



Midland Metropolitan University Hospital

Building our future together

November 2022

Getting to know our new hospital

Midland Metropolitan University Hospital will be our acute centre for care and includes:

- A purpose-built emergency department with co-located imaging and diagnostic services.
- A dedicated children's emergency department and assessment unit.
- Adult and children's wards with 50 per cent en-suite single rooms.
- Operating theatres for both emergency and major planned surgery.
- A midwife led birth unit next to a delivery suite, two maternity wards and an antenatal clinic.
- A neonatal unit.
- Same day emergency care for adults.
- Sickle cell and thalassemia centre.



You can expect to receive all of this as a standard part of our care model:

- A full seven-day service – you can expect the same high standards any day of the week.
- Senior doctors leading expert clinical teams.
- Diagnostic tests identified for your care through our diagnostic facilities including x-ray, MRI and CT scans, plus other tests for urgent care.
- A clinical model focused on keeping patients mobile. Our Winter Garden and outdoor spaces are designed to help patients stay active.

The benefits of our new hospital

- The hospital itself will house state-of-the-art equipment to support faster diagnosis and improve patient outcomes. It will be home to 11 emergency, trauma and elective inpatient operating theatres, maternity theatres and 15 birthing rooms for maternity services.
- Patients who need to stay in hospital will be transferred around the new hospital via separate corridors and lifts to those used by visitors. It means patients will have privacy while moving around the hospital.
- The wards and rooms centre on patient wellbeing. All bedrooms have an external view onto one of the courtyards or surrounding areas of the hospital. The design also includes 50 per cent single rooms with en-suite shower rooms in the main ward areas which will reduce the risk of spreading infections.
- The hospital provides a dementia friendly environment. Colours and clear bed numbers will help patients identify where they are. Layouts of wards will be the same, with each group of four beds within a ward having a different colour theme. Non-patient rooms will have different doors (which will blend with corridor walls).



Our future service model

- When Midland Met opens, our new hospital will bring together all critical and emergency care services that currently take place at City and Sandwell Hospitals.
- The new hospital will provide clinical teams with modern purpose-built facilities, and new technology will enhance the patient experience, one example being a modern nurse call system.
- The hospital design strengthens our ability to deliver the best standards of care. For example, the layout of the emergency department allows the rapid transfer of patients arriving by ambulance straight to the most effective treatment area for them. This conscious design decision ensures that patients can rapidly access diagnostics and treatments improving clinical outcomes.
- It will also signify a change in how care is delivered across Sandwell and West Birmingham. The good news is that a lot of outpatient care, day-case surgery and routine diagnostics will remain at the Sandwell and City Hospital sites, which will also house intermediate care wards, plus the 24/7 Urgent Treatment Centre at Sandwell, Birmingham Treatment Centre and Birmingham and Midland Eye Centre at City Hospital. This is important for patients as it means they will still be able to access specialist care locally.



Clinical care when Midland Met opens

- Our journey to Midland Met involves us transforming our services before we open our doors. Our acute care model has 12 key transformation schemes based on clinical pathway improvements to streamline patient care. Several changes will happen before we move into our new hospital, and these improvements will continue once we open.
- The 12 major transformation programmes focus on redesigning our emergency care pathways so that patients are seen and diagnosed rapidly, by senior decisionmakers, in the most appropriate hospital setting.
- We are also concentrating our efforts on delivering care for more patients away from the hospital setting, in their own homes or closer to home. Right-sizing our community bed facilities and home-based care services will help us achieve this.
- There is collaborative work underway between SWB, acute and community services, primary care, social care, mental health, ambulance and third sector partners. This collaborative approach will help us to secure the most patient-focused outcomes.



OUR FUTURE SERVICE MODEL BY SITE

(Plans as of June 2022)

DUDLEY ROAD SITE (City Hospital)

BIRMINGHAM TREATMENT CENTRE

OUTPATIENT SERVICES

Including:

- General clinics for multi-speciality use.

Bespoke OP services

- ENT and SLT
- Breast services
- Gynaecology & Colposcopy
- Hearing Services
- Orthopaedic & Fracture Clinic
- Oral Surgery (TBC)

DIAGNOSTIC

- Endoscopy Unit
- Imaging (PF, US, MRI, CT)
- Phlebotomy
- Cardiac Diagnostics Respiratory Physiology (main dept)

DAY TREATMENT

Day Surgery Unit (6 theatres) & minor ops

OTHER

- Pharmacy
- Research

SHELDON

OUTPATIENT SERVICES

Including:

- Dermatology
- Cardiac Rehabilitation
- Pain Management Clinics Therapy Services (Rehab, OT, Neurology, SLT, MSK)
- Dietetics

DGM Building

- Clinical Admin
- National Poisons Information Service (NPIS)

BIRMINGHAM MIDLAND EYE CENTRE (BMEC)

OUTPATIENT & DIAGNOSTIC SERVICES

- Ophthalmology clinics (adults & children)
- Glaucoma clinics
- Visual Function dept Orthoptics
- Optometry
- Other specialist eye diagnostics
- Behcets Service
- Medical Illustration

OPHTHALMOLOGY A&E

DAY TREATMENT

Ophthalmology Day Surgery (adults & children)

OTHER

- Clinical Admin
- Training facilities

MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

ACUTE INPATIENT BEDS: 739

- 13 Adult wards (32 beds each) including coronary care (14) beds, hyper acute stroke (6) beds & level 1 beds (16 distributed within wards)
- 2 Maternity wards (56 beds)
- 30 Critical Care beds
- 36 Neonatal cots
- 50 Paediatric beds (& 6 day case spaces)
- 108 AMU beds & 24 Same Day Emergency Care trolleys

EMERGENCY / ELECTIVE SURGERY / DAY CASE

- Emergency Department
- 2 Trauma theatres
- 2 Emergency theatres
- 7 Elective theatres
- 2 Maternity theatres
- 15 Delivery Suites
- 6 Birthing centre
- Medical Infusion/Procedure Suite & SCaT

DIAGNOSTIC

- Endoscopy Unit
- Cardiac Interventional Suite (2 cardiac labs) Imaging (Plain x-ray, US, Ante Natal US, MRI (1), CT (2), Physics & Nuclear Medicine, IR) Medical Illustration (inpatient support) Essential Service Laboratory Medical intervention unit
- Cardiac Diagnostics (main dept)
- Respiratory Physiology (inpatient support)
- Neurophysiology (inpatient support)

OUTPATIENT SERVICES (Bespoke)

- Antenatal Care and phlebotomy
- Paediatrics (including audiology test room, orthoptic consulting rooms)
- Urodynamics

OTHER

- Research
- Pharmacy
- Clinical and Corporate Administration
- Education Centre
- Multi faith Centre
- Mortuary
- Integrated discharge hub

Community Intermediate Care Beds

SANDWELL TREATMENT CENTRE

OUTPATIENT SERVICES

General clinics for multi speciality use
Bespoke OP Services including:

- Ophthalmology
- ENT
- Gynaecology + Colposcopy
- Paediatrics
- Orthotics (main dept)
- Orthopaedics & Fracture Clinic
- Midwifery led Antenatal Care
- Dietetics
- Dental
- Therapy Services - (MSK, Hand Therapy, SLT, OT, Foot health)
- Cardiac Rehabilitation Clinical Research Facility

DIAGNOSTIC

- Endoscopy Unit
- Imaging (Plain x-ray, US, Ante natal US, MRI, CT)
- Medical Illustration
- Phlebotomy
- Cardiac Diagnostics
- Neurophysiology Service (main dept)
- Respiratory Physiology
- Pathology (specialist labs)
- Integrated discharge hub

SANDWELL URGENT TREATMENT CENTRE

PRIMARY CARE GP practice

OTHER

- Trust Headquarters
- Occupational Health Department Pharmacy
- Mortuary (main dept inc. PM)
- Clinical and Corporate Admin Academic & Research (main dept)
- Education Centre

DAY TREATMENT

- Chemotherapy Services
- Medical Infusion Suite
- Day Surgery Unit (4 theatres)

Community Intermediate Care Beds

ROWLEY REGIS HOSPITAL

OUTPATIENT SERVICES

General clinics for multi-speciality use including:

- Community Clinics
- Ophthalmology
- Dental
- Urology
- Gynaecology (community)
- ISHUS
- Dietetics
- Children's services
- Therapy Services - (MSK, Rehab, SLT, OT, Foot health)

DIAGNOSTIC

- Imaging (Plain x-ray, US)
- Phlebotomy
- ECG

PRIMARY CARE COMMUNITY

Admission Avoidance Service

URGENT COMMUNITY RESPONSE

ADMISSION AVOIDANCE

VIRTUAL WARDS

OTHER

- Clinical and Corporate Admin
- Main Catering Unit

DAY TREATMENT

- Heart of Sandwell Day Hospice

Community Intermediate Care Beds

LEASOWES

COMMUNITY SERVICES

ICARES, District Nursing, ESD Stroke Team, School Nursing, Health Visiting, Specialist Nursing Teams (Continence, Heart Failure, Diabetes, Falls), ISHUS, Community Rehabilitation Teams, Case Management Team, Foot Health, Admissions Avoidance Team, HAPO, MSK Clinics, Hand Therapy Service, Specialist Diabetes Service, Community Paediatric Nursing, Specialist Nursing & Therapy Teams, Respiratory Team, HIV Clinic, GP practices & other primary care services.

Aims of Clinical Services transformation work

Unnecessary
attendances
are prevented

Unnecessary
admissions
are prevented

Length of
stay is no
longer than
medically
required

Prompt
discharge to
the most
appropriate
place

Readmission
is prevented

...and to ensure...

Patient experience is
maintained or
improved

Care quality is
maintained or
improved

Organisational
performance is
maintained or
improved

Our road to Midland Met

The opening of Midland Met is highly anticipated, and rightly so. It will significantly enhance the care we provide and transform services across our estate at SWB and in our communities.

To ensure that we stay united on our road to Midland Met, we're tracking our progress via our six-step change programme.

Our new six-step programme consists of:

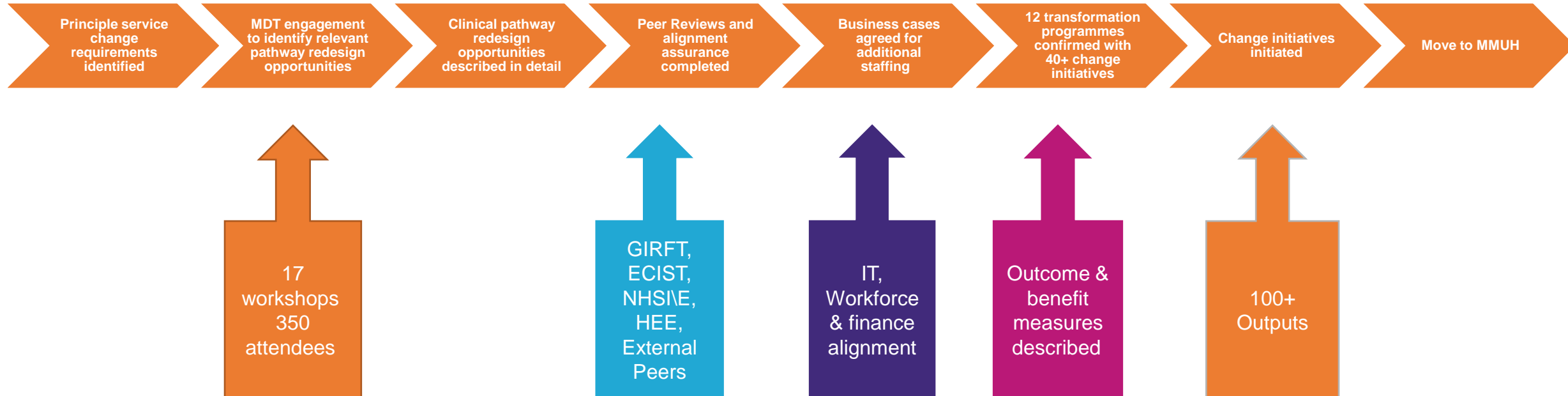
1. Transformation planning – A period of controlled change and planning.
2. Testing and getting ready – Putting our plans into action.
3. All aboard – colleague orientation and induction.
4. Ready to move checkpoint.
5. Our first 100 days.
6. Optimising for continued success.



MMUH Service transformation Road Map

October 2020

Spring 2024



Clinical Services – 12 transformations

- 19 admitting specialties are on a single site model already (pick and drop)
- Four specialties going from 2 sites to 1 site
- Four specialties going from 2 sites to 3 sites
- 12 significant transformation programmes

Peer Reviews include oversight by:

- **ECIST / NHSEI** - The Emergency Care Improvement Support Team and NHS England and NHS Improvement.
- **Best Practice Network**
- **GIRFT Network** - Getting It Right First Time Network.

ED
2 sites to 1

Senior decision making supported by rapid diagnostics to support right care right place.

SDEC
2 sites to 1

Expansion of same day emergency care (SDEC) pathways to optimise ambulatory care, reducing admissions and assessment unit demand.

Assessment Units
2 sites to 1

Rapid diagnostics and decision making over seven days to reduce length of stay (LOS) in assessment units.

Older Peoples Care & Frailty
2 sites to 1

End to end acute and community care will prevent patients being admitted unnecessarily or reduce LOS if admitted.

Stroke Decoupling

Rehabilitation to be provided in a community setting to improve patient care, end of life experience and release acute beds.

Cardiology

Increased use of ambulatory pathways and day case procedures will prevent patients being in hospital unnecessarily.

Acute Therapies
2 sites to 3

Extended working hours will enable patient therapy provision to support earlier discharge.

Imaging
2 sites to 3

Improved turn around times will support rapid decision making at the front door. Demand management and artificial intelligence will improve efficiency.

Endoscopy
2 sites to 3

Separation of inpatient and outpatient endoscopy to the treatment centres and Midland Metropolitan University Hospital to support patient flow and productivity.

Place Partnership

Community beds and home based services right sized to enable increased supported discharge from acute settings.

Theatres
2 sites to 3

Increased use of day case pathways with day case activity split from elective and emergency activity will improve efficiency.

Enhanced Care

Provision of a post anaesthetic care unit (PACU) and ward based enhanced care to support care pathways.

Engagement and collaboration

Public and Patient Engagement

- Public consultation 2006 – 2007 for single site hospital, with further public engagement events including single hospital preparatory consolidations for maternity service (2009-2010), stroke services (2012), acute cardiology and general surgery (2015)
- Post Covid engagement recommenced:
 - Single site day surgery model – April 2022
 - Stroke decoupling – September 2022

Patient Choice post MMUH

- The majority of services will offer outpatient clinics at both City and Sandwell Hospitals.
- An Urgent Care Centre will remain on the Sandwell Hospital site.
- The majority of ambulatory diagnostic tests will be available in the Birmingham Treatment Centre and on the Sandwell Hospital site including Xray, CT scans, MRI, phlebotomy, ECG, Echocardiograms, Endoscopy

Clinical Evidence Base

- OCG gateway reviews and business cases for the Towards 2010 programme and acute service consolidations plus peer clinical reviews (e.g. National Clinical Advisory Teams)
- All 12 Transformation programmes clinically peer reviewed

Commissioning Support

- Single Acute Hospital Site/MMUH business cases developed under the Right Care Right Here Partnership (formerly Toward 2010 & RCRH programmes) with core multi organisational partners including Sandwell and Birmingham Commissioners

Preventing unnecessary attendances and readmissions

To realise the opportunity Midland Met provides in improving clinical acute care, it is essential to transform pre and post hospital-based care to support a culture of “home first” utilising population health data to predict ill health to inform care planning and escalation of care.

Key areas of work:

- ❖ Urgent response OPAT Community IV therapy service expanded to support urgent response team.
- ❖ Enhanced community heart failure service with increased provision of diuretics at home if required.
- ❖ Community intermediate care expanded to support patient care at home.
- ❖ Use of population health data to focus personalised care teams to support the health and wellbeing of patients.

Preventing unnecessary admissions and readmissions and, reducing unnecessary stays in hospital

A focus on redesigning our emergency care pathways so that patients are seen and diagnosed rapidly, by senior decision makers, in the most appropriate hospital setting.

Key areas of work:

- ❖ Improving acute care diagnostic access with early decision making in assessment units.
- ❖ Implementation of robust senior clinical triage and streaming in ED.
- ❖ Growing our same day emergency care to maximise admission avoidance and day case cardiology.
- ❖ Increased use of day case and OPPROC pathways with day case theatre activity split from elective and emergency activity, plus development of an enhanced care unit and a centralised admissions unit.
- ❖ 7 day working and extending the hospital day from 8am – 8pm where appropriate, with senior decision makers, e.g. acute therapy provision and compliance to seven day standards.

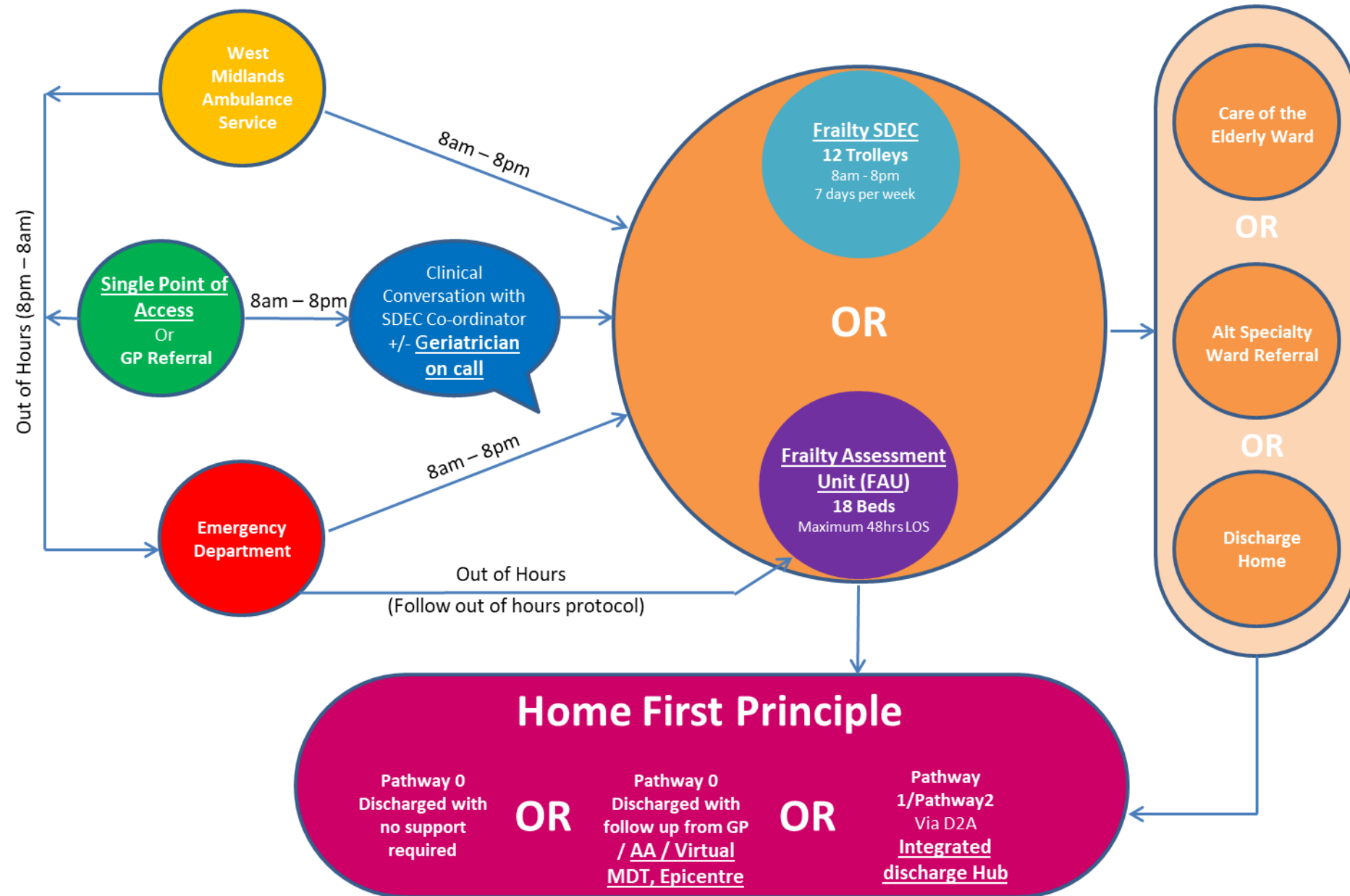
Reducing unnecessary stays in hospital and ensuring discharge to the most appropriate place

Key to quality and safe care is ensuring our patients spend only the required length of time in hospital and essential elements of work is ensuring there is post hospital-based care to support prompt and safe discharge.

Key areas of focus:

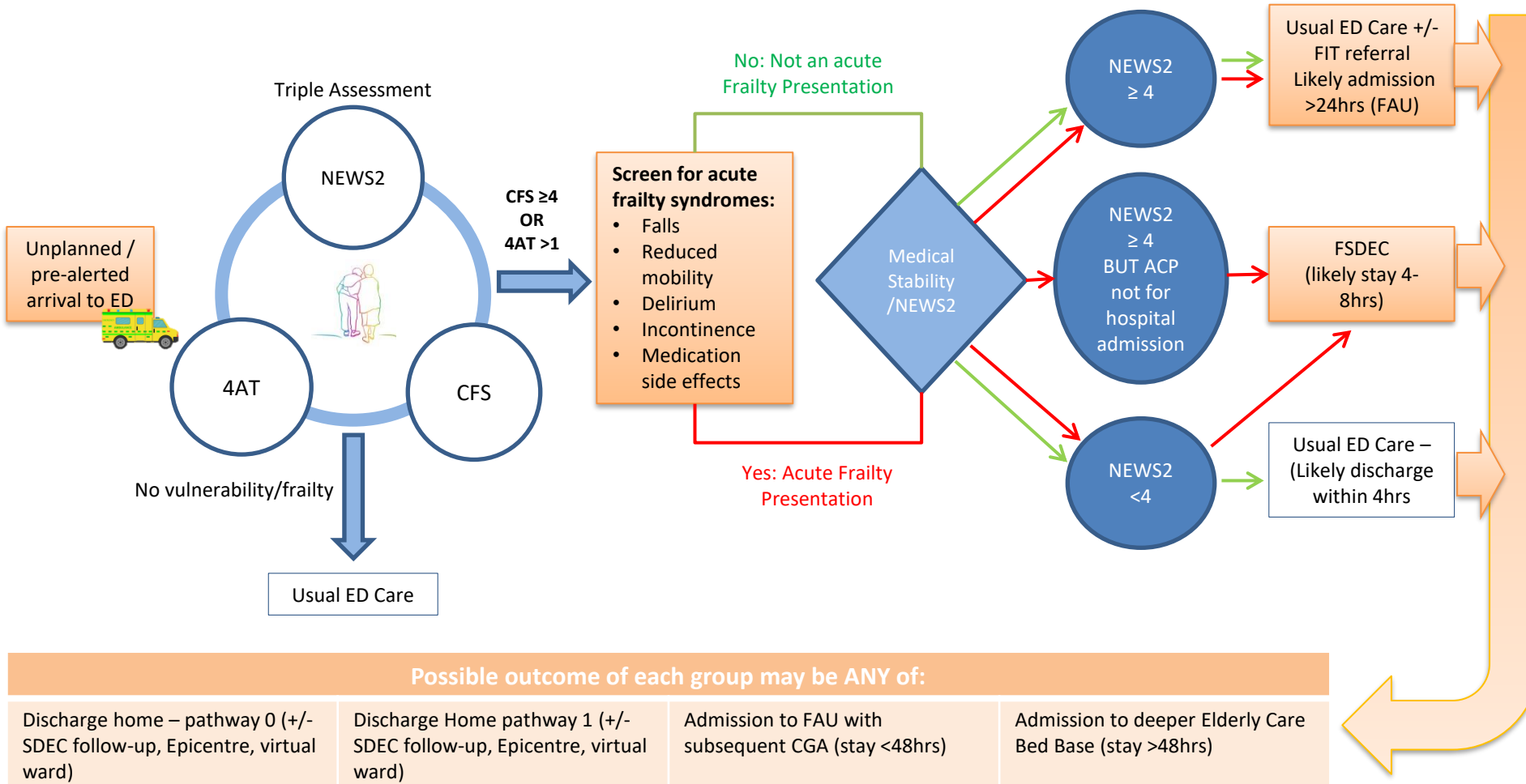
- ❖ Enhanced integrated discharge hub and D2A pathways.
- ❖ Community beds and home-based services right sized to enable increased supported discharge from acute settings.
- ❖ Increased digitalised remote monitoring in homes and care homes.
- ❖ Integrated community stroke service to manage rehabilitation for stroke patients at home.
- ❖ Development of virtual wards.
- ❖ Further development of support from third sector organisations e.g. Driving Miss Daisy.

Revised Older People & Frailty Pathway



Frailty Operational Overview: FSDEC in context

Frailty Identification	Triage	Acute Frailty Service Starts CGA
Assess within 30 minutes of arrival		Within 60 minutes



Frailty Patient stories: Silver trauma and same day care packages

- 76 year old lady admitted with a fall and concerns regarding coping at home
- Sustained a distal radial fracture of her non dominant hand
- Fracture managed by ED and referred to medicine- awaiting medical clerking – in ED

FIT Intervention:

- Transferred to new FSDEC facility
- Clerked
- Fracture clinic follow-up arranged
- Therapy assessment undertaken
- Same day 4x1 care package organised
- Foot health referral
- DNAR initiated
- Key Safe arranged
- Time in FSDEC – 3 hours

Patient Stories: Reducing long stays in ED/Medical clerking backlog

- 80 year old lady admitted with confusion, low blood sugars and safeguarding concerns
- Referred to medicine - Time in ED: 9 hours and still waiting medical clerking
- Risk of diabetes management worsening as no insulins reviewed/prescribed for the rest of the day

FIT Intervention:

- Transferred to new FSDEC facility
- Clerked
- Seen by Think Glucose
- Safeguarding explored and resolved
- District nurse referral made for community
- monitoring of blood sugars
- Capacity formally assessed
- Sugars observed for several hours to ensure stability post long acting insulin
- Discharged at 5pm using Driving Miss Daisy

7 Day Services

The Trust aims to operate true 7 day services, meeting and exceeding the 7 day standards set out by NHSE and ensuring that support services are available to support this approach

We have already started this journey with 7 day D2A and review of the specialty ward rotas

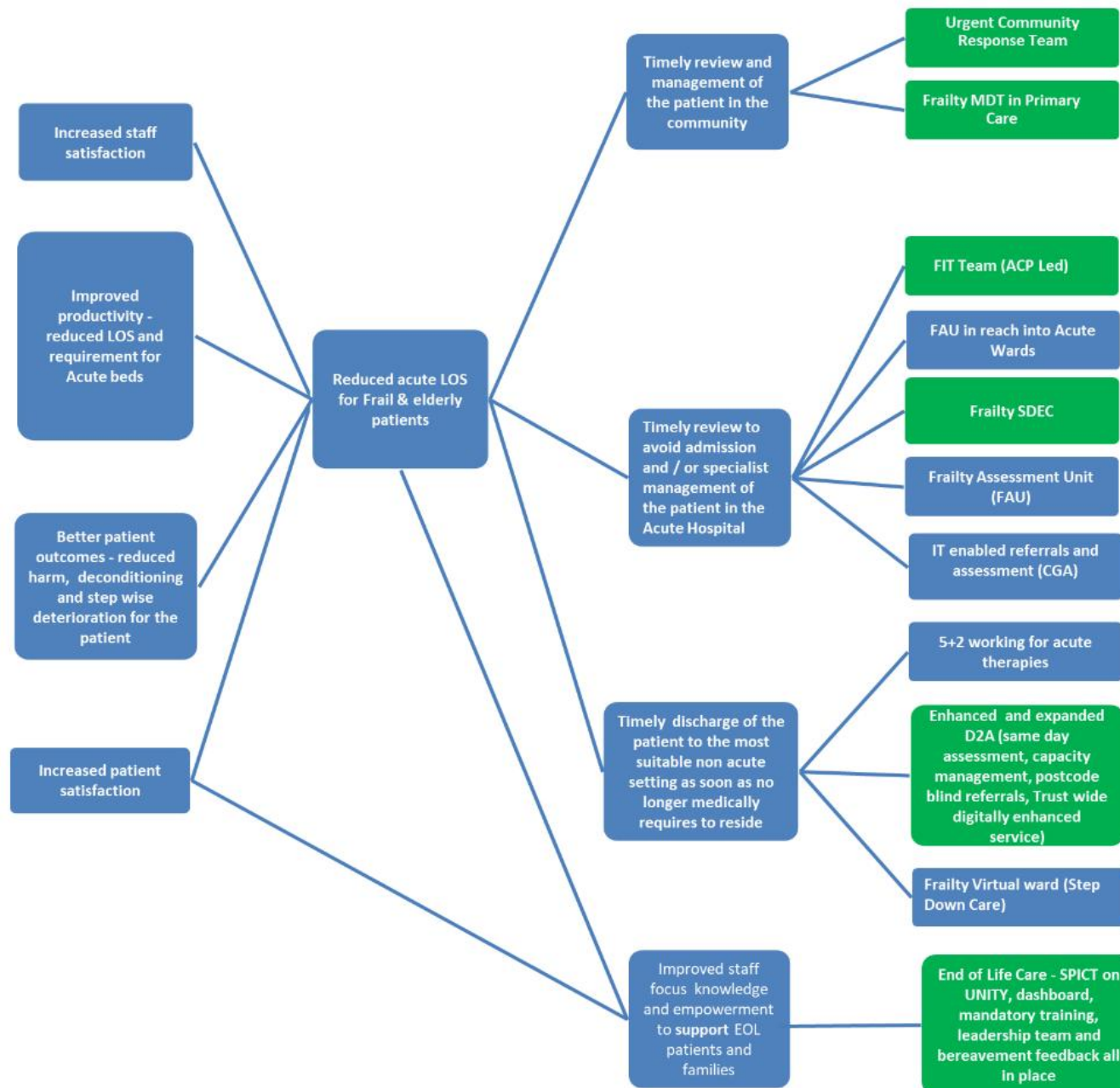
We expect a reduction in LOS due to the continuity of senior decision makers, we will work with researchers as we implement to produce a research paper on our findings

Pathway Redesign

Expected Outcomes and Benefits

Improved clinical quality & safety due to rapid decision making & reduced LOS

- Emergency – flow
- Elective – split site working



This is an example of a future patient experience:

A 61-year-old heart failure patient, is taken to Midland Metropolitan University Hospital after calling 999. He complained to his wife that he'd been experiencing worsening breathlessness and could only walk short distances before feeling breathless. His legs were also becoming more swollen.

The patient is admitted via A&E and is looked after by our team of experienced nurses and members of the cardiology team. He is diagnosed with heart failure within 24 hours of admission into AMU.

Having received treatments and once stable, the patient is discharged to the heart failure hub – a dedicated section of the acute medical unit and seen within 24 hours for ongoing care. It differs significantly from the existing model of care that would mean the patient would stay in the hospital for 9-10 days to complete treatment.

The heart failure hub has dedicated heart failure nurses. The patient returns from home to the heart failure hub the morning after his discharge and has his intravenous diuretics given to him as an outpatient for a few hours. We request all his investigations at the time. He has his echocardiogram (ultrasound scan of the heart) when in the heart failure hub. Plus, he sees a cardiologist and a plan is made for him straight away instead of in the clinic.

The patient receives lots of educational information about how to manage his condition. He will spend approximately two days in the hospital, a considerable reduction to today's patient experience.

This pathway achieves a shorter length of stay for patients, maintains clinical safety and also improves patient satisfaction. Plus, it means that patients can go home and be supported with expert interventions in the community if required.

Next steps

- Continuous and extensive GP, public and patient engagement as detailed pathways develop across the transformational programmes
- Further development of EQIAs and QIAs as transformation work progresses
- Collaborative working with commissioners and key stakeholders
- Ongoing work with peer clinical reviewers during service refinements
- Delivery of the key transformational changes
- Monitoring and sharing of the benefit realisation

Questions?

