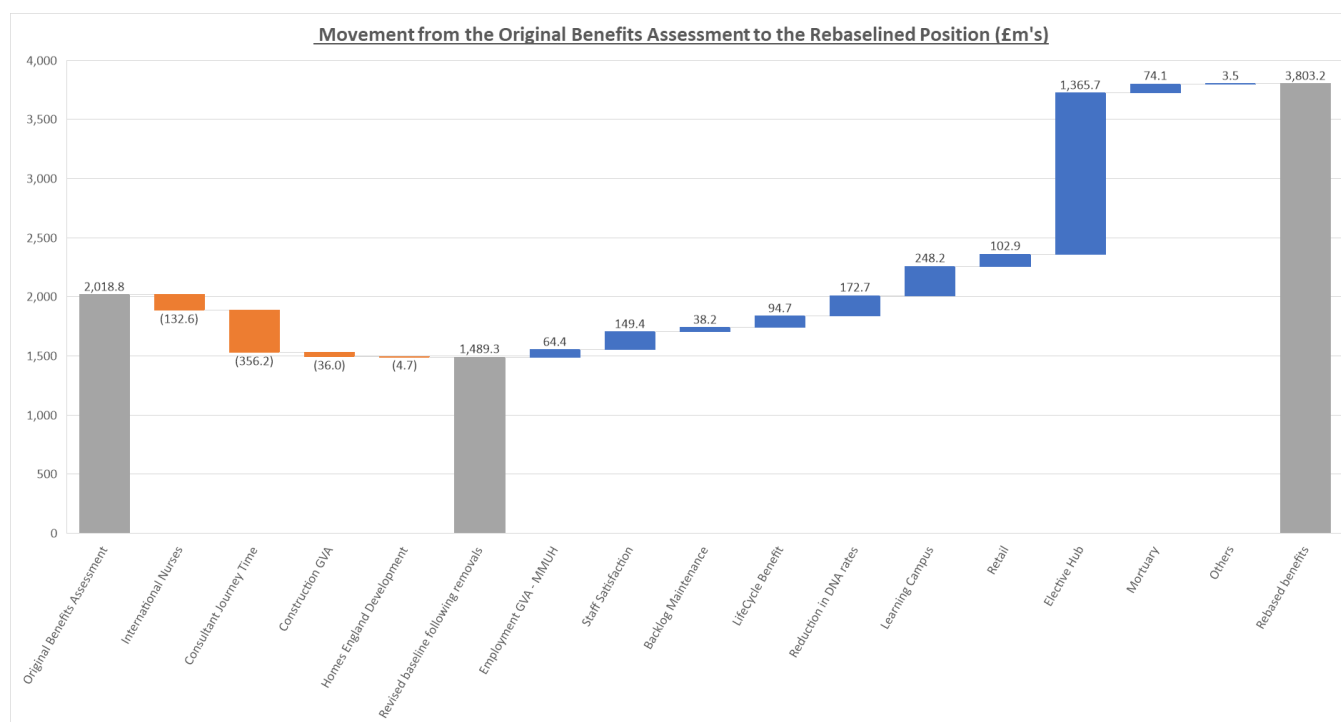


An artist impression of the new Learning Campus

12.7 As part of the programme closure the benefits case has been re-baselined by the Trust and then independently reviewed by RSM against the delivery of the original PwC benefits case and reforecast, inclusive of additional identified benefits. The scope of the review included:

- A review of the updated models, both financial and non-financial, to ensure they align with the assumptions and have been updated accurately
- A review of the updated or new assumptions being used, that they are reasonable and have been incorporated into the models
- Interviews with 10 key members of staff to confirm agreement with the updated assumptions (accuracy) and that all relevant updates have been captured (completeness)
- A review of the internal governance around benefits tracking and delivery against benefits (high level reporting requirements and oversight).

12.8 The overall financial assessment has been validated to show an increase from the £2,019 million in the initial PwC benefits report to £3,803 million.



The table below shows the movement between the PwC baseline and the 2025 re-baselining outcomes, which were subject to the independent review completed by RSM.

Of this £3,803 million benefit value, the original PwC £2,019 million case is included with a few original benefit assumptions removed;

- Consultant journey time removed
- Nurse recruitment removed
- Adjustment to construction GVA for Homes England, UTC & LC

These were offset by several increases in benefit values, the largest of which were the following:

- Learning Campus employment GVA
- DNA rate calculation revision
- Staff satisfaction
- Lifecycle benefit extrapolated over 58 years
- Employment GVA MMUH calculation revision
- Learning Campus salary uplift
- Uplift in council tax rate

Ongoing benefits assessment and review has identified several further benefits identified since 2023. These have been valued at £1,784 million, and this explains the additional growth to £3,803 million in total.

The pre-opening benefits delivered totalise £193 million and are related to construction and employment GVA, reduction in acute bed costs, reduction in staff sickness and the split of planned care.

- 12.9 A benefits oversight and governance framework has been agreed, demonstrating the Trusts commitment to ongoing benefits delivery and realisation. Board Committees inclusive of Quality, People, Finance and Audit Committee will ensure synergy with productivity, quality and efficiency delivery quarterly. A six-monthly Strategic Benefits Group will ensure change control and further growth of the benefits case and ensure engagement of NHSE, NHP and the Integrated Care Boards.

Senior responsible officer (SRO) Reflections

Working with and investing in a third-party benefits experts is necessary to ensure the benefits opportunities are assessed and follow recognised methodology.

Benefits start accruing before the new hospital opened.

#MoreThanAHospital is real. MMUH is a catalyst for change and offers immense opportunities for the local community. Partnership working and collaboration is essential to optimise the social, societal and regeneration impact of a major health infrastructure investment.

Ensure benefits ownership is integrated into accountable executive director portfolios and annual planning cycles as part of project closure, with the ability to track these as part of Trust business as usual.



An early MMUH site picture

Chapter 13: Construction Workstream

13.1 Construction Partner and Procurement

Construction started in December 2016. In 2018, following the collapse of Carillion the original Construction partner, the Trust were required to re-procure a construction contractor to complete MMUH. This required a revised business case which was approved by Treasury and a move from Public Finance Initiative to a publicly funded procurement and NEC4 contract.

The Trust made an immediate and positive decision to retain the Carillion design team and some of the legacy Carillion management team, retaining key knowledge for the remainder of the project.

An Early Works Contract was tendered to prevent further deterioration of the vacant and partially completed building by completing external weatherproofing works, providing temporary heating and keeping the building safe and secure.

A Replacement Construction Contract was awarded to Balfour Beatty following a competitive tender process. Given the unusual status of the partial build, a risk allocation was agreed where, largely; foundations, structural frame and cladding (as completed by Carillion) remained the responsibility of the Trust and the internal fit out was the responsibility of Balfour Beatty.

13.2 Contract and advisory model

The **NEC construction contact administration team** included a NEC Project Manager, NEC Supervisor and a cost advisor. While the NEC contract is intended to be collaborative to drive a behaviour of solving issues as they emerge and mitigating a 'claims' culture; it is also administratively intense. Gleeds were appointed to undertake the roles of NEC Project Manager and Supervisor with the latter being subcontracted to Stride Treglown for architectural matters and ARUP for MEP matters. WT Partnership were appointed as the project cost advisor.

13.3 Early Construction Challenges – The nature and timing of the part complete hospital presented some significant challenges during the early stages of construction:

- **Cladding** – During the re-procurement of MMUH new guidelines were issued by Government in relation to the combustibility of external cladding systems because of the Grenfell Tower Fire. This required a redesign and replacement of the original cladding design. Whilst this added cost it did not impact on the critical path to opening.
- **COVID-19** – Despite the challenges of COVID-19, Balfour Beatty maintained a fully functioning construction site throughout the pandemic. In partnership, the Trust and Balfour Beatty deployed health and safety mitigations including additional hand washing facilities, enforcing social distancing on site and providing additional rest areas, provision of vaccinations, providing on site engagement and health information from infection prevention and control experts as well as out of hours working and 'loading out' of the building to reduce lift occupancy.
- **Brexit** – Balfour Beatty effectively risk managed the international supply chain and the associated risks and challenges of Brexit, with multiple overseas providers including Martifer (external cladding), MLR (Automated Guided Vehicles), and JCI (access control systems).

13.4 Collaboration and relationships

Collaboration to achieve the end goal of patient day one in 2024, was critical. Co-location of the Trust advisors, Hard FM provider, Trust and Balfour Beatty on site was beneficial and should be a minimum standard for all future projects.

NHP provided a site project director, who whilst they had no formal accountability for the contract, provided valuable impartial subject matter expertise. This role evolved to include informal coaching specifically managing expectations of organisations.

Agreement on an integrated joint approach to risk management between the Trust and Balfour Beatty enabled more robust risk management through a single rather than organisational risk register. Any project risks from either party were captured. These were reviewed on a regular basis, inclusive of estimated cost and impact on the critical path, which enabled mitigation plans to be proposed. Allocation of risk monies allowed risks to be managed in the best interests of the project such that, generally, the right technical solutions were deployed rather than solutions driven by a sole commercial focus. This cultured a positive approach to problem solving as the project moved towards completion.

Collaborative governance mechanisms – Understandably there remained some items that were challenging to conclude. Mechanisms of a Project Oversight Board were formed with the Trust, Balfour Beatty and NHP, who were a vital partner, to ensure local resolution of issues where possible. Where this could not be achieved, a route to rapid escalation and decision making to the Project Executive Board was put in place, such that any project issues could be promptly dealt with. Ultimately, this structure promoted a culture of collaboration where amicable solutions were agreed at project level rather than spend unnecessary time and effort in escalations. The amicable solutions, where items were being contested, often included a local agreement on a cost sharing mechanism.

13.5 Best practice

There have been some notable best practice aspects of the Trust and Balfour Beatty collaboration.

- **Water safety commissioning** – the approach was collaborative by all parties throughout the design, installation, pre-commissioning and commissioning process. The teams followed a strict protocol which was overseen by a leading microbiological advisory team, Hydrop. This ultimately resulted in zero water safety issues, which is exceptional in healthcare. This Water Safety Process has been commended by NHP as a best practice approach that should be considered on all future projects.
- **Fire Compliance** – The Balfour Beatty quality control relating to passive fire protection was identified as exemplary and has been adopted by the wider Balfour Beatty business as a standard approach.
- **Authorising Engineer Engagement** – The Trust has maintained a strong and collaborative relationship with our Authorising Engineers throughout the Project. This included design reviews, site inspections, assessments of maintenance and maintainability, all of which has ultimately led to ‘no-surprises’ as the project has progressed through technical commissioning and handover into operations.
- **Design Resilience** – There is extensive use of N+1 asset or system resilience at MMUH. This was developed based on best practice design guidance, emergency planning scenarios, lessons learnt from COVID-19, and the experience from the Trust engineering team in running large acute hospitals to create a new hospital that should withstand a range a business interruption type scenarios.

13.6 Multiple changes to the planned completion date required collaboration and careful risk mitigation to achieve both building completion and patient day one to be achieved in 2024.

The Trust activation programme critical path demonstrated a 26-week period. With a common goal of protecting a 2024 hospital opening, Balfour Beatty and the Trust worked collaboratively to agree a ‘soft activation’ period from April 2024. During this period, Trust activation activities were adapted to be undertaken on the site under extended beneficial access arrangements, where safe and practical to do so, whilst the site was still managed by the construction partner.

Beneficial Access agreement with Balfour Beatty enabled the Trust to occupy areas of the hospital pre-completion under 'beneficial access' i.e. full, temporary, handover of spaces to conduct activities such as imaging equipment fit out and 'construction access' during which the Trust undertook some of their installation works within areas still controlled by Balfour Beatty. This included helpfully included IT network installation.

Soft FM cleaning teams commenced the Trust's 'clinical clean' while the site was still controlled by Balfour Beatty pre-completion. A sequence through the building was established that required Balfour Beatty to systematically clear snags area-by-area in advance of the cleaners. The cleaners then acted as additional 'fresh pairs of eyes' to pick up any further snagging items to drive the quality of the finishes. This is an approach that we continue to encourage into operations where Soft FM teams such as the cleaners maintain their pride in the building and are proactive in reporting building faults through the FM helpdesk.

The phased system handover was risk assessed with the Trust setting out a very clear 'red line' of critical systems to be fully witnessed in advance of planned completion. Commissioning challenges meant that the Trust accepted completion with some non-critical systems not fully witnessed at planned completion, there was outstanding commissioning documentation or, in some cases there remained minor items of outstanding works.

The nature of the outstanding works meant that there was a phased approach to the handover of the principal contractor duties on a system-by-system basis from Balfour Beatty to the Trust's Hard FM provider, EQUANS. Not only did this process ensure that EQUANS were satisfied that all necessary works had been completed it also offered additional soft landings support to EQUANS as a Balfour Beatty maintained a significant presence on site during initial months post completion. **All systems were handed over in advance of patient day one.**

Further mitigation of risk relating to planned completion included the on-site presence and support of key subcontractors on patient move days. This included a number of specialist subcontractors for systems where failures were risk assessed as having the potential to impact the patient moves. Examples included lift, fire alarm, door, and access control sub-contractors. This supported the rapid resolution of any issues encountered and ensured that the move plan progressed at pace and in line with expectations.

- 13.7 The aftercare phase of the contract provided continued full-time support on site by Balfour Beatty for the ongoing seasonal commissioning and defect management process with EQUANS (Hard FM contractor). This ongoing commitment will continue through to September 2025 in accordance with the Government Soft Landings Programme requirements.

SRO Reflections

Collaboration to achieve the end goal of Patient Day one in 2024, was critical. Colocation of the Trust advisors, Hard FM provider, Trust and Balfour Beatty on site was beneficial and should be a minimum standard for all future projects.

Early negotiation of beneficial access can drive aspects of programme delivery; MMUH benefited from an early IT infrastructure installation, early site familiarisation, site induction and major kit installation.

Ensure on-site presence and support of key subcontractors on patient move days to ensure for systems where failures were risk assessed as having the potential to impact the patient moves, there could be immediate resolution.





The first baby born at MMUH



The first patient to have an operation at MMUH

Chapter 14: First 100 days

14.1 The first 100 days of a new hospital is a critical time for safety and ensuring intended new ways of working are embedded.

The first 100 days was an overwhelming triumph, the hospital settled into business as usual running a lot quicker than anticipated. Several 'first experiences' happened quickly and seamlessly after opening including:

- First patient presented at MMUH ED at 5.30am (30 minutes after the doors opened).
- First trauma theatre used before the night shift on patient day one.
- First baby naturally delivered by 9.45am.
- First C-Section completed by lunch time.
- First triplets delivered within 24 hours of maternity opening at MMUH.

This intensive efforts and detailed oversight of operational readiness, the resolution of all interdependencies pre move, testing of the 41 critical patient flows and the quality of induction and familiarisation activation activities, all contributed to a safe and successful first 100 days.

14.2 **The chief operating officer held lead accountability for the first 100 days, supported by the chief nursing and medical officers.** The initial drum beat of daily tactical and executive level strategic meetings, provided assurance of clinical service and clinical support services settling into new ways of working safely in a new environment. Assurance was gained from a pre-determined 100-day data set and use of softer intelligence. Leadership visibility was crucial over this period. The governance for the first 100 days used the existing Trust governance framework including Board level assurance at the Quality, People and Finance Committee as well as maintaining the MMUH Programme Change Control forum, which mainly dealt with IT and estates change requests in the first 100 days.

14.3 **The 100-day dashboard** and other data points demonstrates the pre and post move impact of MMUH, along with a comparison to previous years. Points of note include:

- ED wait times have shown a four per cent improvement since move, and an improvement of over 10 per cent in comparison to the previous winter.
- Bed Occupancy has remained relatively stable post move but has seen nearly a four per cent reduction from the previous winter and in the context of nearly 100 less beds open.
- Despite an initial dip in ambulance handover performance immediately post move, performance stabilised quickly, and the latest position shows a five per cent improvement from the same period last year, and some of the best in region performance.
- No moderate or high-risk incidents against 41 critical pathways.
- Stroke pathway time to CT has now seen 93 per cent compliance against the one-hour standard, up nine per cent.
- Discharges before Midday have improved monthly since April 2024 with implementation of the Rhythm of the Day.
- 40 per cent reduction in the referrals through to medical examiner, which has also reduced the number requiring a structured judgement review.
- A reduction on average of 30 admissions per day in line with bed rightsizing impact and the equivalent 78 bed benefit.

Positive operational impact of 50 per cent side rooms has been seen in the Flu season; typically, the Trust may have closed three to four wards due to outbreaks in a peak flu season and cancelled planned surgery; only one bed has been out of operational use for less than 24 hours since the move.

14.4 **Patient experience** was an important source of feedback in the first 100 days of settling into MMUH. Google reviews were a rich source of immediate information and public reaction to the new hospital. The feedback provided insight that many members of the public assume that a brand-new hospital opens with all operational pressures and quality issues resolved. The reviews triangulated with a range of patient feedback mechanisms enabled focus on resolving experiential teething issues.

Positive themes from patient feedback include a good quality of care and the new children's emergency department receiving praise. The new environment was subject to positive feedback in terms of a modern, clean and spacious place to receive care, well equipped children's services and food services being well reviewed. There was emerging and thematic feedback regarding communication and noise within the emergency department, particularly the waiting room. A focus group was established to respond to the feedback which is addressing a new and improved waiting room layout which better sets out waiting zones dependant on where patients will next need to be seen within the department. Communication screens are being strategically placed across the waiting areas to ensure patients are aware of the waiting times, where to obtain food and drink and how to make enquiries. Water dispensers have been installed, and hot and cold food is provided to any patients who may experience long waits for beds or to be seen. Observational studies, feedback and audit will continue to inform the experience in this area.

The positive impact of the **Winter Garden space** became evident early on, with families able to meet and support each other during a relatives stay. Previous experiences would have been on hospital corridors, but the Winter Garden gives an alternative environment for families to be together. The area is also well used by staff.

In MMUH the **Patient Advice and Liaison Service (PALS)** is co-located with in-patient services. This has facilitated an increase in PALS cases, enabling in-situ liaison and resolution of patient experience issues. In parallel there has been a decrease in the number for formal complaints.

- 14.5 Learning from other new hospitals we anticipated some teething issues as we settled into the new environment.** The patient and public feedback commented on the challenge and ease of wayfinding in the building. A building of the scale of MMUH will be challenging to navigate at opening. Despite the pre-opening stress testing scenarios and the recruitment of volunteers and navigators to support wayfinding, early helpful feedback was received and quickly enabled improvements for the wayfinding experience. This included additional use of visual colour markings in the car park, and core lift areas to inform navigation, changes to some Trust external vehicle signage and delivery of 'warm welcome' and navigation training for volunteers.

The negative feedback on wayfinding correspondingly decreased over the period.

Further work to improve wayfinding includes a full post first 100 days signage audit, working with partners such as AccessAble and Healthwatch to complete proactive observational studies to inform further public and patient experience improvement and changes to patient letters to better help wayfinding for booked appointments.

- 14.6 MMUH is a technically advanced infrastructure in terms of the Building Management System. The building function has performed well since opening,** with a few anticipated teething issues which had pre-planned resources on site as part of previous lessons learnt and proactive risk management of a condensed full activation period and system handover from Balfour Beatty to EQUANs. These included support resources for doors, temperature control and lifts.

- 14.7 **Staff experience** as reported by the local people engagement teams indicated that once the initial way finding and bedding in processes were complete, staff welcomed the bright, airy and new environment. All clinical groups reported that the environment at MMUH is having a positive impact on staff wellbeing and moral.
- 14.8 **The approach to agile working** was a change for many staff with the move into the new hospital. Agile working zones were created across the hospital and health campuses and operational and clinical staff were asked to work within these zones as a change to the previous office based culture. Dedicated zones were provided to teams close to the relevant clinical area. This caused some issues in the initial post move phase and some adaptations were created, including additional areas for resident doctors. This settled as teams adapted to the new working environment. It was important during the first 100-day period to listen to feedback from teams, but also not to make alterations too quickly as teams require time to adapt to the new environment. This aspect of the project was not just about location of work; the cultural impact of the change related to agile working should not be underestimated.
- 14.9 **The Trust's staff survey response rates and engagement score are at their highest.** This makes really positive foundations for further continuous quality improvement. Despite the demands of moving into a new hospital, the Trust has also seen its rolling sickness absence rate has been on a downward trajectory from 5.80 per cent in April 2024 to 5.69 per cent in December 2024. At the same time the vacancy rate has decreased from 13.36 per cent to 12.64 per cent. The turnover rate has continued to demonstrate a downward trajectory as well, reaching its lowest at 10.06 per cent in December 2024.
- 14.10 **The move to MMUH is seen as the start not the end of opportunities to improve patient and staff experience.** The first 100 days concluded with teams generally happy, feeling at home and inspired to further transform services. Immediate continued improvement focus areas include:
- Increasing theatre productivity and optimise the benefits of a split acute and treatment centre model.
 - Continuous quality improvement work on the ED waiting room, streaming and direct pathways to SDEC, Cardiac catheter lab and stroke CT.
 - The establishment of new triage processes and transitional care support in maternity, both enabled by the new environment.
 - Optimisation of radiology I-refer process to support demand management on the acute site as well as review of flow of time critical pathways.
 - Pathology services end-to-end processes refinement.
 - Embed and further optimise end to end medicines management system.
 - Roll out of Automated Guided Vehicles.
 - Establish an integrated helpdesk function for hard and soft FM.
 - Continue to shift hospital-based care to the community.

Senior responsible officer (SRO) Reflections

It is important to have the post opening measures agreed and in place pre-opening so that the baseline is observed, and people know the impact. This is equally important for the ongoing development of services within MMUH, where the data is important to review and aid decision making.

Wayfinding should be anticipated as a challenge; despite stress testing it is only until the new environment is live can you truly appreciate the wayfinding challenges. Listening to feedback to inform rapid adaptive changes, needs pre resourcing. Volunteers can offer an incredible resource and resilience to public wayfinding in a new hospital.

Staff need time to adapt to their new work environment. Do not make adaptations to the building in the first 100 days unless there is a safety issue. Time resolves most immediate environmental issues as staff settle into their new place of work.



Staff with triplets born the day after maternity services moved to MMUH



Inside the Winter Garden at MMUH

Chapter 15: External Assurance

- 15.1 The MMUH Programme has both participated in and commissioned external assurance reviews throughout the lifetime of the programme, welcoming them as valuable learning opportunities and in line with good practice of major infrastructure project governance. At the highest level, there needs to be an openness to receive constructive challenge which will enhance success.
- 15.2 A programme assurance review (PAR) was commissioned by the senior responsible officer (SRO) in October 2022. Given the longevity of the programme and in line with best practice, the review was an opportunity to take stock of the programme in readiness for the Infrastructure Project Authority (IPA) Gate 4, to help achieve a successful outcome. An independent team from NHP were commissioned to complete the review. The Review was very much welcomed in terms of a significant learning and assurance opportunity. The SRO was pleased to receive feedback and commendation of the openness of the 13 staff interviewed in terms of their transparency and willingness to learn as well as to share and improve, which aligns with the focus on an open learning culture and a mature well embedded risk management approach in the programme. The identification and acknowledgement of areas of best practice in relation to the programme leadership resources and skills, stakeholder management particularly related to the longer terms realisation of strategic regeneration benefits,

the Sector Wide Academy Partnership which widens participation engaging more of the local population into sustainable employment, clinical transformation of falls and frailty patient pathways as well as strategic programme decision making and collaborative learning at a national level were all very much welcomed.

- 15.3 **The PAR output report had a provisional 'Amber-Red' rating** due to the significance of two blockers, related to revenue funding and Urgent Treatment Centre funding and build, which were both resolved to mitigate the associated risks. Likewise, the 17 recommendations, five of which were workforce related, were resolved within six months and ahead of IPA Gate 4; Readiness for Service.
- 15.4 **Over the lifetime of the programme, all IPA Gateway reviews have been completed** and recommendations acted on and closed. Latterly, the MMUH Programme collaborated with NHP to develop health specific key lines of enquiry for the Gate 4; Readiness for Service.
- 15.5 **The IPA Gate 4 took place in June 2024 and again served as a valuable learning and assurance opportunity.** 29 colleagues from the Sandwell and West Birmingham NHS Trust and key partner organisations participated in a site visit and interview process. The SRO was pleased to receive feedback on the openness of those interviewed in terms of their willingness to share and improve and the commitment to safely open MMUH in 2024.
- 15.6 The identification of aspects of best practice in relation to publishing annual externally validated audits on benefits delivery, daily site level coordination during activation and the approach to soft facilities management across multiple sites, were also welcomed.
- 15.7 It was also assuring to see the triangulation and assurance the Review Team found in the quality of the programme management. The Trust made a conscious decision to adopt and invest in the Managing Successful Programme Methodology as best practice in major programmes, along with the formation of a dedicated MMUH Programme Company team. The team were observed as well balanced, with the necessary skills and capabilities. The robust programme risk management that informs decision making was also evident to the Review Team.
- 15.8 There were no blockers to delivery identified and a total of nine recommendations. Six of those recommendations were closed in advance of opening MMUH and three that related to effective programme closure have since been closed.
- 15.9 **The IPA Gate 5; Operations Review and Benefits Realisation is anticipated to be held in summer 2025.**
- 15.10 **The MMUH Programme Company used third party subject matter experts and advisors to manage risk and ensure a successful opening and operationalisation of the MMUH.** The Audit Committee regularly considered the status of the programme at workstream level as well as through the risk register. In the case of persistent 'red flags', third party expertise was used to inform mitigation plans and/or provide assurance on subject matter. This is another good example of an active learning culture within the programme.

- 15.11 **The MMUH Programme has worked in collaboration with NHP over the last two years**, enabling two-way learning, welcoming consistent representation in the MMUH Programme Governance framework, provision of review teams for PAR's, support for subject specific workshops and peer-to-peer support. Examples of this include:
- Lessons learnt workshops including activation, equipping, IPA Gate 4 preparedness.
 - Use of NHP subject matter expertise in transformation, workforce and benefits.
 - Membership of the monthly MMUH Programme Group.
 - Delivery support for on-site additional delivery expertise in a compressed activation period.
 - On site project director to enable and facilitate mature partnership working between the Trust and Construction contractor providing coaching and guidance on risks in a challenged project environment.
- 15.12 **CQC registration was confirmed ahead of MMUH opening.** The process for registration involved a site visit on Tuesday, 17 to 18 September 2024, when a team of 14 inspectors and specialist advisers were on site. Core services were assessed as well as pharmacy and infection control and decontamination. Over 40 staff spent time with the inspectors. There were seven areas of follow up mainly related to health and safety or activation works which the Trust positively responded to in advance of a follow site visit by the Registration Lead on 1 October 2024. The Trust found the process to be helpful and added to the learning experiences of the programme.
- 15.13 **The senior responsible officer (SRO) commissioned a final PAR as part of the process to close the MMUH Programme in March 2025 and the transition of on-going benefits delivery to Trust.** The Review Team interviewed 13 Trust staff against an agreed set of KLOE.

The SRO was delighted to receive the commendations and recognition of exemplar work and best practice in relation to:

- Clinical transformation inclusive of the new Frailty Service. Avoidable hospital stay has resulted in the avoidance of 78 acute beds being used.
- The pre move patient census approach which avoided unnecessary patient transfers to MMUH.
- Effective partnership working with partners including HCR, the move partner.
- How a compelling programme vision materially makes a positive difference to engaging staff.
- Recognition of developing effective relationships with the Hard FM provider which had previously been challenging and subject of a critical recommendation in the PAR October 2023.
- Excellence in water safety commissioning.
- The transformation of the new integrated Soft FM teams being universally praised.
- The use of MSP methodology and establishment of the MMUH Programme Company which enabled capacity to deliver a complex programme. This included constructive

relationships working through formal governance arrangements to deliver transformation and a successful move.

- The effectiveness of the mass population campaign to support a safe opening of MMUH.

The learning from the impact of a compressed activation period has been recognised in the output report and it is hoped that future new hospital projects can use this learning to inform safe and realistic activation plans.

MMUH opened with SMART enabling infrastructure but without active SMART technology due to a lack of investment. The Trust would like to work with NHP to benchmark the Hospital 2.0 digital plan against MMUH to inform future investment cases.

As part of learning and benefits realisation, the Trust are currently scoping research priorities related to MMUH and again would like to work in partnership with NHP and academic partners to inform and potentially jointly commission research.

Senior responsible officer (SRO) Reflections

At the highest level, there needs to be an openness to receive constructive challenge which will enhance success. External assurance should be welcomed and seen as a learning opportunity.

SRO commissioned PAR is an effective preparatory experience for IPA Gate reviews and are well worth the organisation and effort.

The NHP team have been an important and helpful collaborative partner, providing opportunities for learning and support, to inform the success of the programme.



A volunteer supporting a patient in the welcome centre

Chapter 16: Conclusion

This MMUH Programme closure report records the chronology and incredible journey it took to open MMUH successfully in 2024. The Trust values of Ambition, Respect and Compassion acted as a guiding principle throughout the programme which enabled staff to act with purpose and direction, to demonstrate incredible resilience and be successful in achieving the programme purpose to safely open MMUH.

As the MMUH Programme formerly closes, it is not the end but the start of a next phase of further clinical innovation, operational optimisation and benefits realisation for the patients, people and local population.

The conscious move of hospital-based care to the community will continue alongside evaluation of the clinical model and impact of seven-day services in the first year of opening MMUH.

Other evaluations to be completed in the first 12 months include the review of the impact of organisational development team interventions, as well as a benefits assessment of full impact of pharmacy automation and electronic end-to-end medicines management approach and new logistics service.

The Trust will now focus on the ongoing strategic development of the City and Sandwell Health Campuses and other Trust estate, which includes the development of a South Black Country Elective Hub at Sandwell and substantial decarbonisation projects.

Digital investment is essential to optimise the SMART potential of the MMUH and drive associated benefits. The Trust will continue to collaborate with NHP, NHS Digital and other partners to create investment opportunities to take this forward.

Creating research opportunities informs a further approach to evaluation and learning from a major infrastructure project and transformation programme. The Trust will seek to work with academic partners and continue to collaborate with NHP to inform the emerging interest in research.

The journey however remarkable, is not over. The Trust look forward to continuing to collaborate with partners to realise the massive opportunities MMUH offers as a catalyst for local regeneration, which serves to improve the life chances and health outcomes of the local population **#MoreThanAHospital**.

Selected images by © Paul Raftery appear with permission and are used with thanks.

Annex 1 Case studies and lessons learned

Case Studies:

- Activation
- Approach to Risk
- Clinical Model
- Design functionality and flexibility
- Infrastructure
- Mobile Phone Coverage
- MOC - Approach
- #MoreThanAJob Employability Programme
- Move
- MSP methodology
- 'No Wrong Door' - Care Navigation
- Programme Longevity
- Operational Readiness
- System Configuration
- Water Safety
- 100 days – Safety

Lessons Learned:

- Activation
- Construction
- Critical Pathway Patient Flows
- Equipping
- First 100 days
- Move
- Operational Readiness, Interdependency and Critical Flows

Glossary

- **AGV** – Automated Guided Vehicle
- **COWS** – Computers on Wheels
- **DAS** – Distributed Antenna System
- **DTA** – Decision to admit
- **ED** – Emergency Department
- **EPR** – Electronic Patient Record
- **ERM** – Equipment Responsibility Matrix
- **ESR** – Electronic Staff Record
- **FM** – Facilities management
- **HCR** – Healthcare Relocations
- **ICB** – Integrated Care Board
- **ICS** – Integrated Care System
- **IPA** – Infrastructure Project Authority
- **LC** – Learning Campus
- **LOS** – Length of stay
- **MMUH** – Midland Metropolitan University Hospital
- **MOC** – Management of Change
- **MSP** – Managing Successful Programmes
- **NHP** – New Hospitals Programme
- **OD** – Organisation Development
- **PALS** – Patient Advice and Liaison Service
- **PAM** – Premises Assurance Model
- **PAR** – Programme Assurance Review
- **PDC** – Public Dividend Capital
- **PPM** – Planned Preventative Maintenance
- **RCRH** – Right Care, Right Here
- **RMO** – Resident Medical Officer
- **SDEC** – Same Day Emergency Care
- **SRO** – Senior Responsible Officer
- **SWAP** – Sector Wide Academy Programme
- **UEC** – Urgent and Emergency Care
- **UTC** – Urgent Treatment Centre
- **WTE** – Whole Time Equivalent

#MoreThanAHospital



“The journey, however remarkable is not over. Midland Met will benefit the local population for many years to come.”

Rachel Barlow

Managing Director and Senior Responsible Officer for the Midland Metropolitan University Hospital Programme