SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the HOSC: 4th November 2021

MMUH update

1. Introduction

1.1 This paper provides an update on the Midland Metropolitan University Hospital (MMUH) to the HOSC. The paper covers:

- Timeline to opening MMUH
- Business case assumptions
- Activity profile
- Scope of work to complete full conclusion of care model, workforce and affordability
- Summary of transformation work at place level
- Resource and governance

2. Timeline to opening MMUH

2.1 We had expected to have been in a position by now to be able to announce an opening date for full clinical services the new MMUH.

2.2 However, we have some further work to do with Balfour Beatty, our construction partner, to review their programme for practical completion of the building (ie. handover of the completed building to the Trust). That will inform our own timing for the necessary clinical commissioning, staff readiness and orientation plans so that we can have confidence in confirming a safe move date, with no compromise on quality of the building.

2.3 The impact on the construction industry on the available workforce and required materials are well known and are a live risk which is being actively managed.

2.4 Additionally, we have responded to the new fire regulations with a requirement to replace parts of the external façade that has had an impact on the programme.

2.5 It is becoming increasingly unlikely that we will be able to open the hospital in 2022.

2.6 Over the next two months we are working with expert advisors in the National New Hospitals Programme team and Balfour Beatty so that we can confirm a firm 2023 opening date that our patients, staff and partner organisations can have confidence in.

2.7 This does not mean we put a pause on our transformation and readiness work. In preparedness for the new models of care we will start piloting some new best practice

patient pathways this winter prior to the move into MMUH, for example a new frailty service.

3. Business case assumptions and activity

3.1 The key business case assumptions remain a core planning assumption that have been updated as a result of demographic growth assumptions and baseline activity modelling.

3.2 Recent revised WMAS modelling the Trust has received is inconsistent with repetitive modelling pre 2019 which informed the business case. The Chief Operating Officer is reviewing the modelling methodology with the WMAS Chief Operating Officer to ensure consistency and agree boundary management to mitigate any potential additional activity to the Queen Elizabeth hospital from the most recent work.

3.3 The forecast activity data will be updated to include the impact of transformation of clinical pathways which is necessary to avoid bed days equivalent to 70 acute beds. The reduction in bed days is necessary if we are to work to the bed occupancy rates in the business case of 80% for admitting departments/ wards and 90% for inpatient and community beds.

3.4 The high impact transformation designed to date that will deliver the bed day reduction required includes:

- AMU/SDEC= a reduction of 3501 admission will avoid 3,173 bed days; note the final SDEC model is yet to be signed off; this activity is assumed to be the minimum potential impact.
- Frailty = a reduction in 2785 admissions will avoid 17,496 bed days
- Ambulatory heart failure = a reduction in 199 admissions will avoid 1,243 bed days
- Discharge to assess = will avoid 14,515 community based bed days

Pilot work will test at scale this winter the frailty, heart failure and discharge to access models to provide assurance on these planning assumptions, which are informed by smaller scale pilots and best practice research.

3.5 The activity modelling will be concluded in early Q4 when:

- the pilot work in rightsizing community services will inform the number of patient contacts in the community.
- the Same Day Emergency Care and AMU models have been signed off and the impact applied to speciality LOS/ bed day use

4. Scope of work to complete full conclusion of care model, workforce and affordability

4.1 The clinical model for MMUH is 90% completed in design and has been considered through internal clinical gateway reviews and peer review. The main outstanding areas are AMU and SDEC which are supported externally by the Emergency Care Intensive Support team.

4.2 Over 80% of the workforce plans have been through a similar gateway review process.

4.3 By the end of December the clinical model will be finalised which will inform a revised activity forecasts and assurance including total hospital flow simulation and testing.

4.4 Completion of the workforce model over the next 10 weeks will review a bronze, silver and gold workforce proposals and a realistic recruitment phasing and workforce development plan.

4.5 Both the care model and workforce model then inform the cost profile of the total affordability model which will be concluded by the end of January and presented to Trust Board in February 2022.

4.6 The output of this work will be presented to reconcile back to the business case and explain any resultant variance to the business case both in terms of WTE and finance.

5. Summary of transformation work at place level

5.1 **Mental Health**

Melanie Roberts Chief Nurse is overseeing a multi provider work stream to redesign mental health pathways for MMUH. The scope of the work includes MMUH ED, the mental health assessment suite and wards. A business case (v8) is pulling together pathways, workforce and the operating model in line with Core 24 standards.

Due to boundary changes from West Birmingham and Sandwell, we move from 2 sites acute sites with 2 adult mental health providers to a single site. The provision of AMHPs and Children's and Young Peoples mental health services are a potential risk in terms of capacity and demand alignment for a single provider which is being worked through.

The project will review the synergy of the mental health pathways with the Emergency Department care model design at a workshop in November, with final business case expected to be ready by January 2022.

5.2 **Frailty**

Tammy Davies Group Director of Primary Care, Community and Therapies is leading the frailty transformation. Frailty is the most significant innovation in the care model and must be one of the ICP priorities to optimise and implement before MMUH opens. A holistic approach to community based care, same day frailty emergency assessment and community based care pathways along with early and appropriate recognition for end of life care for those who need it, avoids unnecessary hospital stay of 2785 admissions based on early pilot work.

The service will test fully the best practice models over winter utilising funding repurposed from the Better Care Fund and the closed community bed base. The patient contact activity via the extended pilot will clarify the community and primary care related activity required to support these pathways.

5.3 **Right sizing community services**

The frailty pathway is a significant example of ensuring non bedded community and primary care based services are right sized to reduce avoidable hospital acquired functional delay.

Likewise the transition to date and impact of the Discharge to Access service reducing bed days in medically fit beds has an activity assumption of 90 pathway 1 and 60 pathways 2 virtual community beds (at home). Again using available funding we are able to test this winter these assumptions to inform future activity and commissioning.

The scale of pilot we are able to test by repositioning funding is an effective approach to practice new models at place level, refine and optimise pathways and achieve proof of concept, activity and workforce assumptions a pace.

Other pathways Tammy and her team will test at further scale include expanded OPAT and ambulatory heart failure.

The profile of bedded services is transitioning across both community providers and social care with discharge to access increasing home based assessment and the incoming enhanced assessment beds at Knowl rightsizing this bed capacity. Joint workforce planning with NHS and social care providers aim to create a sustainable workforce model.

The community in reach support pilot work to support 10 nursing homes in Sandwell has eradicated the need for ED attendances. The in reach of community services and clear care planning has had truly amazing results. The evaluation will inform the plans to expand this at scale and inform the activity up dates in Q3.

5.4 **Multi professional proactive, coordinated care**

The first area of development and testing in this domain is to create a proactice, coordinated care approach for patients with serious mental health needs. This work is in partnership with Your Health Partnership. The care provided with enhanced psychology, community nursing and social care input also extends to the non-mental health needs of this patient group, as they often have comorbidities and are likely not to attend for all necessary health appointments. The aim of this pathway is to improve health outcomes for this group and reduce unnecessary GP attendances and DNA's to secondary care.

Population health data will inform PCN priority areas for other high intensity groups of patients. This approach will enable a variety of pathways to be tested across the ICPs,

localising approaches to population need and also fit with the capacity of primary care to be able to participate in the pilot work.

5.5 Other areas of work that need to be fully scoped in terms of integrated working to optimise the health outcomes or opportunities that MMUH provides to the community include:

- A stock take with public health partners of joint working and gap analysis to inform optimal health outcomes in this transformation work
- Rightsizing of domiciliary care
- Engagement with the 3rd sector to align joint working opportunities

6. Resource and governance

6.1 The appointment of Daren Fradgley as Director of Integration at SWBH provides leadership capacity to lead the transformation work across the ICPs necessary for MMUH to safely open.

6.2 Before Christmas, it is intended for a place based stakeholder development session to socialise further the business case and updated activity assumptions, pathway redesign and critical timelines. A monthly progress update will be provided to both ICPs.

7. Recommendations

7.1 The HOSC is asked to:

a. **NOTE** the timeline for opening is now 2023, with a date to move to be confirmed in December 2021.
b. **RECEIVE** the update on work in progress to fully determine the future activity and affordability of the future model of care. **EXPECT** a final update in February 2022.
c. **DISCUSS** the focus of transformation.

Rachel Barlow
Director of System Transformation

November 2021