

# INTEGRATED ANNUAL REPORT AND ACCOUNTS 2024/25







# Contents

<b>1. Foreword</b>	<b>4</b>
<b>2. Performance Report</b>	<b>6</b>
Your City & Metropolitan Hospitals Charity	38
Our role in Integrated Care Systems	42
Our Trust Strategy: 2022/27	46
<b>3. Accountability Report</b>	
Corporate Governance Report	56
Annual Governance Statement for 2024/25	68
Remuneration and Staff Report	80
<b>4. Finance report</b>	
Statement of directors’ responsibilities in respect of the accounts	124
Statement of the Chief Executive’s Responsibilities as the Accountable Officer of the Trust	125
Independent auditor’s report to the directors of Sandwell and West Birmingham NHS Trust	178
<b>5. Further information about the Trust</b>	<b>186</b>





# Foreword

We are proud to introduce the Sandwell and West Birmingham NHS Trust’s Annual Report and Accounts for 2024/25 - a year that stands as a defining chapter in our history.

At the heart of this year’s achievements, is the successful opening of the Midland Metropolitan University Hospital (MMUH). Conceived nearly two decades ago and officially opened on 6 October 2024, this state-of-the-art facility symbolises not just a consolidation of our acute services onto one site, but our unwavering commitment to the communities we serve.

MMUH has been a remarkable journey of collaboration, determination, and resilience. 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.

Midland Met represents a new era in healthcare, enabling us to deliver emergency and inpatient care in an environment built for innovation, compassion, and excellence. 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.

Its opening also serves as a catalyst for regeneration in Smethwick, offering new opportunities in employment, education, and community engagement.

Despite ongoing operational pressures across the NHS, we have continued to deliver safe, high-quality care. We are particularly proud of the dedication and resilience shown by our staff. From virtual wards and paediatric home care to pioneering surgical techniques and patient-centred volunteer programmes, their efforts exemplify our values: **Ambition, Respect, and Compassion.**

This year, we also celebrated the work of individuals who inspire us all - from our award-winning student nurses and long-serving staff to our volunteers who provide invaluable support every day. We saw the introduction of

new diagnostic technology, expanded career development pathways, and innovative partnerships like our landmark agreement with Sandwell College to support the next generation of healthcare professionals, with the opening of a state-of-the-art Learning Campus on the site of MMUH, which will offer over 1,280 learning opportunities to local people.

Our commitment to sustainability has never been stronger. We’ve advanced our journey toward a greener NHS by reducing waste, investing in renewable energy, and launching impactful initiatives through our Green Strategic Plan. These efforts are integral to creating a healthcare system that is both environmentally responsible and economically sustainable.

As we look to the future, we remain focused on innovation, collaboration, and equity. Through our active role in Integrated Care Systems across the Black Country and West Birmingham, we continue to champion joined-up care, reduce health inequalities, and address the wider determinants of health.

Thank you to every member of our Trust, our partners, and our community for your commitment, compassion, and support. Together, we are not only transforming services but improving life chances and creating healthier futures.



Diane Wake, Chief Executive

*D. Wake*



Sir David Nicholson, Chair

*DM*



One of the first patients to arrive at the newly opened Midland Met was 97-year-old Clara.







# Performance Report

## Our Story

Over the last financial year our headline story is the opening of the Midland Metropolitan University Hospital (MMUH), representing the culmination of phenomenal achievement in efforts from staff and our partners. There has been nothing run of the mill about the ambition to deliver this project, and the years we have invested in bringing it to fruition are testament to the dedication, perseverance and total commitment to the communities we serve. One could say that delivering the Midland Met is the single biggest transformational change the Trust has undergone in the last twenty years.

Opening on 6th October 2024, we executed three moves from our previous two acute sites – Sandwell General Hospital and City Hospital, with a dedicated move day solely for our maternity service. Extensive plans were in place to ensure our communities were advised and aware of our timetable and we worked in partnership with our local broadcast and print media to provide regular updates and public exposure of progress during the period immediately before, during and after the moves, as we recognised the critical importance of our messaging on how to access services during this period.

The MMUH signifies a strategic transition aimed at enhancing service delivery and operational efficacy in the region. The work to prepare for the move was started in previous years, such as the stroke pathway reconfiguration which sees patients stabilised in MMUH A&E then moved to a dedicated stroke rehab ward at Rowley Regis.

The Midland Met site continues to deliver in terms of ambition as we look forward to the handover of our new Learning Campus from our construction partner Kier at the end of this year. On opening early in 2026, the Learning Campus will be the first university campus in Sandwell and will support over 1,200 learners annually, providing clear pathways into high demand careers across the NHS and the broader care sector.

We are working in partnership with Sandwell Council, Sandwell College, Aston University and the University of Wolverhampton to deliver the campus, which is funded by the Government’s Towns Fund programme and overseen by the Smethwick Partnership Board. Additionally, we have also invested in the project with co-funding from the West Midlands Combined Authority (WMCA).

Over the previous financial year in 2023/24 period, we showcased improvements whilst facing challenges in common with other NHS Trusts in meeting NHS standards. Notable achievements included a rise in Emergency Access Standards (EAS) to 70%, surpassing cancer treatment targets indicating significant operational effectiveness and eliminating long wait times for treatments. However, financial pressures remain, with the Trust facing a projected £119 million deficit for 2024/25 despite efforts like a £43.2 million deficit plan, which has seen us engage in financial recovery efforts, and adjust budgets to manage projected deficits.

Employee engagement was boosted through the relaunch of our staff networks, and we continued to explore workforce management strategies to reduce vacancy rates and improve overall staff morale. We received Veteran Aware accreditation, after our application was approved through the national steering group.

NHS Veteran Aware is an accreditation programme designed to support NHS trusts in understanding and meeting the needs of the Armed Forces community, and seeks to deliver better health and wellbeing for the whole of the Armed Forces community, a more joined-up experience of care for serving personnel and their families and faster local access to high quality, personalised care for the Armed Forces community. The accreditation supports us to meet the commitments of Armed Forces Act, 2021 which states that members of the Armed Forces Community should not be disadvantaged when accessing or receiving healthcare. We have a number of Armed Forces Champions who contributed towards attaining accreditation, led by Chief People Officer, James Fleet - Armed Forces Executive Sponsor and Chief Medical Officer, Dr Mark Anderson - Armed Forces Clinical Champion.

The Care Quality Commission (CQC) carried out an on-site assessment of the Maternity Service between 5th June to 28th June 2024. This assessment was in response to the CQC receiving information of concern. Following the assessment, the CQC issued the Trust with a Section 29A Warning Notice requiring the service to make significant improvements and take immediate action to keep women, birthing people and babies safe. Following the assessment the Trust provided the CQC with an action plan in relation to the concerns with all improvements met following the move to MMUH.

In September 2024 the CQC started to pilot a new approach to effective provider engagement between themselves and NHS trusts following learning from work they undertook with some Cheshire and Mersey NHS trusts. We were selected to be part of the pilot which will develop this approach. Throughout the process the CQC was clear how our feedback has influenced their decisions and what changes they make through this method of engagement.

The Trust had its first engagement meeting with the CQC as part of this pilot on the 27th January 2025, attended

by the Chief Nursing Officer, Chief Medical Officer, Chief Executive and Associate Director of Quality Governance. The agenda covered Trust Performance, People and Quality & Safety. They visited ED to understand how we were operating the 45-minute ambulance offload policy.

In the recent past the Trust has had a good track record with no Never Events in 2023 or 2024. However, two occurred in January 2025, concerning wrong site surgery and a drug error. Both Never Events were investigated by a SWB Patient Safety Investigator to ensure actions and shared learning takes place to prevent repeat incidents



We officially welcomed staff and patients into Midland Metropolitan University Hospital on 6 October 2024.



Key operational and financial risks

In common with all NHS organisations, we face continual challenges balancing delivery of high-quality care with rising demand, the rising acuity of our patients, and the pressing need to increase both productivity and efficiency.

We recognise the important role that strategic and transformational change, both internally and across our local health economy, will play as we address operational and financial risks.

These are outlined as the major in-year risks for 2025/26 set out on page 70 of the Annual Governance Statement. In summary, the Trust’s main priorities and risks are to deliver on the benefits from the opening of the Midland Metropolitan University Hospital, the increasing levels of activity and operational productivity, controlling finances and improving delivery of efficiencies in addition to these, and critical to core business, is the continued delivery of quality care.

The directors have reasonable expectations that the Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason the Trust continues to adopt the ‘going concern’ basis in preparing the accounts.

**Quality Governance**

Our aim is to be good and outstanding in everything we do. We want to deliver better care to our patients. This means being seen in a timely and convenient way, feeling respected and listened to, and achieving the best clinical outcome possible. This ambition informs our values, underpins our goals and is reflected in our developing approach to continuous improvement.

Although challenging, we have had much to be proud of in our achievements during the last 12 months. We have continued to make, and sustain, improvements in quality and safety whilst facing significant operational pressures. We are extremely proud of our staff and the courage and resilience they have shown in challenging times, not only caring for our patients but taking the time to care for each other.

Over the year, we have been a key partner in efforts to change the shape of care in our area. Our new hospital

– the Midland Metropolitan University Hospital – opened on 6 October. Our intention is to provide substantially more care at home and rely less on acute hospitals. Whilst most of the programme involves investment in GP surgeries and health centres, we have relocated our acute care to the Midland Met. The new hospital will act as a major employment opportunity for local people and is part of a wider scheme to develop the area adjacent to the site.

We have continued to work with our external stakeholders and regulators to ensure that we provide safe care to all our patients in the face of sustained pressures across the health care system. Care Quality Commission standards compliance is managed through the Executive Quality Group and regular meetings with the CQC attended by the Chief Nursing Officer and Chief Medical Officer and overseen by the Board’s Quality Committee.

Further information on key improvements in the quality of care and patient safety, the Trust’s performance against national standards and our plans for 2024/25 is summarised in our Quality Account, published in June 2025.

**Our Values**

The best organisations have strong healthy cultures with values at their heart, and we’ve taken the last year to further embed the values we launched in 2022.

Our colleagues chose our values because they are the ones already intrinsic to how we operate – Ambition, Respect and Compassion.

Working alongside the senior leadership team, colleagues have been further embedding our values and behaviours to strengthen our culture and deliver our strategic objectives.

We have reviewed the People Plan to understand how staff experiences impact on culture and development and how we establish a cultural change for the better.

It’s clear that behaviours should be clearly demonstrated by everyone at all levels – from the newest to the most senior, but it’s also important to understand that the relationship between the new values and behaviours and the Fundamentals of Care.

Our values are central to our Fundamentals of Care standards - they are the heart of everything we do and will be demonstrated through our actions and behaviours. By living our behaviours and delivering on our values, we will meet our three strategic objectives:

- **Patients:** To be good or outstanding at everything we do.
- **People:** To cultivate and sustain happy, productive and engaged staff.
- **Population:** To work seamlessly with our partners to improve lives.

Our values support us in being a stronger organisation because we hold ambition, respect and compassion at the heart of our work. They support a culture where everyone is valued and listened to, where people are given the opportunities to grow and develop and where the care we provide to all is truly good or outstanding.

**Ambition**

We're ambitious for our communities. We want to make a difference, improving life chances and health outcomes. We're ambitious for our people. We want them to be happy here, to feel supported to achieve their own goals and ambitions. We're ambitious for our Trust, open to new ideas, developing new technology and treatments to provide the best possible care. Working together, and alongside our partners to continually improve.

- We put our hands up when something goes wrong seeking to learn and grow from mistakes, asking “why has this happened?” rather than “who is to blame?”
- We work to be better and do better for ourselves, each other and our patients.
- We work as a team with our people and our partners, supporting and lifting each other up.
- We take pride in what we do, we recognise and celebrate success.
- We are brave and willing to step outside our comfort zone to try new things and share new ideas.

**Respect**

We're a place of inclusivity. We value, celebrate and draw strength from the diversity among us, and in our communities. This is what makes us special. Our people and our patients feel listened to. Everyone's voice counts. We're a place where people feel safe to speak up knowing their voices will be heard. Respect and dignity for everyone.

- We treat everyone as an individual with respect and genuine interest, speaking to the person, not their role, band or condition.
- We make sure everyone feels welcomed, valued and respected equally, with tolerance and without judgement.
- We keep people informed and explain what is happening, with clear communication at each step of the way.
- We actively listen, making sure everyone's voice is heard and they feel safe and able to speak up.
- We have respect for resources, other people's and our own time and the environment.

**Compassion**

We're a welcoming, friendly Trust. We have care, kindness and compassion at our heart. For us, everyone matters. We're a place where compassion is not just for our patients and their families, but a right for all of us.

Our people are amazing, meeting challenges head on. They put patients first, day after day, to deliver the best care they can.

- We put our patients at our heart, caring for them with dignity at all times.
- We have empathy, understanding everyone has different life experiences, skills and resilience.
- We take time to do the small things that can make a big difference.
- We won't walk by when someone or something doesn't seem right.
- We are kind, open and approachable, saying a friendly good morning with a smile, and a thank you at the end of the day.





The following stories illustrate how we demonstrate our values in our daily lives and how we are embedding Ambition, Respect and Compassion into our culture.

Ambition

A&E Matron and Digital Star

Making an ambitious step in ensuring our population are aware of the healthcare services available – Emergency Department Matron Michael Brennan plays a vital part in the Trust’s messaging across social media.

Fronting videos about when to use the accident and emergency department and its benefits, as well as running through symptoms of flu, he’s become a viral TikTok star.

His videos, which have garnered millions of views worldwide, showcase various treatment options and promote NHS recruitment. "I get recognised walking down the street," he says, surprised by his newfound fame.

Brennan's nursing career began unexpectedly but has since flourished. He highlights the collaborative spirit of his teams, particularly during the challenging COVID pandemic. "No two days are ever the same," he notes.

From explaining healthcare pathways to becoming a viral Tiktok star, Brennan represents the modern face of NHS healthcare – professional, engaging, and adaptable. His work bridges traditional emergency care with innovative communication strategies, helping the public understand healthcare access and inspiring potential healthcare professionals.



Emergency Department Matron Michael Brennan has become a social media star.

Nurse’s dedication recognised with high-profile award

Nurse Sana Gul was delighted to be recognised for her work around research and education. Sana won the Learner of the Year (post-registration) award at the Student Nursing Times Awards 2024 – an event to recognise the outstanding achievements of student nurses and nurse educators.

She said: "I believe, as young nurses and midwives, we should develop research skills to make it a part of our everyday job role as direct care providers. My commitment to lifelong learning and advocacy reflects in my continuous pursuit of knowledge and contributions to the nursing and midwifery community."

Her passion and work within research and learning was highlighted by the judges after hearing how she trained as a nurse at Aga Khan University School of Nursing in Pakistan where she noticed a lack of involvement for students when it came to research. Sana founded the Student Research Forum (SRF) as a result. After qualifying as a registered nurse in March last year, Sana was placed in community midwifery, where she thrived, gaining further knowledge through workshops and courses. She secured a fully funded Postgraduate placement at the University of Birmingham as a full-time midwifery student through Health Education England.



Sana Gul wins top honours at Student Nursing Times Awards 2024.

Thanks to volunteer for dedication to role

A volunteer has been commended for his commitment after devoting 800 hours of service at the Trust.

Zack Irving, aged 35, who is autistic, is one of the top six volunteers at the organisation where he hopes to secure a job in the future.

And in turn, West Bromwich based Zack, whose neurological and developmental disorder affects how he interacts and communicates with others, has credited the role with boosting his confidence.

Speaking during Volunteers’ Week between 3-9 June, he said: "Before joining the Trust, I had lost my confidence, I felt nobody would accept me. Lots of employers don’t understand autism and the adjustments needed. However, since joining the Trust, I have gained my confidence back."

Currently over 250 volunteers play an integral part across the organisation supporting both patients and staff in specific departments.

Liza Gill, Volunteer Manager, added: "Volunteering experience provides people like Zack the opportunity to try out a new place of work and gain valuable experience and new skills. Since volunteering, he has not only excelled in his personal growth, but has also gained experience within a department, where he hopes in the future to secure a job."



Sir David Nicholson, Chair of the Trust, with Graham Pennington Principal and Chief Executive of Sandwell College.

Trust signs landmark deal with Sandwell College

Sandwell College and the Trust signed a landmark agreement to create hundreds of job and training opportunities annually.

This partnership focuses on a new £18 million Learning Campus in Smethwick, opening in 2025 as part of the Midland Metropolitan University Hospital site. The campus and hospital are key elements of the Grove Lane masterplan, which includes 800 new homes and a green neighbourhood.

The agreement addresses the high demand for skilled NHS staff by providing training within a purpose-built centre, linking skills to the local job market. Sandwell College students will gain direct access to learning opportunities at the hospital.

Graham Pennington, Principal and Chief Executive of Sandwell College, emphasised the campus's role in offering real-life work experience, masterclasses, and advice from NHS staff.

Speaking at the time, Richard Beeken, former CEO of the Trust, highlighted the campus as a transformative project for the area's redevelopment, offering both further and higher education courses and serving as a public learning space for the community.

"Our intention is to build a public learning space which will welcome parents, students, staff and the community,"





Trust Board approves opening of new hospital

It was a momentous occasion when the Trust Board received approval in August to open The Midland Metropolitan University Hospital two months later.

The facility, located in Smethwick, designed to consolidate acute and emergency care services previously split between City Hospital and Sandwell Hospital, serving a population of over half a million.

Trust Chairman Sir David Nicholson called it “a key moment

for our patients, people, and population,” noting that emergency care would be delivered in an environment exceeding expectations. Richard Beeken, Chief Executive at the time, described it as “a significant milestone in our determination to continue to improve the life chances and health outcomes of our population.”

The hospital, situated in a regeneration zone, represents more than just healthcare advancement – it promises regional revitalisation through increased employment, skills development, and investment opportunities.



The Midland Metropolitan University Hospital which officially received approval to open on 6 October 2024.

23-stay hip operation a success

A mum has praised surgeons at the Trust after undergoing two hip operations which saw her admitted and discharged within 23 hours on each occasion.

Margaret Jones, aged 64, first underwent surgery in March in 2024 to her left hip and was given a low dose spinal block during the hour-long procedure.

Her remarkable recovery led to surgeons booking her in for her right-side hip operation – taking place just four months later.

Retired civil servant Margaret, who first experienced hip pain whilst on holiday in 2022, said: “The whole experience has been amazing. I met the criteria and I was given the spinal block. I was awake throughout the procedures on both occasions but didn’t feel a thing.”

She added: “My recovery has been remarkable. I was walking around in the ward with a physiotherapist less

than three hours after the operation. I definitely feel that a shorter stay in hospital has led to a better recovery.

“I can’t thank everyone enough for what they have done. The pain has completely disappeared.”



Margaret Jones and her surgeon Mr Manoj Sikand.

New hospital at centre of regeneration ambition opens in Smethwick

The Midland Metropolitan University Hospital’s opening on 6 October signalled a giant step towards achieving Smethwick’s regeneration ambition.

Speaking on the day that patients moved into the multi-million-pound health facility, Chairman of the Trust Sir David Nicholson commented: “The Midland Met was conceived almost 20 years ago, and the development is more than a hospital, encompassing education through our Learning campus, enrichment through our art gallery

and extensive arts programme and empowerment as we provide opportunities for our local population to improve their circumstances and through the regeneration of the wider area.”

Speaking on the same day, Chief Executive at the time, Richard Beeken added: “This is the beginning of a new chapter for the Trust as we look forward to the benefits the Midland Met will deliver. As the NHS was designed to care for our health needs from the cradle to the grave, this hospital will provide emergency care for our population for many years to come.”



Hospital staff pose for a photo outside the emergency entrance at the new hospital.

Staff honoured with visiting professorships (no pic)

Two senior clinical staff at the Trust whose work now informs best practice for alcohol care teams across the NHS, have been honoured with visiting professorships by a leading university in Wales.

Consultant toxicologist Sally Bradberry and nurse consultant Arlene Copland, who are part of the Trust’s Alcohol Care Team (ACT), received the recognition from the University of South Wales.

The two have been collaborating with the university’s psychology department on research into alcohol-related brain disorders for over a year.

“We are honoured and excited to have received this title as a reflection of the collaboration between ourselves and colleagues at the University of South Wales,” said Arlene.

“Most professorships are offered to medics and academics, but rarely to nurses. For the expertise of a senior clinical nurse to be recognised in this way is unusual and I feel incredibly proud.”

The Trust’s innovative approach to improving the care and management of patients with alcohol-related issues has earned them national acclaim.





**New imaging technology promises advanced diagnostics**

The nuclear medicine department at Midland Metropolitan University Hospital (MMUH) has introduced three cutting-edge Siemens Pro.SPECTA SPECT/CT scanning machines, offering unprecedented diagnostic precision.

Joseph O'Brien, Consultant Physicist and Head of Nuclear Medicine, highlighted the technology's significance: "We are excited to launch this innovative new department with the latest imaging technology on the market, which will not only enhance diagnostic accuracy but also set a new

standard in the way we approach nuclear medicine."

The advanced systems combine two scan types, allowing doctors to simultaneously view the body's internal structure and organ functionality. They provide specialized capabilities for detecting conditions in oncology, cardiology, and neurology.

"The new technology will be particularly beneficial for patients with cancer, heart conditions, brain disorders, and complex internal health issues," O'Brien explained. Patients can now expect quicker diagnoses, reduced radiation exposure, and faster test results.



Nuclear Medicine staff showcasing the new machine.

**First awake breast surgery performed at the Midland Met**

A retired NHS nurse, Felicia Selvaraj, became the first patient to undergo awake breast surgery at the Midland Metropolitan University Hospital.

The 63-year-old from Solihull underwent a right total mastectomy and sentinel node biopsy using regional anaesthesia and conscious sedation. Surgeons chose this approach due to her complex medical history, including a severe 55-day COVID-19 intensive care stay.

Felicia, who retired from the NHS in 2024 after 22 years, described her experience: "The surgeon and anaesthetic consultants explained the procedure. I went to sleep briefly but was awake during skin closure and felt no pain."

Dr. Viraj Shah, consultant anaesthetist, noted this surgical technique offers an alternative for patients unsuitable for general anaesthesia, potentially reducing hospital recovery time.

Mr. Mehboob Mirza, consultant breast surgeon, explained the procedure would be used for high-risk patients to avoid high-dependency unit stays.

Felicia's breast cancer, detected in November 2024 during a screening, was successfully addressed through the surgery. Her treatment will continue with medication and preventative radiotherapy.



Felicia Selvaraj with Mr Mirza and the team at the Breast Unit in Birmingham Treatment Centre.

**New hospital hosts first careers fair**

Over 140 students were invited to Smethwick to learn about the range of jobs the NHS has to offer, at the first careers event held at the Midland Metropolitan University Hospital.

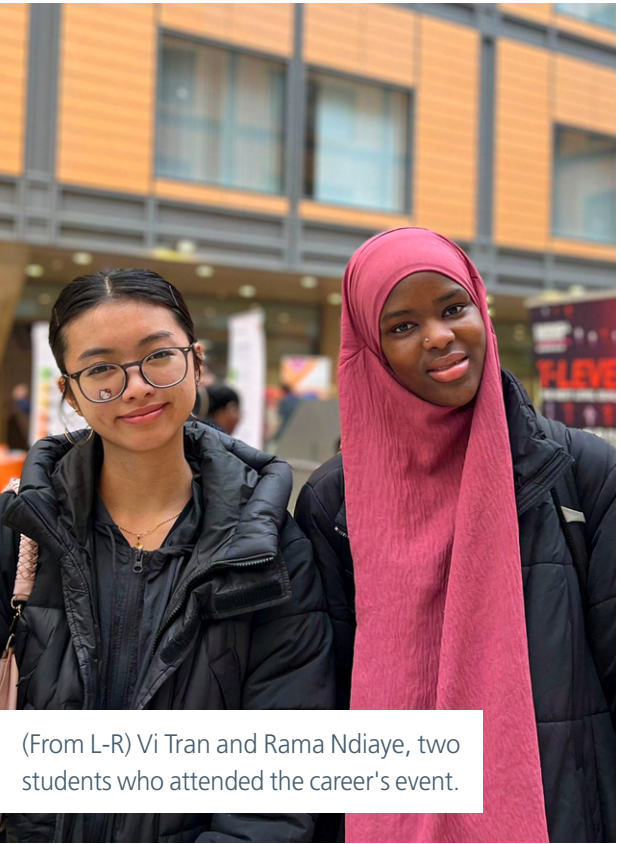
The Insight into NHS Careers event was hosted by the widening participation team and showcased the different clinical and non-clinical roles available within the NHS.

Students from high schools and colleges across the local area, aged between 14-18, were invited to the event and given the chance to speak to staff and find out more about the NHS role that interested them the most.

The event featured a career marketplace, with staff from a range of departments on hand to talk about their roles and to give advice on how to find a career within healthcare.

Vi Tran, aged 16, attends Sixth Form at King Edward VI Handsworth School for Girls. She said "I've always had a strong interest in medicine but I wasn't sure what pathway to take, so I thought coming here would be really helpful to learn what options are available to me.

"The staff have been lovely and I've met new people and learnt a lot."



(From L-R) Vi Tran and Rama Ndiaye, two students who attended the career's event.

**Ceremony recognises staff achievements**

The achievements of staff and volunteers were celebrated at a glittering awards ceremony.

The Trust's 2025 Star Awards took place at Villa Park, where around 50 individuals and teams were recognised for their hard work and dedication over the past year.

This year's Star Awards are the first to be held since the opening of the Trust's Midland Metropolitan University Hospital, and eight of the fourteen categories were specially introduced to recognise the contributions of staff who have helped make the opening of the new facility in Smethwick a success.

New categories included More Than a Hospital Award and The Midland Met Clinical Excellence Award.

The Outstanding Contribution to Midland Met award was won by Jayne Dunn, Director of Commissioning for the Midland Met. Jayne led the complex logistics of move planning, as well as overseeing all the new equipment going into the hospital, ensuring it was ready for clinical use.

The Patient's Choice Award went to the Critical Care team, who were nominated by the family of a patient who sadly passed away in 2024. In their nomination, the family member said that their sister was treated with dignity and respect, and that the team reduced their stress and anxiety by ensuring that the family understood complex medical information and were involved in every decision regarding her treatment.

Jo Cella, sister on critical care said: "Wow, what an honour. We would like to say thank you to the family who nominated us for this award.

"We always strive to deliver the best care for our seriously ill patients, so to know that their experience with our team was positive really means a lot to us."



The Critical Care team won the Patient's Choice Award at the staff recognition ceremony The Star Award.





Respect

Virtual Ward team delivers care at home

Delivering care to patients in their own homes leads to better outcomes – and the Virtual Ward team are doing just that.

Trainee Advanced Clinical Practitioner (ACP) Zafreen Khaliq, known as Zaf, has been praised by patients like 78-year-old Pamela Edwards, who said she “wouldn’t be here now” if it wasn’t for the Virtual Ward service based at the Trust.

Zaf said: “I live by the golden rule of treating others as I’d want to be treated, I use this in my everyday practice and strive to provide the best patient care as if it was my own family as I respect all my patients. My role revolves around delivering hospital-level care right in the comfort of patients’ homes and avoiding unnecessary hospital admission. This includes remote monitoring, telephone consultations and face to face reviews.

“My journey began as a paramedic which I really enjoyed. But I was keen to progress and I jumped at the chance to delve into a more specialised role.

“I’ve had a few standout moments; one of them is working as part of the EPICENTRE team alongside registrars.

EPICENTRE is where hospital doctors see patients in the comfort of their own home. My experience of working in the community, paired with their clinical knowledge and decision-making skills makes us a great team.



Zafreen Khaliq who works for the Virtual Ward.

Sikh bereavement packs donated by local community

Leading members of the Sikh community, Chaplain Satnam Kaur came together with her community to donate religious bereavement packs for families suffering the loss of a baby.

The bereavement midwives received the items which will make up the boxes for grieving families.

Satnam said: “I feel like the least we could do as a community is to help families who have suffered a bereavement like this. If this one, small gesture can have a positive impact on their emotional wellbeing, we’re doing something right.”

The packs included a patka, for protection of the baby; a chunni, the headscarf used by women during prayer, a Kara/Simran, with rosary beads as a symbol to touch for a stronger prayer connection, baby blankets and Sikh prayer cards for families to understand the meaning of life and death in the religion.

The items inside the bereavement packs.

Victoria Weaver, Lead Bereavement Midwife said: “Culture and religion plays a huge part in how a family will process the loss of a baby. These packs aim to provide comfort and acknowledge the importance of their beliefs on their grief journey.”



The Sikh community donated bereavement packs for parents who had suffered babyloss.

Award-winning volunteer combats loneliness in the local community

Volunteer Bally Barquer has developed two community groups to support those experiencing loneliness.

She set up Connections 4 Volunteers at the Trust which meets once a month and Apna Wellness Social group for those within the Sikh community.

She said: “I want to make a difference, and after my experience of bullying and battling with depression and isolation, I decided to take a hold of my life. I know what it’s like to feel lonely and I didn’t want anyone else to experience that too.

“Setting up these groups gave me a sense of purpose, where I hope to continue to inspire others and pass on my knowledge to people in my local community where we can focus on reducing isolation.”



Bally Barquer has developed two community groups to combat loneliness.

New recruits ready to join frontline at state-of-the-art hospital

Over 45 emergency healthcare professionals were hired by the Trust ahead of the opening of the Midland Metropolitan University Hospital (MMUH) in Smethwick in October last year.

The state-of-the-art facility combines the A&E departments from Sandwell and City Hospitals into one large emergency department equipped with the latest technology and also features a modern Same Day Emergency Care unit.

“Job seekers were really impressed with the new hospital and how we will provide emergency care to our population. The facilities at MMUH are second to none,” said Annabel Bottrill, Deputy Director of Nursing for Emergency Care.

The recruitment event at Sandwell Health Campus showcased career development opportunities and staff support programmes. Candidates took virtual reality tours of the new facility and learned about the Trust’s values of ambition, respect, and compassion.



A virtual reality demonstration is given to a new recruit, before starting work at MMUH.

£100k cash boost for hospital art gallery (no pic)

A 288-foot-long art gallery, potentially the world’s largest within a hospital, at the Midland Metropolitan University Hospital in Smethwick, received a £100,000 boost from Arts Council England to support its design and development.

The space will showcase artwork and host theatre, dance, and musical performances, along with community workshops. It will serve patients, visitors, and staff at the hospital.

Johnny Shah, Head of Your City and Metropolitan Hospitals Charity - the Trust’s charitable arm, said. “The People’s Gallery is for our population of Sandwell and West Birmingham. Providing them with access to a cultural hub will be of huge benefit to their ongoing health and wellbeing.”

The gallery will feature a mobile wall system for flexible reconfigurations, inspired by European artist-run galleries. The space aims to serve up to 200,000 inpatients annually and improve the working environment for 7,500 Trust staff. New Art West Midlands and local organisations on the Trust’s arts committee will support the gallery’s programming through workshops.





Multi-faith blessing for new Midland Met Hospital

The Midland Metropolitan University Hospital in Smethwick received a multi-faith blessing ahead of its opening on October 6.

Christian, Hindu, Sikh, Muslim, and Humanist leaders conducted the ceremony. Rev. Eddie Briones prayed for “sustainability and stability” of the NHS, asking that the hospital be “a place of peace and healing” where “the human spirit of sharing and caring shine.”

Hindu chaplain Rakesh Bhatt quoted Gandhi: “A patient is the most important in our hospital. They are not an interruption to our work. They are the purpose of it.”

Sikh priest Joga Singh emphasised that “seva or selfless service of humanity is the highest form of service.” Imam Akm Kamruzzaman spoke about “shifa” (healing), while Humanist chaplain Pete Bispham noted their respect for all religions and the chaplaincy’s role in supporting patients of all beliefs.

Trust’s charity reveals new name

The Trust unveiled the name of its newly created independent charity as Your City & Metropolitan Hospitals Charity.

The charity will continue to support the Midland Metropolitan University Hospital, the UK’s newest healthcare facility, and the Trust’s other sites – Sandwell, City and Rowley Regis Hospitals as well as GP practices and community services.

Funding raised is used to enhance the experience for patients, staff and visitors to the new site. This includes a gallery and exhibition space for art programmes and performances by community organisations, sculptures raising awareness around organ donation, a play unit, and artwork for the Children’s Department. The charity also funds additional PhD studentships with university partners to help pioneer new treatments for heart disease, leukaemia and ovarian cancer.

Steve Allen, Chair and Trustee for the charity, said: “Your City & Metropolitan Hospitals Charity’s vision is improved live chances and better outcomes in our communities and care systems. The successful fundraising for Midland Met, which is now the nearest adult hospital to the centre of Birmingham, has started this very important work and we are so grateful to every supporter who helped us reach our £2 million target in our previous charity form.”

Sir David Nicholson, Trust Chairman, called the blessing “an important part” of connecting communities to the building, noting that “faith is the cornerstone that supports many people throughout.”

Jobs boost for interns in pioneering project

A reverse jobs fair saw young people with special educational needs and disabilities (SEND) showcase their skills to employers.

The four remarkable interns talked about their roles within catering, portering, customer service and maintenance at the Trust.

Supported by The Learning Works, the employment and training arm for the organisation, intern Eleanor Gavin shared her inspiring journey working in catering at Rowley Regis Hospital.

“I’ve gained a wide range of skills including teamwork and completed level two courses in food hygiene and customer service. The internship has allowed me to meet new people and has given me more confidence,” she said at the event held at The Learning Works headquarters in Smethwick.

Emma Dalton, Widening Participation Projects Manager at the Trust, said: “Current statistics show that only 4.8 per cent of people with a known learning disability in England are employed. So, by enabling participants to gain real-life work experience and develop independent skills, this project opens doors that have traditionally been closed to many young people with special educational needs.”



Young people with special educational needs and disabilities showcased their skills to employers at the jobs fair.

First baby born at new hospital lights up Christmas

The first baby born at the new Midland Metropolitan University Hospital returned with her parents to switch on the Christmas lights.

Little Hernata, initially named Mona Lisa, and her parents Semhur Tesfu and Yonas Kflu pressed the red button to illuminate two 20ft Christmas trees on Level 5.

Hernata was the first baby delivered when the hospital opened to maternity patients on November 6. Speaking at the event, Chief Executive at the time, Richard Beeken, celebrated this milestone, highlighting the hospital’s series of firsts. He noted their first patient Donna’s transfer in October 2024 and expressed pride in the moment.

“From here, we will proudly serve our communities for many years,” Richard said, mentioning the upcoming Learning Campus development on site.

Semhar, Hernata’s mother, reflected on the special occasion: “It’s lovely to be invited back. We can show Hernata photographs when she’s older to demonstrate how her birth was a historical moment connecting us to this new hospital.

Patients, staff and members of the community attended the switching on of the Christmas lights in the Winter Garden at MMUH.



Cardiac rehab is saving lives

A cardiac rehabilitation initiative is saving lives by providing innovative and preventative care within the community.

Patients who’ve had surgery following a heart attack are invited onto a 10-week exercise course aimed at helping them turn to a healthier lifestyle. It is run by a team of healthcare experts from the Trust.

If further intervention is needed, the patient is discussed by the team on a weekly basis and changes are made to further improve their condition or evaluate related risks such as diabetes or high blood pressure.

Leading the initiative, Consultant Cardiologist Professor Derek Connolly said: “In Sandwell and West Birmingham, we’ve got three times the amount of cardiovascular death under the age of 70 compared to someone in the leafy part of southeast England. It is by far our biggest killer – much bigger than cancer in our area.”

Patients are referred to the cardiac rehabilitation programme by specialist nurses who have identified them as needing support.

Sessions take place at community sites, including at the Trust’s City Health Campus (formerly City Hospital) and Sandwell Health Campus (formerly Sandwell Hospital). Around 1,000 referrals are received annually.



The Cardiac Rehabilitation Team at Sheldon Block, City Health Campus.





Ward service officer devotes 50 years to Trust

A ward services officer who's devoted 50 years to Sandwell and West Birmingham NHS Trust has scooped the lifetime achievement award at a prestigious awards ceremony.

Stephen Turner, who began working at City Hospital, Birmingham aged just 16, has won the National MyCleaning Award at a glittering event this week.

Speaking afterwards, Stephen, 67, from Smethwick, said: "I'm absolutely shocked and thrilled to be given this award.

"I couldn't believe it when I was nominated and now I've won, I'm even more stunned.

"I've worked in the NHS for 50 years in the same role and I am looking forward to retiring soon. This win is the icing on the cake and a fitting end to my career. I've made so many great friends along the way."

Stephen worked at City Hospital until it closed in November and will continue carrying out his duties at the Midland Metropolitan University Hospital, in Smethwick until he retires. Both hospitals are run by Sandwell and West Birmingham NHS Trust.



Stephen Turner, who has been recognised in a leading awards ceremony.

Celebrations held for apprentices

More than 40 apprentices were recognised at a celebration event held at a West Midlands NHS Trust to mark the end of National Apprenticeships Week.

The ceremony, held by Sandwell and West Birmingham NHS Trust, awarded each person a certificate and an award to acknowledge their hard work in finishing their studies.

Maxine Griffiths, the Trust's Apprenticeship Lead, said: "This event really boosts the learner's morale. We're proud of our future workforce and how we develop

and support them at the Trust.

"The Trust supports a variety of professional choices including Allied Healthcare Professionals, Clinical Practitioners, and Midwifery to name a few. We currently have just under 300 staff on apprenticeship programmes at the Trust."

The Trust offers entry level opportunities such as Healthcare Support Worker at Level 2, right through to Senior Leadership Apprenticeships at Level 7.



Apprentices were recognised for their efforts during a celebration event.

Compassion

Diabetes care improves with initiative

A diabetes improvement project between general practice nurses (GPNs) and district nursing has been introduced to better improve the care of our patients who suffer with the condition.

The project aims to share knowledge of diabetes and enhance the compassionate care delivered to our patients.

"The initiative is a new collaborative diabetes educational pathway between community nurses and GPNs which offers individual mentorship, with a specialist diabetes qualification," said Davinia George, Head of Nursing and Planned Clinical Care at Your Health Partnership.

"The project will allow the opportunity for specialists in diabetes to be shadowed and at the end, those community nurses who take part will get a diabetes qualification."

The programme is funded by the Black Country ICB.

Emily Hobbs, Practice Education Lead Nurse said: "Working collaboratively to share skills and resources for the benefit of our patients and colleagues is at the heart of this venture, as we know there will be a reciprocation of skills and learning that the GPNs will receive from working more closely together with community colleagues."

Critical care nurses take on swim challenge for charity

Two critical care nurses swam a mammoth two miles in memory of their colleague whilst raising funds for charity.

Becky O'Dwyer, Lead Nurse and Vanessa Taylor, a Matron took on the Great North Swim in Lake Windermere after they were inspired by their late colleague's love of swimming.



Becky and Vanessa raised funds for the Trust's charity.

Providing compassionate care to bereaved families

With nearly two decades of dedication to midwifery, Vicky's journey from a ward services officer to a bereavement lead midwife is not just a professional journey, but a deeply personal one.

Inspired by her own devastating experience with stillbirth, she brings a unique blend of empathy, and expertise to her role at the organisation.

"The turning point for me was experiencing the devastating loss of my second child – my daughter who was stillborn at 34 weeks," she said. "It was during the heartbreak of my loss, that I recognised the importance of a supportive midwife. As I began to heal from the trauma of losing my little girl, I began to think about how short life is and decided that I wanted to help other families who experience the loss of a child."

She added: "The most rewarding aspect of my job is supporting families through the loss of a baby and then witnessing them experience a successful pregnancy. Receiving

Money raised has gone to Your City & Metropolitan Hospitals Charity - the organisation's registered charity, to fund equipment to enhance the experience of patients and staff.

Becky said: "It's a great opportunity to raise money for a good cause, whilst also remembering a friend."

positive feedback from patients I've supported is incredibly fulfilling. One particularly memorable experience was assisting a woman in locating the burial site of her son nearly 50 years after his passing."



Vicky Weaver, who is a bereavement midwife at the Trust.



### Physiotherapists race to the finish line for charity

A specialist team of physiotherapists from the Trust hopped on their bikes for a 24-hour spin relay to raise money for the Trust's charity.

Funds raised went towards enhancing the experiences of patients who suffer from musculoskeletal injuries. Their spin relay came days ahead of World Physical Therapy Day, which is celebrated on Sunday 8 September, and recognises the work that physiotherapists do for their patients and the community.



The physiotherapists raised money for patients who suffer from musculoskeletal injuries.

Paul Rees, Advanced Physiotherapy Practitioner, who led the team, said: "The team and I were excited to host our first spin-relay. This was a great opportunity to raise money for our patients whilst getting fit at the same time."

Physiotherapists work with patients to help to restore movement and function when someone is affected by injury, illness, or disability. They provide education and advice for everyday activities, such as improving posture, mobility, and stiffness.

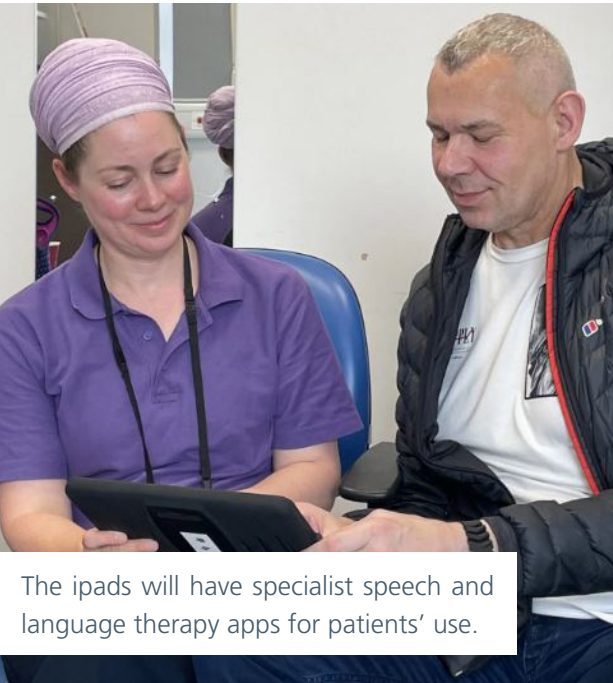
### Donation funds iPads for stroke patients

The Speech and Language Therapy team received a charity donation that will transform therapy for patients whose speech has been severely affected after a stroke.

The donation was provided by the Guru Nanak Naam Ladies Jatha, a group of 15 friends who regularly donate to healthcare providers in the region. Their donation of nearly £4,000 will pay for six iPads and fund specialist speech and language therapy (SLT) apps at the Trust.

The significant donation will help enhance and improve the patient experience.

Michelle Kennedy, Advanced Speech and Language Therapist, spoke about the importance of having increased access to therapy. She said: "As long as the patient is comfortable with a touchscreen – they will find digital therapy an easy method of re-learning."



The iPads will have specialist speech and language therapy apps for patients' use.

### Stroke care to be transformed by Trust

Stroke services have been transformed with the opening of the new Midland Metropolitan University Hospital.

Specialised inpatient rehabilitation is now being delivered in the heart of the community at Rowley Regis Hospital, and those stable enough to leave the hospital are offered care at home.

The service is provided by the Integrated Community Stroke Service (ICSS) at the Trust and has reduced hospital stays, freeing up beds and streamlining the patient journey.

Clair Finnemore, Stroke Therapy Lead, said: "There are

many benefits of moving rehabilitation to Rowley Regis Hospital. By centralising rehabilitation services at the hospital, we provide a larger, more resilient team of specialists, enhancing care quality and responsiveness. It will mean smoother transitions for patients from hospital back to home-based care and will allow more clinical time to care for patients, whilst also supporting our commitment to greener practices."

Clair added: "Clinical evidence strongly supports home-based rehabilitation, showing it leads to improved recovery times and better patient experience. This approach is in line with our Trust's 'home first' ethos, enhancing patient choice and fostering a supportive recovery environment."



Stroke patients now receive rehabilitation care in the community.

### Over 170 patients transferred to new hospital

The Trust successfully transferred a total of 175 patients safely from Sandwell Hospital to the new Midland Metropolitan University Hospital (MMUH) in a meticulously planned operation.

The accident and emergency (A&E) department at Sandwell Hospitals closed on 6 October, with residents normally using these facilities now using the A&E at the Midland Met.

Sandwell Hospital is now known as Sandwell Health Campus and still operates outpatient appointments, short stay surgery and the UTC. Also on site is the Lyndon Primary Care Centre, a GP practice run by Your Health Partnership and the Trust.

City Hospital's closure followed later on 11 November and was renamed City Health Campus. The Birmingham

Treatment Centre continues at the site to offer outpatient appointments and short stay surgery. The Birmingham and Midland Eye Centre also continues to provide specialist care while the Sheldon Block operates rehabilitation services.



Nurse Nisha with patient Jia Cheong at the Midland Met on the day it opened.



### First baby born at new hospital

Hernata Yonas became the first baby delivered at the Midland Metropolitan University Hospital when she was born at 8.48am on 6 November 2024, as the Maternity Department at City Hospital Birmingham closed.

Parents Semhar Tesfu and Yonas Kflu from Perry Barr said: "Today was emotional. We were very happy our

newborn baby girl was born in the new hospital. We have been shown tremendous care by all the staff here."

Midwife Emily, who delivered Hernata, called it "an honour and a privilege" and an "exciting day" she would remember throughout her career.

Expectant parents were required to use Midland Met for labour and emergency care.



Newborn Hernata Yonas was the first baby born at the Midland Met Hospital.

### Top Baggies players bring festive surprise to the Midland Met's young patients

West Bromwich Albion players brought festive cheer to the Midland Metropolitan University Hospital by visiting the Children's Ward and surprising young patients.

Footballers Jed Wallace, Alex Palmer, Torbjørn Heggem, Grady Diangana, Josh Maja, Callum Styles, and Harry Whitwell distributed toys funded by the club's charity, The Albion Foundation.

Ten-year-old Jaden was particularly excited, saying, "I met some players who were very kind and gave me presents. I love my new signed calendar."

The visit was organised with Your City & Metropolitan Hospitals Charity and gave players an opportunity to interact with staff and patients in the new hospital.

Team captain Jed Wallace shared his perspective: "Some

of us have children, and we wonder how families are doing with kids in hospital during Christmas. Even if we make a 10-minute difference, it's something we're privileged to do."

He also praised the new hospital, noting its spacious environment and friendly staff.



Baggies players pose with young patients during their visit to MMUH.

### Family turns grief into hope with donation of cooling cots

A couple have donated specialist cots which allows grieving families to spend precious time with their newborn after they have died.

Holly and Lee Gisby, from Hockley, Essex, gifted two Abi Cooling Cots to the Midland Metropolitan University Hospital's maternity department, in memory of their son Albie, who they lost at 39 weeks in July 2023.

The cot, developed by the charity Abigail's Footsteps after the founders suffered baby loss themselves, is a specially designed refrigerated unit that slows the natural changes to a baby's body, giving families invaluable time to bond, say goodbye, and create lasting memories during a difficult time.

"After donating our first cot to a hospital in Bromley, we decided to donate our second and third cots to this brand-new hospital," Holly said. "It's amazing to know that these cots are going to be helping other parents and give them the same opportunities that we had in hospital."

Receiving the cots on behalf of the Midland Met, Vicky Weaver, the Trust's Bereavement Lead Midwife, said: "These cots are more than just medical equipment; they are a lifeline for parents, allowing them to spend precious time with their babies and begin the difficult journey of grief."



Lee and Holly with their daughters Daisy (far left) and Chloe, and the two cooling cots.

### Mum praises Paediatric Virtual Ward service

A mum-of-four has praised a hospital-at-home service – hailing it as a "life changing miracle" for her family.

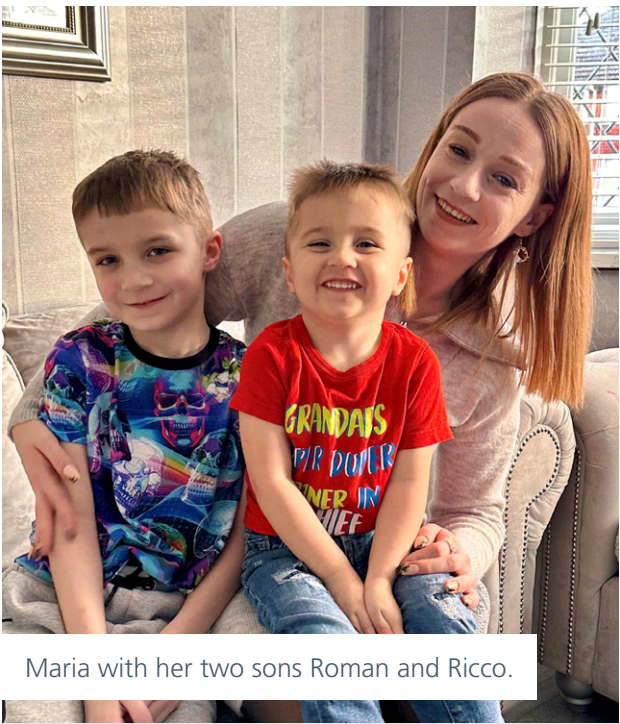
Maria Hicklin, whose two young sons Roman, aged seven, and Ricco, aged two, have both battled respiratory conditions, knows firsthand the benefits of the Paediatric Virtual Ward.

The service has treated over 2,000 children with 143 of these being via direct access to the virtual ward, effectively saving 3,800 bed days and making a cost saving of over £1.7 million.

Maria, from Oldbury, explained how it has helped her two boys: "The virtual ward service has transformed our experience and saved us money. We've had minimal hospital admissions and the medical team provides home visits, monitoring equipment, and offers continuous support.

"They've even helped build my confidence in administering medication. The team comes out within an hour if we need help, and they know the boys by name. Roman and Ricco are now comfortable and less anxious about their medical conditions.

Dr Maria Atkinson, Consultant Paediatrician, said: "Our virtual ward allows us to provide acute medical care directly in patients' homes, reducing the stress of hospital admissions and keeping families together during challenging medical periods."



Maria with her two sons Roman and Ricco.



Virus left patient in 47-day coma

He’s the COVID survivor who spent 47 days in intensive care and was just hours away from death.

Dad-of-two Jonathan Yague has revealed the true extent of his suffering as the fifth anniversary of pandemic approaches later this month – describing how nearly every vital organ in his body was failing and how he suffered severe internal bleeding after being ravaged by the COVID-19 virus.

He was rushed to Sandwell Hospital on 6 April 2020 – just yards from his home in West Bromwich – and was put into an induced coma so medics within the critical care unit could work on saving his life.

“I didn’t know what was going on as I’d been put to

sleep,” said the 53-year-old, who was invited back to the critical care ward at the hospital where he was first treated ahead of the anniversary.

“Afterwards I found out that my lungs had failed, followed by my kidneys and liver – and then my heart started to enlarge.”

“I was on a ventilator for seven days at Sandwell Hospital and then transferred to Leicester’s Glenfield Hospital where I was put on ECMO – a device used for life-threatening illnesses, buying time for the lungs to recover.”

After intensive treatment Jonathan regained consciousness and lived to tell the tale five years later.

“I’m so grateful to all the staff for everything they’ve done for me.”



Midland Metropolitan University Hospital: A Transformational Milestone for Our Communities

The opening of Midland Metropolitan University Hospital (MMUH) in October 2024 marked a defining moment in our Trust’s history—representing one of the most significant healthcare developments in England in the

past decade. Even before its official launch, MMUH had already begun delivering on a powerful, long-held vision: to transform healthcare for our communities through innovation, integration, and equity.

This landmark achievement is the result of 17 years of unwavering collaboration, determination, and resilience.

Despite considerable challenges, the commitment of our staff, partners, and local communities never wavered. Their dedication has made this extraordinary milestone possible.

MMUH is more than a hospital - it is the embodiment of our programme’s ethos: #MoreThanAHospital. It stands at the heart of our Trust’s vision to improve life chances and health outcomes for people across the region. Our innovative clinical model is already making a tangible difference- empowering thousands of patients to receive care closer to home, reducing avoidable hospital admissions, shortening inpatient stays, and enhancing the overall experience of care.

Within the hospital, patients benefit from a state-of-the-art environment: spacious, therapeutic, and filled with natural light. Smart clinical adjacencies, cutting-edge technologies, and a consultant-led, seven-day workforce model come together to provide safe, efficient, and exceptional care.

The impact of MMUH extends far beyond its clinical walls. As a major catalyst for economic and social regeneration, the hospital has already driven significant investment in local employment and skills. Over 70% of our workforce comes from the local community, supported through initiatives such as The Learning Works and the Sector-Wide Academy Partnership with Sandwell College.

This investment in people will grow even further with the launch of the MMUH Learning Campus in early 2026 - a collaboration with Sandwell College, Aston University, and the University of Wolverhampton. The campus will provide over 1,280 new learning opportunities, creating more inclusive pathways into healthcare careers and addressing the long-standing impacts of deprivation on education, employment, and health. These partnerships are actively breaking down barriers and expanding access to opportunity for all.

The Trust remains committed to realising the full range of benefits set out in the MMUH business case. This major infrastructure investment is subject to annual independent review, ensuring accountability and transparency. The original benefits case - validated by PricewaterhouseCoopers (PwC) using HM Treasury’s Green Book methodology - valued the benefits at £2.019 billion, spanning four key areas: enabling, immediate, transformational, and regeneration.

Key operational benefits include reduced acute bed costs, increased workforce and operational productivity, and enhanced care models. Strategic benefits encompass the MMUH Learning Campus, new housing developments, fundamental care improvements, and the delivery of consistent, high-quality seven-day services.

In March 2025, an independent review conducted by RSM re-baselined the benefits case at £3.803 billion, reflecting a 5:1 return on investment. This uplift highlights the value generated by the South Black Country Elective Hub, lifecycle efficiencies, retail investment, expanded training opportunities and further development of the Learning Campus, and growing staff satisfaction.

Already, £193 million in pre-opening benefits has been delivered. These include economic gains from construction and employment, reductions in acute care costs, improved planned care productivity, and lower staff sickness rates.

The opening of MMUH signals more than the start of a new hospital- it marks the beginning of a new era in integrated, community-focused care and opportunity. It is a bold step forward in our collective journey to create a healthier, fairer, and more prosperous future for the communities we serve.

Table below summarises the growth in the benefits case and the delivery to date.

Benefit Categorisation	Initial Assessment 2023 (£m)	Re-baselined Assessment 2025 (£m)	Benefits Delivered Prior Years (£m)	Benefits Delivered 2024/25 (£m)	Total Benefits Delivered (£m)
Enabling	161	169	19	174	193
Immediate	1,525	1,965	-	-	-
Transformation	244	1,370	-	-	-
Regeneration	88	299	-	-	-
Total	2,019	3,803	19	174	193





Star Awards

The achievements of our staff and volunteers were celebrated at a glittering awards ceremony in Birmingham.

Our 2025 Star Awards took place at Villa Park, where around 50 individuals and teams were recognised for their hard work and dedication over the past year.

The black-tie event was hosted by ITV Central weatherman Des Coleman, who spoke about presenting live from the Midland Met shortly after it opened.

This year’s Star Awards are the first to be held since the opening of Midland Metropolitan University Hospital, and eight of the fourteen categories were specially introduced to recognise the contributions of staff who helped make the opening of the new facility in Smethwick a success.

New categories included More Than a Hospital Award and The Midland Met Clinical Excellence Award.

The Outstanding Contribution to Midland Met award was won by Jayne Dunn, director of commissioning for the Midland Met. Jayne led the complex logistics of move planning, as well as overseeing all the new equipment going into the hospital, ensuring it was ready for clinical use.

After winning the award, Jayne said: “I’ve been involved with the Midland Met project from the very early stages, so to receive this particular award and have my work over the last few years recognised feels really wonderful.

“It was a very proud moment when the Midland Met opened, for myself and my colleagues, and I’m just so pleased to have played an important part in making that happen.”

The Patient’s Choice Award went to the critical care team, who were nominated by the family of a patient who sadly passed away in 2024. In their nomination, the family member said that their sister was treated with dignity

and respect, and that the team reduced their stress and anxiety by ensuring that the family understood complex medical information and were involved in every decision regarding her treatment.

Jo Cella, sister on critical care said: “Wow, what an honour. We would like to say thank you to the family who nominated us for this award.

“We always strive to deliver the best care for our seriously ill patients, so to know that their experience with our team was positive really means a lot to us.”

Chairman Sir David Nicholson said: “The Star Awards really highlight the dedication and compassion of our entire workforce and it’s been wonderful to look back on how everyone has helped to usher in this exciting new chapter for our Trust with the Midland Met.

“Our staff continues to deliver exceptional care within our hospital and health campuses and out in the community, and I’m grateful that this event gives us the opportunity to give back to them.

“I would also like to thank our sponsors for this year’s Star Awards, who have played a big part in making this wonderful evening a success.”

The Star Awards sponsors includes the Trust’s charity, Your City & Metropolitan Hospitals Charity, University of Wolverhampton, FreshWave, Balfour Beatty, Equans, Philips, WT Partnership, Archus, Gleeds, Platform 81, Ricoh, Hydrop, Wavenet, SGC Security Services, MB3 Group, Netcall, Mott MacDonald and Tendable.



Critical Care were the winners of the Patient’s Choice Award.



Jayne Dunn, Director of Commissioning and Equipping, was the winner the Outstanding Contribution to Midland Met Award.

Full list of winners:

**Rising Star Award** – Emma Jones, Urology Nurse Practitioner

**Volunteer of the Year** – Rajvinder Kaur

**Patient Safety Award** – The Medicine and Emergency Care Group: Reducing Length of Stay Programme

**More than a Hospital Award** – Learning Works #MoreThanAJob programme

**Move Champion of Champions** – Kay Stokes, Matron for theatres

**Induction Champion of Champions** – Andy Page, Training Manager

**The Midland Met Shooting Star** – Michael Brennan, matron for Emergency Department

**The Midland Met Change Maker** – Ian Oliver, Head of Soft Facilities Management

**The Midland Met Extra Mile Award** – Joint winners Emma Loosley, Senior Commissioning Manager and

Kelly Thompson, MMUH Project Administrator

**The Midland Met Clinical Excellence Award** – The Frailty Intervention Team

**Outstanding Contribution to Midland Met** – Jayne Dunn, Director of Commissioning and Equipping

**Patient’s Choice Award** – Critical Care

**Non-clinical Team of the Year** – The Decommissioning Team

**Clinical Team of the Year** – The Lung Cancer Screening Programme Team

**Chair’s Award for Outstanding Contribution to the Trust Values** – The Activation Group





Sustainability

Climate change is a global phenomenon, with far-reaching implications for our planet and public health.

We recognise that delivering high-quality healthcare goes hand in hand with protecting our environment, promoting social responsibility, and ensuring long-term financial sustainability. As part of our commitment to a greener NHS, we are actively working towards reducing our carbon footprint, improving resource efficiency, and enhancing the health and well-being of our communities.

This year, we have made significant strides in sustainable healthcare, aligning with the NHS Net Zero strategy and embedding environmental responsibility into our operations. As we move forward, we remain focused on driving innovation, fostering partnerships, and making sustainable choices that support our staff, patients, and the wider community. This section outlines our progress, challenges, and future ambitions in building a more sustainable NHS for generations to come.

Our key overarching aims remain:

- a. To **deliver high-quality care without exhausting resources or causing environmental damage** to preserve resources for future generations
- b. To **develop ambitious net carbon zero plans**, including decarbonising our estates
- c. To **embed sustainability into the heart of our organisation** and lead on driving working practice towards using resources, like energy and water, more efficiently to reduce wastage
- d. To **engage and inspire our colleagues and patients** to take actions that will collectively make a big impact

Transitioning to Net Carbon Zero

With the opening of MMUH in 2024, energy will gradually no longer be supplied to the non-retained estate. MMUH will have a significant energy consumption despite energy efficiency measures being installed.

The Trust is developing a decarbonisation plan for energy related carbon emissions so that we transition to net carbon zero in line with government guidelines. In 2025, we will be delivering a £12.6m Public Sector Decarbonisation Scheme (PSDS) funding programme for energy efficiency measures for Sandwell Health Campus. The project details are included in the **Estates, Facilities & Adaptation** section below.

We will also be installing solar panels at Rowley Regis Hospital and Leasowes Intermediate Care Centre that will collectively generate around 500,000 KWH each year. This will be funded by the NHS Energy Efficiency Fund (NEEF) to reduce NHS estate operating costs and carbon emissions.

Our Green Strategic Plan

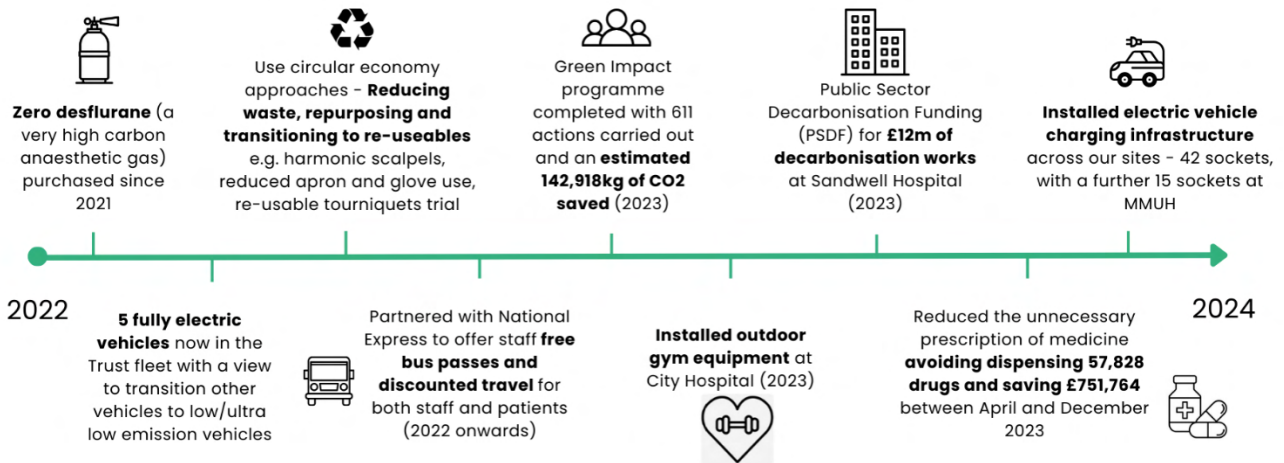
We developed a Trust Board approved **Green Strategic Plan** in 2022 to transition the organisation towards sustainable healthcare excellence. The plan takes a coordinated, strategic and action-oriented approach to sustainability, delivering sustainable healthcare to ensure services remain fit for purpose today, and for the future. It addresses impact through medicines, asset management, travel and logistics, climate adaption, capital projects, green spaces, sustainable care models, our people, sustainable use of resources including local procurement and management of carbon emissions.

For the plan to be successful, it requires everyone to work collaboratively with other partners whose services impact all facets of healthcare provision, including clinicians looking at care pathways, procurement for goods and services, and finance to where investment is needed to meet standards and generate efficiencies. Our patients and service users are also integral in providing insight and feedback on how we can continually improve and strive towards providing outstanding sustainable healthcare.

The plan will be refreshed in 2025 to align with the updated government guidance (<https://www.england.nhs.uk/long-read/green-plan-guidance/>).

Our Green Strategic Plan Highlights

Since launching the Green Strategic Plan in 2022, we have achieved the following:



Here is more detail:

Our People, Workforce & Leadership

Aim: To encourage and inspire staff, local population and wider stakeholders to implement good environmental practices.

Our ‘Green Impact’ staff engagement programme is now in its 6th year. ‘Green Impact’ involves colleagues working together in teams to complete simple actions that collectively have a big impact. The programme makes

strides towards more efficient ways of working, reducing costs and has a positive impact on wellbeing. The number of teams and actions completed is increasing year-on-year

Since Green Impact launched at the Trust in 2018, a total of 2,339 positive sustainability actions have been taken, and 18 Special Awards have been achieved.

In 2024-25, teams put 453 actions into place over 7 months. Figure 1 shows the key achievements of Green Impact teams in 2024, including teams eradicating 1,000 single use cups use by switching to re-usable cups.

Figure 1: Green Impact teams achievements in 2024.





Estates, Facilities & Adaptation

Aim: To transition to low carbon technologies, ensuring our estates are as energy and utility efficient as possible.

The Trust is focused on the continual reduction of operational resource use and running costs of essential utilities such as water, electricity, gas and fuel oil. Figures 4 and 5 illustrate the total electricity and gas use trends for the Trust.

In 2025, we are delivering Public Sector Decarbonisation Scheme (PSDS) funding, a government grant program that helps public sector organisations reduce emissions from their buildings. The Trust has secured £12.6m for energy efficiency measures for Sandwell Health Campus, including:

- e. Installation of a heat pump system to provide low carbon heating,
- f. Replacement of windows on the Tower and parts of the Outpatients and Trinity buildings,
- g. Upgrading the thermal envelope,
- h. Installation of roof insulation to the Tower and Trinity roofs, and
- i. Replacement of 1,377 light fittings with new energy efficient LEDs

The Trust has also secured NHS Energy Efficiency Fund (NEEF) for energy efficiency programmes. This NEEF funding is designed to support NHS Trusts in reducing energy and carbon costs, as well as maintenance costs. The Trust will use the funding to:

- j. Upgrade our Building Management System (BMS) at Sandwell Health Campus to allow us to optimise how we use energy in our buildings,
- k. Upgrade 170 old light fittings to LED at Sandwell Health Campus, and
- l. Install a solar panel scheme at Rowley Regis Hospital that will generate electricity for the site. It will generate enough electricity to power 93 households for a year!

Collectively, these projects will save over 53 tonnes of carbon every year.

Energy

The Trust’s energy consumption profile has significantly changed with the opening of MMUH in Autumn 2024. Figures 2 and 3 show the Trust total electricity and gas consumption trends. Both electricity and gas have significantly increased with the opening of MMUH. We are working to reduce, and optimise, energy across the retained and divested estate which should improve efficiency.

Figure 2: Total electricity use (2021-22 to 2024-25)

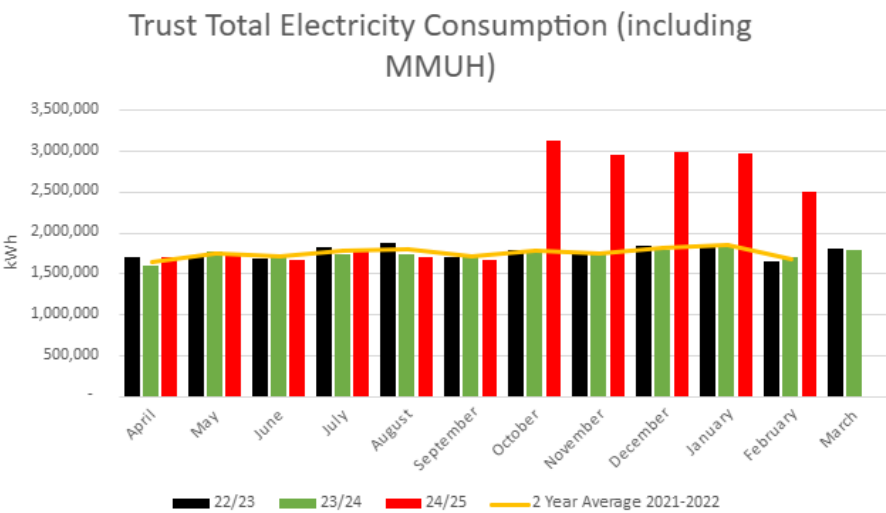
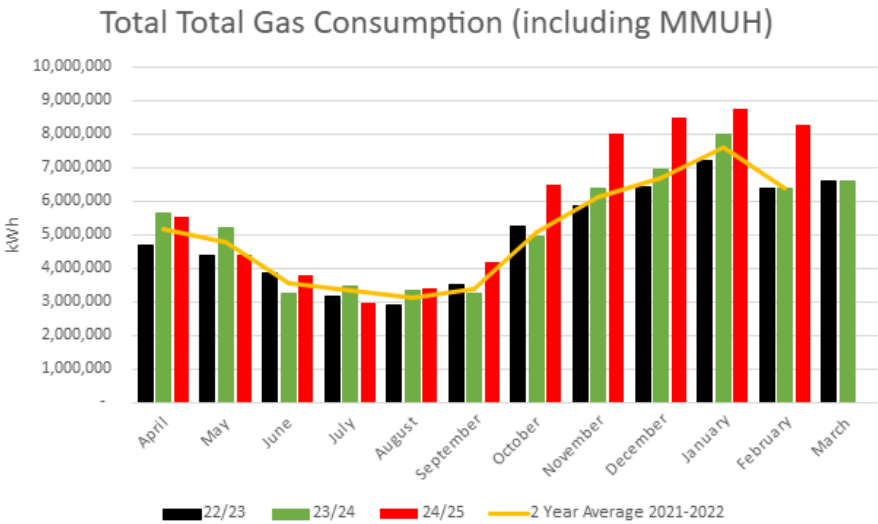


Figure 3: Total gas use (2021-22 to 2024-25)



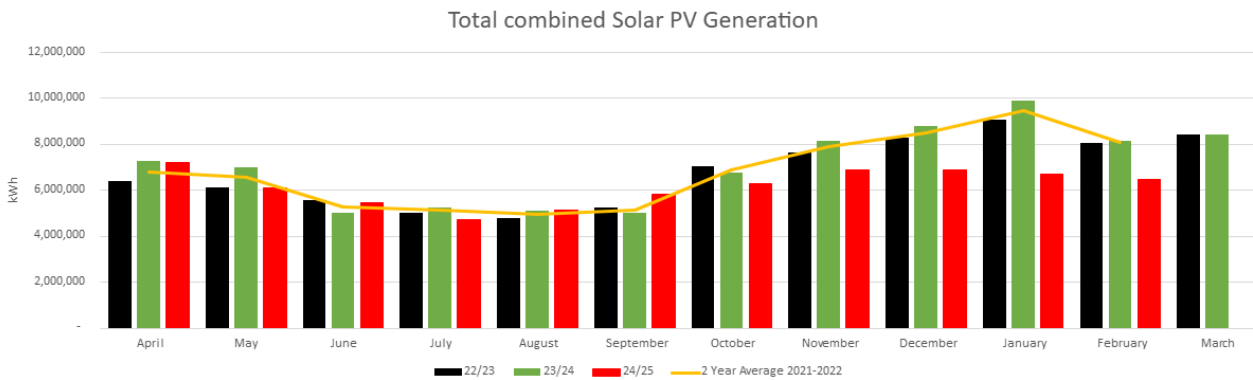
**Note:** March 2024 data is not included as it was not available from suppliers at the time of compiling this report Midland Metropolitan University Hospital opened Autumn 2024.

Renewable energy:

The Trust has three owned solar PV systems to increase the amount of renewable energy we generate. These are located at City Health Campus (Birmingham Midland Eye Centre), Rowley Regis Hospital and Lyndon Primary Care Centre at Sandwell Health Campus. Figure 4 illustrates the total electricity generated by the on-site solar panels.

The solar panels generate more electricity in the summer months where there is more sunlight. The three schemes collectively generate around 88,448 KWH each year. This electricity is used to run our hospital buildings. Figure 4 provides more detail and shows the trends of electricity generation from the solar panels, with peak consumption during the sunny months.

Figure 4: Total Trust on-site solar PV generation



**Note:** March 2024 data is not included as it was not available from suppliers at the time of compiling this report.

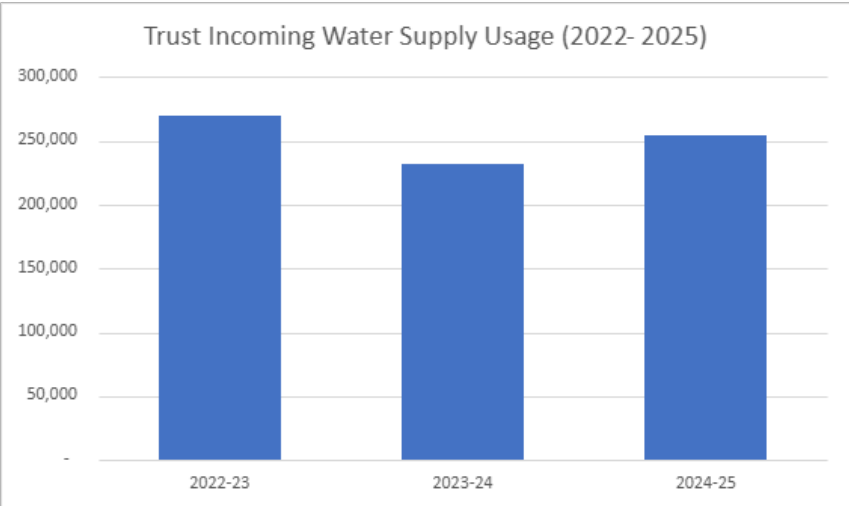


Water

Our water consumption has remained relatively stable since 2022 (see Figure 5). With the opening of Midland Metropolitan University Hospital in Autum 2024 this has, and will continue to, impact on water consumption.

We are committed to making on-going improvements to ensure that water is used wisely and efficiently so that we can work towards our aim of improving water efficiency. This has been a challenge in recent times, with more intensive services and stringent regulations on water safety and hygiene.

Figure 5: Trust total incoming water usage trends, 2022-2025



**Note:** For some months, data has been estimated as this data was not yet available from suppliers.

Medicines

**Aim:** To enable care pathways that improve patient outcomes whilst reducing resource use and carbon emissions.

Usage of nitrous oxide could be significantly reduced through waste management without impacting clinical practice. Leaks within the old manifold system can contribute massively to nitrous oxide usage, increasing costs and carbon footprint.

The Trust has been successful in bidding for a small pot of funding from NHSE to reduce nitrous oxide waste from manifolds and transition to cylinders. The funding will be used to purchase pressure regulators and cylinder trolleys, with a view to decommissioning the nitrous oxide manifolds and move to cylinders at Sandwell Hospital. This will reduce significant waste and reduce carbon emissions.

Continued projects include:

- a. Running in-house and ICS engagement ‘lunch and learn’ sessions with guest speakers to engage colleagues on the importance of assessing inhaler technique and prescribing, where clinically appropriate, Dry Power Inhalers (DPI) which have a much lower carbon impact than Meter Dose Inhalers (MDIs)
- b. Greener Theatres Working Group established with an action plan to drive moving to greener ways of working
- c. Collaboration with the ICS to support engagement
- d. ZERO desflurane (a very high carbon anaesthetic gas) purchased since 2021. Sevoflurane is the primary volatile anaesthetic gas used across the Trust. Sevoflurane is one of the lowest carbon inhalational anaesthetic agents

Travel & Logistics

**Aim:** To encourage more active and sustainable modes of travel and transition to low emission vehicles.

The Trust has been building on partnerships locally and across the region to support staff, patients and visitors travelling to our sites.

As part of the West Midlands Bus Improvement Scheme, we have been running a free 4-week bus pass scheme for eligible (non-frequent bus users) staff, followed by 8 weeks at 25% discounted travel with Transport for West Midlands. New starters also get access to this scheme. We will also be launching a scheme for patients in April 2025 to offer a free one-week bus pass for eligible patients. The schemes will encourage staff to get the bus to/from work, creating a modal-shift and supporting sustainable travel habits.

Through the staff scheme, we have seen an additional 1,470 bus journeys completed for new starters from August to December (2024) and 2,967 additional bus journeys completed for existing staff between 2nd September and 28th October (2024).

In addition to this, we have:

- e. Created significant electric vehicle (EV) charging infrastructure across our sites. We now have over 40 EV charging sockets. Over the last year, we have generated over 4,000 vehicle charges, saving over 71,000 kg of carbon (versus driving a standard petrol or diesel vehicle)
- f. We now have 5 fully electric vehicles in our Trust fleet with a view to transition the other vehicles to low/ultra-low emission vehicles
- g. We run a dedicated car sharing app called ‘Kinto’, for staff and have implemented incentives to encourage further registrations
- h. We run an annual staff travel survey to capture travel habits and inform how we can better support colleagues with travel to our sites

- i. We chair the Black Country ICS Greener NHS Travel and Transport Group - sharing best practice, any issues and working to develop partnerships

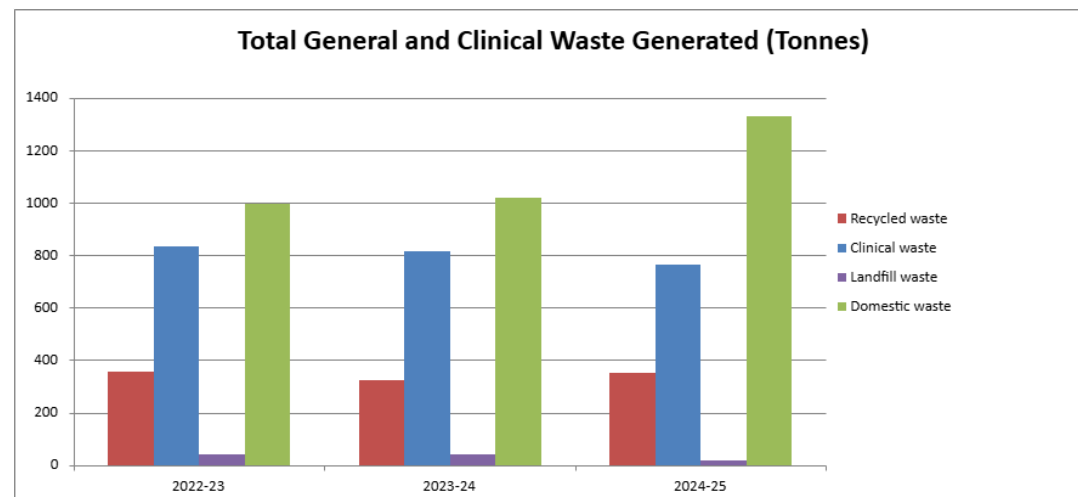
Sustainable Use of Resources, Waste & Procurement

**Aim:** Think before we purchase and reduce the use of disposables. Consider environmental, social, and economic factors before purchasing. We also aspire to improve correct waste segregation and engage our staff in resource efficient ways of working.

- j. Identified all contracts over £5m. Suppliers can now upload their Green Plans onto a system where they are reviewed by our Procurement Team for consideration in tenders
- k. Social value: The mandatory minimum 10% weighting for social and environmental considerations in procurement decisions will help to bridge the gap whilst we wait for Evergreen to be fully implemented, allowing Trusts like ours to use discretionary scoring in evaluations to try to encourage bids that offer greater sustainability benefits
- l. A Sustainability Impact Assessment (SIA) template has been created for development, investment and procurement decisions. This is to ensure that energy, waste, water, travel, models of care, and other sustainability measures are considered before purchasing decisions are made.
- m. System wide collaboration with the national Greener NHS Team and local ICS to ensure alignment
- n. Reduced the total amount of clinical waste between 2022-23 (843.9 tonnes) and 2024-25 (761.34 tonnes), whilst also reducing the amount of waste we send to landfill (38.72 tonnes in 2022-23 versus 15.4 tonnes in 2024-25). See Figure 6 for more detail.



Figure 6: Trust total general and clinical waste generated trends (tonnes) (2022-23 to 2024-25)



#### Example projects that have reduced waste:

- Rollled out a re-usable tourniquets project, with 450 purchased to replace to disposable tourniquets across Phlebotomy, Antenatal Clinic, Medical Infusion Suite and Critical Care Outreach
- Reduced glove use – created a campaign to remind colleagues of the correct and appropriate use of gloves. This will help reduce healthcare associated infections, reduce the level of (occupational related) dermatitis in colleagues, decrease waste and environmental impact and improve patient experience
- Moved to reusable blood pressure cuffs
- Created hybrid clinical sustainability role
- We no longer use the Theatre warm-up gowns, saving circa 32,460 gowns from incineration each year
- 'Patients Own Medicines' scheme running well, reducing medicines waste and costs
- No longer purchasing single-use plastic stirrers, straws (unless clinically required), cutlery and plates

We are also working to transition infuser bags, sterile gowns, and theatre caps from single use to reusable.

#### Green Space & Biodiversity

*Aim: To preserve the natural environment for future generations and encourage others to enjoy outdoor space.*

- Outdoor gym at City Health Campus opened in Summer 2023 (Figure 7)
- 'No mow' zones created to encourage diversity across our sites
- A sensory garden was created at Sandwell Health Campus to provide a peaceful and colourful space for patients, visitors and staff. Arts company 'Spectra' has transformed a grassy area outside the main entrance of the hospital in West Bromwich into an interactive community garden called 'Buzz Stop' which boasts wildlife-friendly plants



Staff training on how to use the outdoor gym.



The Garden of Gratitude at Midland Met.



# Your City & Metropolitan Hospitals Charity

## Who We Are

Your City and Metropolitan Hospitals Charity is the independent registered charity of Sandwell & West Birmingham NHS Trust, incorporating hospital sites at City, Rowley Regis, Sandwell and the new Midland Metropolitan University Hospital, as well as over 150 community healthcare services including GPs and partners.

We commenced activity on 1st April 2024, replacing the previous Corporate Trustee charity, Sandwell & West Birmingham Hospitals NHS Trust Charities, as the official charity of the Trust. We officially launched our new independent charity in October 2024.

Please watch our charity launch video here: [https://youtu.be/s6Q8H073ZVI?si=D6aYOM\\_Rh3MmSM1E](https://youtu.be/s6Q8H073ZVI?si=D6aYOM_Rh3MmSM1E)

## Our charity's purpose is:

*"To enhance the experience of everyone using our hospitals and healthcare services"*

## Our vision is:

*"To have improved life chances and better health outcomes in our communities and care systems."*

## We exist to achieve 4 key objectives:

- a. **Patients** - to demonstrate high quality impact through charity projects that care for our patients
- b. **People** - ensure we support the ongoing health, wellbeing and development of our people
- c. **Population** - address health inequalities outside of our hospital walls and with our population
- d. **Partners** - be an anchor institution for health, social care, and other charities as our partners.

## We deliver our work through 5 key priorities:

- a. **Infrastructure and equipment** - added value capital improvements to our Trust facilities
- b. **Education, development and wellbeing** - above and beyond support for our staff, including volunteers
- c. **Innovation and research** - piloting innovative projects or testing new ideas and technologies
- d. **Community resilience** - working in partnership to address health inequalities in our locality and region
- e. **Urgent need** - Supporting our Trust to prioritise and fund projects that have the greatest need



The charity launch in October 2024, kindly hosted by Arup at their central Birmingham office.

## Our Strategy

We have co-produced a 5-year charity strategy in partnership with over 200 stakeholders, including our people and partners.



## Our Appeals

We align our priorities to a number of appeals within our hospitals and healthcare services, including women & child health, medicine & emergency, surgery, research & development, community, Birmingham Midland Eye Centre, and Midland Met.







What we have achieved

In 2024/25, Your City & Metropolitan Hospitals Charity raised over £1m and invested over £700,000 in a wide range of healthcare initiatives for the benefit of our people, patients, population and partners\*.

During this year, we successfully closed the £2m fundraising campaign, We Are Metropolitan, which has been able to fund a range of fantastic projects in our new Midland Metropolitan University Hospital. These include paediatric artworks, a community garden space, and PhD research and development projects in partnership with Aston University and the University of Birmingham.

Thank you to everyone who contributed and supported our campaign.



Young patients enjoying the touchscreen table kindly loaned to our children’s ward at Midland Met by ACT Solutions



Our partner Spectra installing The Commons community garden space at Midland Met

How you can get involved

- Donate to us online: <https://www.justgiving.com/swbh-nhs-charity>
- Donate by cheque
- You can always fundraise for us – take a look at our events and we will be in touch to support you: <https://www.swbh.nhs.uk/charity-fundraising/fundraising/>
- Direct debit - you can support long-term projects and campaigns by giving regularly. To set up a regular donation by direct debit, please contact us: <https://www.swbh.nhs.uk/charity-fundraising/ways-to-donate/>
- Bank transfer - you can donate to us directly by bank transfer. Please contact us for our bank details
- Leaving a gift in your will to Your Trust Charity - a wonderful way to ensure you will still help make a difference beyond your lifetime

Follow us on social media:

- LinkedIn: <https://www.linkedin.com/company/your-city-and-metropolitan-hospitals-charity>
- Facebook: <https://www.facebook.com/SWBHCharity/>
- X: <https://x.com/SWBHCharity/>
- Blue Sky: <https://bsky.app/profile/swbhcharity.bsky.social>
- YouTube: <https://www.youtube.com/swbhcharity>
- Instagram: <https://www.instagram.com/swbhyourtrustcharity/>

Contact us:

Telephone: 0121 507 5196  
Email: [trustcharity@nhs.net](mailto:trustcharity@nhs.net)  
Website: <https://www.swbh.nhs.uk/charity/>

\*Figure may be subject to change. Full audited accounts will be available in the Charity’s annual report in autumn 2025.

The figure includes all commissions made to the Trust or other partners in the year.



The Commons Community Garden.



# Our role in Integrated Care Systems

With our geographical boundaries crossing two Integrated Care Systems and our activity equally coming from both we are a full member of the Healthier Futures, Black Country Integrated Care System (ICS), and also an active member of Birmingham and Solihull Integrated Care System.

ICSs may put the budget and decision making into the hands of local partnerships who will work with local communities to decide how best to design and deliver efficient services that meet local needs and avoid duplication.

Healthier Futures - Black Country Integrated Care System (ICS)

People are living longer, but with more complex conditions. Evidence shows that whilst access to good quality healthcare is vitally important, it is the wider aspects of people's lives – housing, income, employment, education and environment – that have the greatest impact on their health. Services that support people with these issues all have a role to play in improving people's health.

This means local government, the voluntary sector, the NHS and wider partners need to work together to create joined up health and care services that meet the needs of local people, focusing on prevention, better outcomes and on reducing health inequalities.

Integrated Care Systems (ICS) were created in July 2022 to encourage and enable this. They bring a wide spectrum of local organisations together with a duty to collaborate, to understand how the health and wellbeing of local people can be improved, agree priorities and strategies for achieving this, and plan different ways to deliver care.

Here at Sandwell and West Birmingham NHS Trust we are proud to be part of the Black Country Integrated Care System (ICS) and are committed to working in collaboration and partnership with other health and care organisations to ensure the people we serve have improved life chances and health outcomes. This is in line with our vision/ strategic aim/ purpose to, [insert a org strategic statement which aligns to the ICS partnership working].

In the Black Country, in addition to our statutory organisations, our provider collaborative and our place-based partnerships, the two key elements of our ICS are

the Black Country Integrated Care Partnership (ICP) and the Integrated Care Board (ICB):

- a. The ICP is a statutory committee with membership from our four local authorities, the voluntary sector, police and fire services, education and the NHS. The ICP is responsible for working with health and wellbeing boards and developing a long-term strategy to improve health and social care services and people's health and wellbeing in the area.
- b. The ICB is an NHS organisation responsible for planning health services for their local population. It manages the NHS budget and works with local providers of NHS services including hospitals, GP practices, community services, pharmacists, dentists and optometrists, to agree a joint five-year plan which sets out how the NHS will contribute to and deliver the ICP's integrated care strategy.

Together we have four key aims:

- a. improving outcomes in population health and health care
- b. tackling inequalities in outcomes, experience and access
- c. enhancing productivity and value for money
- d. helping the NHS to support broader social and economic development.

To find out more about the ICP and ICB, visit the ICS website **About us: Black Country ICS**

## Sandwell Integrated Care Partnership

As the host of Sandwell Health and Care Partnership, we have continued to work with our partners to develop and enhance services to improve the experiences and outcomes for local people. Our vision is people living in Sandwell will receive excellent care and support within their local area, exactly when they need it. This will be delivered by a team of people working together in partnership with local citizens. We will support and engage with communities to enable people and families to lead their best possible lives regardless of health status, age, background, or

ethnicity. Together we will tackle inequalities, supporting people born and living in Sandwell to have opportunities to lead happy, healthy lives.

The priorities have remained as:

- a. Resilient Communities
- b. Transformed out of hospital experience
- c. Integrated Workforce

In 2024 this was taken forward through four key workstreams that partners have collaborated to build upon previous years successes, these have been:

- d. **Integrated Primary Care** – over the last 12 months the partnership has continued to develop a town approach to a multi-disciplinary collaboration between health, social care, public health and voluntary sector partners to support a more joined up approach to supporting and responding to the needs of the people within each of the towns. Work continues around working much closer with primary care on this approach.
- e. **Intermediate Care** - Our integrated discharge hub involves health and social care partners supporting people to leave hospital as soon as their hospital treatment is completed. Our flagship intermediate care facility, Harvest View continues to be a key element to support care for our patients with greater need on discharge.
- f. **Prevention & Community Health** – we were successful in securing and establishing a WorkWell Programme in Sandwell. This was only launched in October 2024 and referrals continue to grow month on month. This has been through ensuring that we grow referrals through GPs, social prescribers and welfare rights. Work has commenced and focussed on infant mortality focusing on Healthy Start and smoking in pregnancy with community clinics in libraries and family hubs across Sandwell.
- g. **Mental Health & Wellbeing** – to respond to the Sandwell Better Mental Health Strategy the partners are working together to more integrated plans that support opportunity for joint working on Mental Health promotion &

prevention and Suicide Prevention at locally. This will link into the Integrated Community Mental Health Pathways and support reduce unnecessary Mental Health admission / delays.

Moving forward the Partnership have agreed to a revised approach that will see a broader set of partners e.g. housing and leisure work together to strengthen the partnership and bring the workstreams together for a more transformational focus during 2025 which will be around:

- h. Connected Communities
- i. Home First

## West Birmingham Locality Partnership

In West Birmingham, we have strengthened our partnership with all other health and care providers to ensure we are working collaboratively together for the benefit of local people. Together, we are focussing on improving pathways of care between our hospitals, GPs and community providers. We are particularly working to ensure the most prevalent conditions in the area such as diabetes, respiratory illness and heart disease are managed better to reduce health inequalities.

The partnership has been focussed on the key health and care needs of the area and have been successful in securing over £1.2M worth of funding through the Fairer Futures Fund. The 3-year funding, will provide 7 new services, which are a collaboration between health and care sectors focussed on the following: -

- j. Maternity Care & Infant Mortality
- k. Better Start for our Children
- l. Better Prevention, Detection Treatment of Major Diseases
- m. Better Outcomes for People with Mental Illness
- n. Improved Outcomes for Inclusion Health Groups
- o. Wider Determinants of Health

The partnership will oversee the seven new services commencing 1 April 2025 and will closely monitor their achievements and outcomes over the forthcoming three years.



Meanwhile, the partnership has been influencing the delivery of Integrated Neighbourhood Teams (INT). The INT team consists of a multidisciplinary Team from health and social care partners. The role of the INT is to-

- p. Case manages and care co-ordinate for the most complex patients within the locality.
- q. Provide holistic intervention
- r. Putting in place interventions to support the reduction of future service use.
- s. Work with the locality hub to ascertain up to date information on citizens within the locality.

The data so far suggests positive outcomes for these most complex patients, and that through targeted intervention and working together, there has been a reduction in service use across health and social care providers. Further work is continuing and focussing on wider development of the INTs.

The INT is part of a wider collaboration with the development of the West Birmingham Locality Hub, led by Birmingham Community Health Care, through the Community Care Collaborative. The focus is on providing care collaboration across the West Birmingham footprint to:

- t. Provide an overview across the Urgent and Emergency Care (UEC) pathway
- u. Identify and support response to demand escalation
- v. Act as a central referral point for services (including Single Point of Access)
- w. Will act as the Locality 'HQ' for teams – examples include INT's and Intermediate Care

Work continues to grow and develop the Locality hub for future service provision.

**Black Country Provider Collaborative (BCPC)**

Over the course of 24-25 the Trust has continued to work with BCPC partners across its agreed three key programmes of work:

- x. **Clinical Improvement Programme** – a focus on supporting and contributing to improvements in cancer health outcomes and elective care recovery.

- y. **Corporate Improvement Programme** – a focus on exploring and progressing opportunities for consolidation and delivery at scale resulting in better service productivity and efficiency.
- z. **System and Transformation Priorities** – a focus on identifying and progressing priorities at scale which would support and enable better service delivery and / or transformation.

We have continued to identify and progress key areas of joint work that align with the principles for collaboration, where unwarranted variation exists, where there is fragility, or in areas where modernisation and transformation to improve services are best undertaken once at scale.

Our progress has been outlined in the 18-month BCPC Annual Report. Some of our notable successes this year are as follows:

- aa. **Quality** – improvements made across critical care, orthopaedics, and skin networks by establishing consistent guideline for use across the system, in addition to improving access to care through work in driving down waiting times in the HVLC specialties and raising health outcomes by attaining or exceeding GiRFT metrics.

Furthermore, we have pursued a range of modernisation and transformative activities including the creation of elective hubs, ENT, general surgery, ophthalmology, and urology with plans being developed for progression very shortly.

- ab. **Strategic Developments** – As part of our collaborative efforts across the Black Country, we are actively exploring opportunities to repatriate services, enabling patients to receive care closer to home and eliminating the need for out-of-area travel. This initiative aims to enhance accessibility, improve patient experience, and optimise resource utilisation within our regional healthcare network.
- ac. **Engagement** – continued active engagement with our clinical and service leadership teams through Clinical Summits and dedicated away days for our Clinical Networks.

Our collaborative success stems from a strong focus on inclusion, engagement, and empowerment through partnerships. By building trust and relationships, we're transforming the long-standing culture of competition in our evolving healthcare environment.

The BCPC continues to grow and mature. This partnership enables us to pursue strategic priorities at scale, use system-wide resources more effectively, and make faster decisions - leading to quicker benefits realisation. We look forward to showcasing more positive impacts from our collaborative work in the coming months.





Our Trust Strategy: 2022/27

Overview 2024/25

In 2022, the Trust Board approved a five-year strategy, recognising that achieving our ambitions required a phased approach of which a primary initial focus was the safe and effective opening of Midland Metropolitan University Hospital (MMUH), which required significant effort and resources.

During October to November 2024, we successfully opened MMUH, transitioning patients and staff while ensuring continuity of care. This state-of-the-art facility now provides inpatient adult , maternity and children’s services to over 500,000 people. Beyond healthcare, MMUH is a catalyst for social and economic regeneration, improving life chances and long-term health outcomes.

Trust Priorities Before and After Opening MMUH

**Before opening**

- Launch our Strategy and co-develop the plans
- Develop values and behavioural framework
- Prepare for and open the new hospital
- Improve staff journey from recruitment to retirement
- Budget reset and cost control
- Place based partnership development
- Agree a continuous improvement approach



**After opening**

- Embed new ways of working and Continuous improvement approach
- Make significant improvement in our Board-level metrics, staff survey and patient experience
- Develop a Learning Campus
- Work closer with partners in the Integrated Care System

While opening MMUH marked the culmination of years of planning, it is just the beginning. The hospital is an enabler for transformation, driving improvements in care, workforce development, and value for our patients and communities.

Going forward, our focus will be on fully embedding service efficiencies, optimising resource allocation, and ensuring MMUH operates at its full potential to improve patient care and financial sustainability.

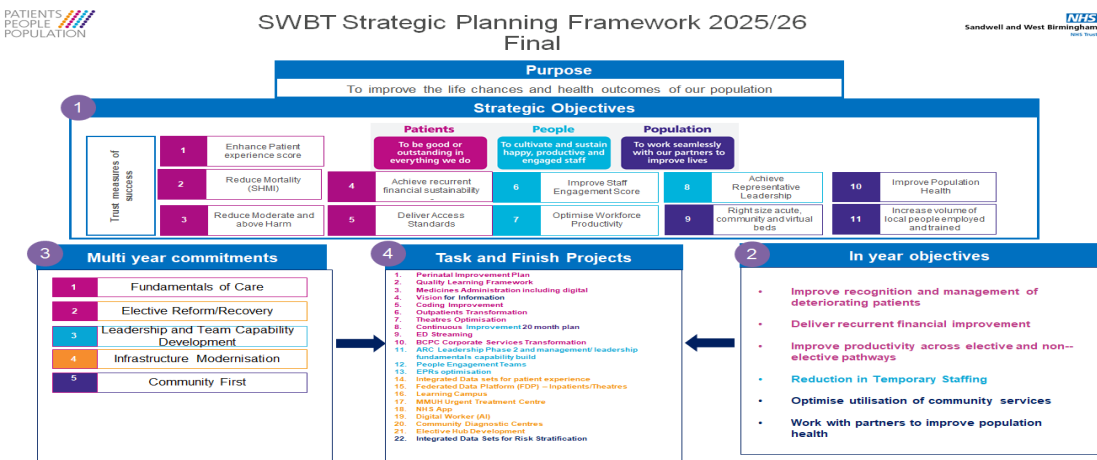
In alignment with the NHS Long Term Plan, we are driving transformation across three key areas: shifting from treatment to prevention to improve long-term health outcomes, accelerating the transition from analogue to digital to enhance efficiency and patient experience, and moving care from hospital to community to provide more integrated, accessible services. These priorities underpin our focus on delivering safe, effective, and sustainable healthcare for the future

Looking ahead to 2025/26

The strategy has had a refresh from 2024/25 and now benefits from an extended vision and specific inclusion of a continuous improvement system plus integration of L&D into culture.



For 2025/26, we enhanced our strategic development through a set of 11 clear, measurable objectives ‘goals’ to focus on and refining our approach from 6 to 5 Multi-Year commitments.





Performance Summary 2024-2025 and Forward Outlook

As we look back on the past year, it is essential to acknowledge both our achievements and the areas requiring further improvement. The summary below highlights our performance against the 11 key strategic objectives and provides an outlook on future initiatives.

D. Wake

Diane Wake  
Chief Executive Officer  
26 June 2025

How the Trust Measures Performance

We use a comprehensive framework of data collection systems, reports, and self-service tools to oversee of our performance. Monitoring extends across all aspects of our services, including operations, finance, workforce, and quality and safety, aiming to provide complete visibility of performance from ward to board and vice versa.

We complement these arrangements with a rigorous regime of internal and external audits and are held accountable to various stakeholders including the Black Country Provider Collaborative, Black Country Integrated Care Board, Birmingham and Solihull Integrated Care Board, NHS England, and regulatory bodies.

We provide a wide range of services commissioned by different organisations including Integrated Care Boards (ICBs), NHS England (NHSE), local authorities, resulting in a variety of performance indicators used to monitor service quality.

We measure performance through various means, including:

- a. NHS England’s NHS Oversight Framework.
- b. Performance against national targets.
- c. Staff and patient survey results.
- d. Quality measures in patient safety, clinical effectiveness, and patient experience.
- e. Outcomes of improvement projects.
- f. Key financial and workforce targets.
- g. Service user and carer outcomes and experiences.
- h. Results of CQC inspections.

To track progress and improvement, we have an established measurement system guided by certain principles:

- i. Integrating strategic and operational measures to engage all staff in delivering high quality services and developing them.
- j. Selecting measures that are relevant to the vision, mission, and strategic outcomes, linking to portfolios of work.
- k. Regularly monitoring a small number of measures at Board, committee, and Trust operational meetings, with other measures reviewed as exceptions.
- l. Allowing appropriate variation in measurement across directorates and services.
- m. Using measures as indicators of progress rather than strict targets, supplemented by quantitative and qualitative information for overall assessment.
- n. Recognising the need for developing measures over time if they don't currently exist.
- o. Integrating information across various operational performance, quality, and outcome measures to enhance business intelligence and service delivery.
- p. Utilising benchmarking whenever possible, comparing performance against external standards and benchmarks.

Key Performance Indicators

The Trust collates key performance metrics monthly into an 'Integrated Performance Report,' which is reviewed by the Board and its subcommittees. This report enables effective triangulation of data from different areas of the organisation. The Trust’s key metrics encompass quality and safety performance, operational performance (including national standards such as referral to treatment targets), financial performance (month-end position against plan and influencing factors), and workforce performance (including staff survey results).

Risks associated with achieving these targets are recorded and monitored through the Trust’s risk management process and, if relevant to strategic objectives, the Board Assurance Framework.

Performance Analysis

Throughout 2024/25, we have tracked the delivery of our 11 strategic measures of success through monthly key performance indicator reporting at Board subcommittees, clinical group reviews, and our bimonthly public Board meetings. This performance analysis is structured by our three strategic objectives: Patients, People, and Population, and includes a summary of performance with the corresponding measurable indicators.

Patients – Performance Highlights

“To be good or outstanding in everything we do”, we must provide timely treatment, ensure high clinical quality, deliver an excellent patient experience, and do so whilst maintaining efficient use of resources.

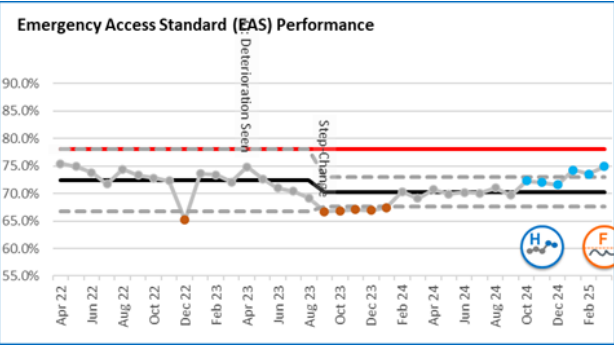
Deliver Access Standards

Meeting national access standards remains a key priority, with ongoing efforts throughout the year to reduce waiting times and improve urgent care pathways. The Trust remained focused on enhancing emergency, elective, and diagnostic care to support timely treatment for patients during and beyond the transition to MMUH. Performance has been sustained with some improvements, and work continues to build on these gains.

Measure: 4-hour Emergency Access Standard (EAS)

As the year ended, performance against Emergency Access Standards (EAS) showed an encouraging upward trend, demonstrating progress towards national targets without fully reaching and sustaining the 76% national target (this can be seen in the chart : Emergency Access standards (EAS) performance)

The Introduction of the 45-minute ambulance offload standard has contributed to significant improvements in ambulance turnaround times, positively impacting overall EAS performance. More ambulances are now being turned around within 30 minutes, with improvements also seen in triage times and the time taken for patients to be seen by a doctor. Coordination between the Emergency Department, capacity teams, and specialty services helped to minimise corridor waits, keeping them within expected thresholds in most cases.

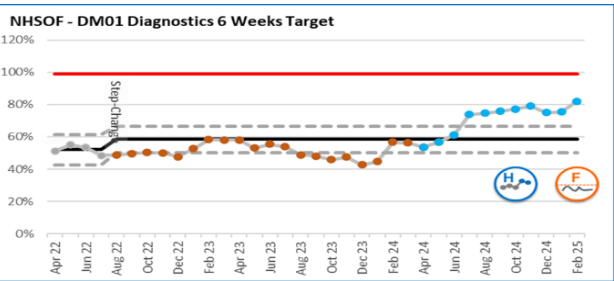


Measure: Patients who have their diagnostic completed within 6 weeks of referral (DM01)

Diagnostic performance (DM01) has shown improvement although some specialties continue to experience delays.

The Trust has successfully eliminated the longest patient waits, with further progress being made toward reducing waiting times in line with national recovery plans.

The graph below, NHSOF- DM01 Diagnostics 6 weeks target, illustrates a stepped improvement from last year and reaching c.80% of patients within 6 weeks from July 2024 to the end of the financial year.#

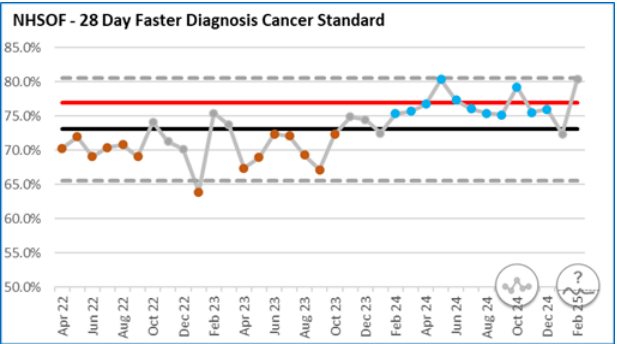






Measure: 28 Day Faster Diagnosis – Proportion of patients informed of their diagnosis/non-diagnosis within 28 days of referral.

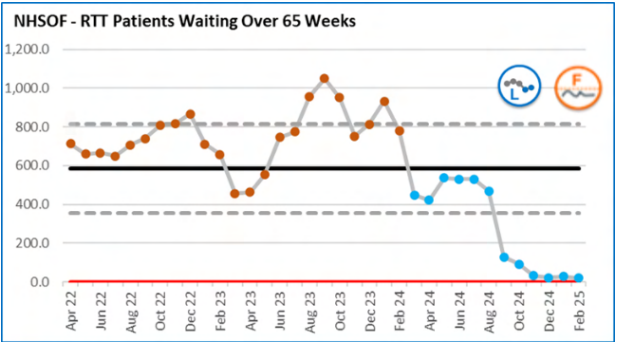
Cancer pathways have seen a strengthening performance over the year, with the Trust achieving sustained improvements in the Cancer 28-Day Faster Diagnosis Standard (FDS). Performance has exceeded local trajectories and national benchmarks, positioning the Trust among the stronger performers in the region. Challenges remain in meeting the Cancer 31-Day Decision to Treat (DTT) standard, but targeted actions are in place to enhance capacity and streamline pathways, supporting ongoing recovery efforts.



The above graph, NHSOF- 28 Day Faster Diagnosis Cancer standard, illustrates and improving position from last year reaching and near sustaining the required 77% target throughout 2024-25.

Measure: Referral to Treatment Standard: Reduce maximum waiting length

The below graph, NHSOF – RTT Patients waiting over 65 weeks, illustrates an improving trend of a near complete removal of over 65 week waits by the end of the calendar year 2024 sustaining into 2025.



To improve productivity across both elective and non-elective pathways, the Trust has implemented a range of targeted interventions, particularly in high-demand specialties and against 65 week waits.

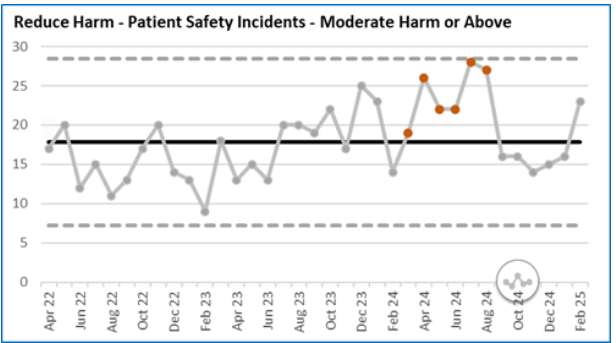
Theatres transformation has and will be a key strategic focus, optimising theatre utilisation to maximise elective activity and reduce access delays. Outpatient services enhanced through virtual consultations, Patient-Initiated Follow-Ups (PIFU), and improved triage processes, while broader pathway reforms continue to streamline diagnostics and treatment.

As the Trust moves forward, capacity planning and operational improvements will remain a priority, ensuring sustained enhancements in patient access and continued compliance with national standards and the strategic multi-year commitment of Elective reform.

Reduce Moderate and Above Harm

Measure: Patient safety incidents reported (Moderate and above harm)

Towards the end of the year , we have seen a reduction in moderate harm incidents however this trend is still variable, The below graph, *Reduce Harm – Patient Safety incidents ratio (moderate harm or above : total incidents)* illustrates an improving trend since Sept 2024 against the two-year average. Incident reporting remains a key focus, with the patient safety team providing regular updates to clinical groups, ensuring timely awareness and action.



Strengthening learning from incidents is key to improving safety and reducing risks across the Trust. Patient safety remains a top priority as such a key strategic In Year objective is improving the recognition and management of deteriorating patients through better safety measures, continual learning and improvement. Initiatives such as the

Quality Learning Framework and Medicines Administration Programme will support the above, alongside expanded use of automated dispensing (Omniceil) to reduce medication errors. The Patient Safety Incident Response Framework (PSIRF) is driving targeted actions to address systemic risks, while efforts to improve early recognition of deterioration will enhance timely intervention.

Ensuring compliance with the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) remains essential to protecting vulnerable patients. Through these initiatives, the Trust is committed to reducing harm, improving outcomes, and maintaining high standards of care.

Reduce Mortality (SHMI)

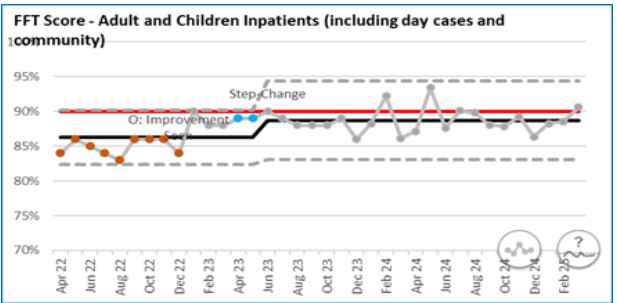
Our SHMI remains above the peer average, highlighting the need for focused action. To strengthen escalation processes, we are relaunching the Deteriorating Patient Group as a strategic In Year objective of improving the recognition and management of deteriorating patients, implementing a Standard Operating Procedure (SOP) for Early Escalation, and refining expected deaths assessments for improved reporting accuracy. Workforce development plans are also underway supported by digital enhancements for early warning systems, ensuring early identification and intervention for at-risk patients.

To further drive sustained improvement, we are strengthening mortality reviews and learning frameworks, using insights to inform real-time service enhancements. The updated CURB Care Bundle will optimise pneumonia and sepsis pathways, helping to reduce preventable harm. To solidify this our commitment to continuous learning from clinical incidents ensures that best practices are embedded across all services, underpinned by the Quality Learning Framework task and finish project within our strategy.

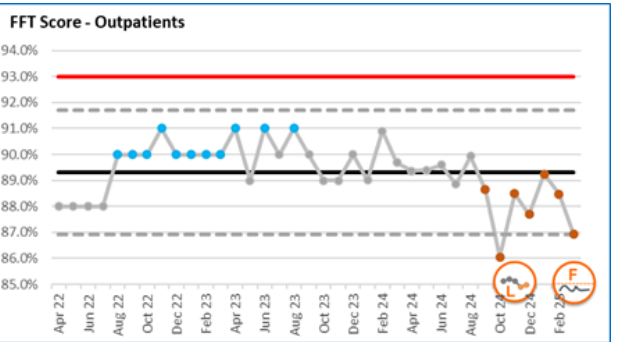
Enhance Patient Experience

This year, the Trust has made progress in improving patient experience, with increased inpatient response rates for adults and children plus some marginal improvements in Friends and Family Test (FFT) scores. However, performance has not yet been consistently sustained, with inpatient experience slightly below national targets, outpatient satisfaction dipping earlier in Autumn before improving, and general response rates remaining variable.

Measure: Friends and Family Test - Patients rating their experience as good or very good for all touchpoints



The above graph, *FFT Score – Adult and Children Inpatients (including day cases and community)* illustrates a sustained but slightly lower than national targeted experience and the below, *FFT Score – Outpatients* displaying some deterioration in Autumn before improving towards the end of the financial year but remaining variable.



To address this, we are developing a patient experience dashboard and benchmarking progress through the CQC National Survey. Technology is being explored to enhance complaint resolution, while the "Putting the Patient First" training programme is embedding a culture of compassionate care. Initiatives such as volunteer-led customer service sessions, student nurse training, and enhanced PALS support continue to strengthen patient interactions. The Quality Learning Framework will ensure learning from feedback informs service improvements, with a focus on increasing response rates, improving complaints resolution, and driving continuous improvement in patient experience.



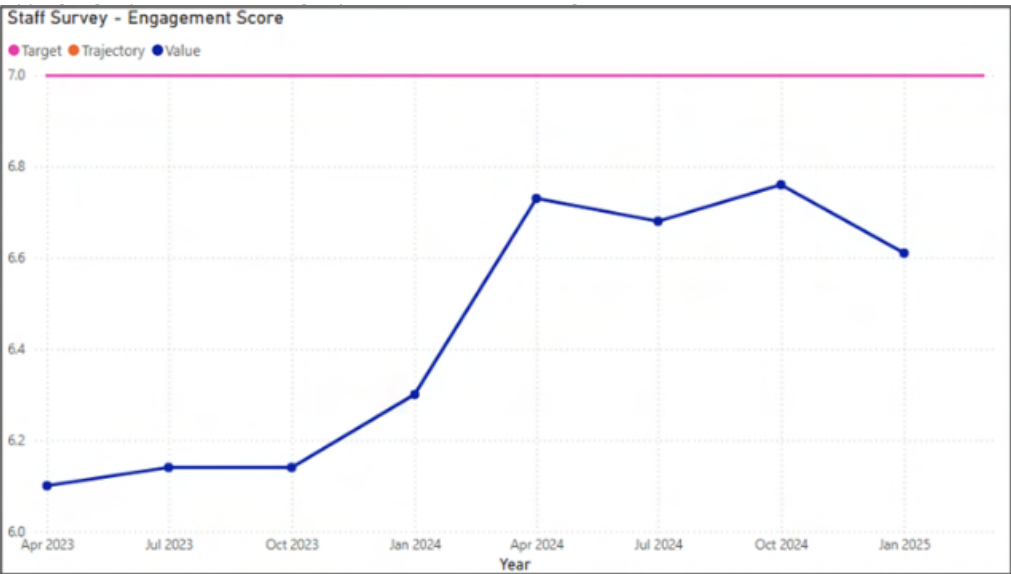
### Achieve Recurrent Financial Sustainability

The organisation’s financial position is experiencing a year-on-year decline, resulting in a substantial deficit that significantly limits our ability to make autonomous decisions. This financial constraint, in turn, hampers our capacity to enhance care for our population.

To strengthen financial resilience, the Trust has prioritised the delivery of recurrent financial improvement as a strategic in year objective, with a focus on reduction in temporary staffing and improving productivity. Coding improvement has produced benefits to optimise income capture and financial accuracy. Ongoing monitoring of the underlying financial position into 2025/26 will ensure continued progress, with a firm commitment to delivering financial sustainability **while maintaining patient care standards**.

### People – Performance highlights

To deliver for our patients and population requires an effective and productive workforce. To cultivate and sustain happy, productive staff, we must prioritise strong staff engagement, ensure opportunities for all, and build an optimised workforce.



### Improve Staff Engagement Score

Whilst the engagement score remains above previous levels and response rates have improved, maintaining participation remains a challenge.

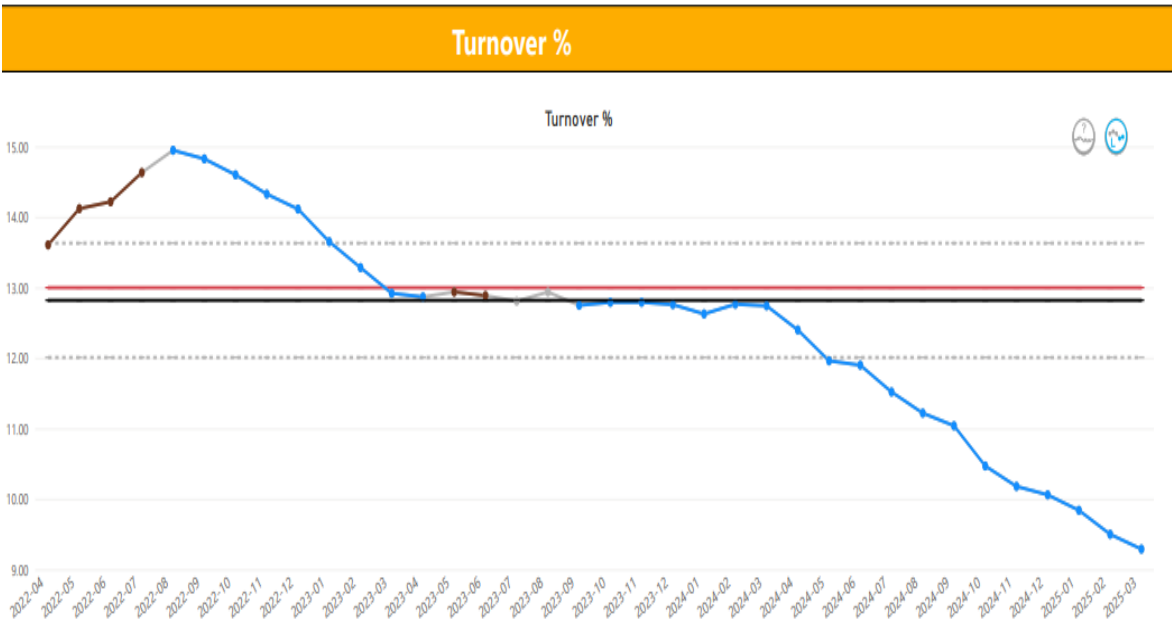
The graph below, *Staff Survey – Engagement Score*, illustrates an improving trend from January 2024 to April 2024, dipping slightly but still remaining improved on 2023-24 average levels.

Over the past year, the People Engagement Teams and the ARC Leadership Programme have strengthened staff morale through structured forums, leadership development, and wellbeing initiatives, fostering a culture of compassionate leadership. Aligned with the Trust’s commitment to reducing reliance on temporary staffing, ongoing efforts have focused on improving retention and workforce sustainability by enhancing staff experience. Phase 2 of the ARC Leadership Programme will further develop leadership capabilities, while the People Engagement Teams will deepen staff involvement in decision-making, ensuring feedback drives meaningful improvements.

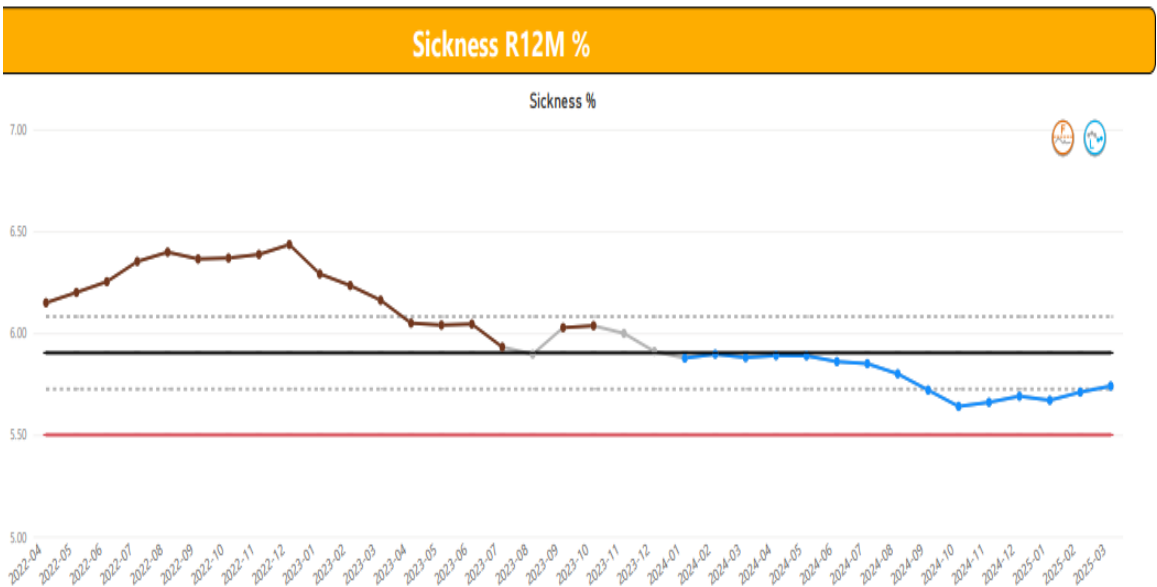
### Optimise Workforce Productivity

The key drivers of workforce productivity are reducing sickness and turnover, of which turnover improvements have been driven by targeted retention strategies and staff engagement initiatives.

Graph, Turnover % illustrates the significant turnover improvement evidenced from early 2024 and throughout 2024-25.



Sickness absence rates have also declined, strengthening workforce resilience.





Building on this progress, the implementation of the ‘GoodShape’ absence management platform is expected to further reduce sickness-related absences, improving staffing stability and continuity of care. In line with the Trust’s commitment to reducing reliance on temporary staffing a Trust-wide retention strategy will continue to enhance workforce stability, while better access to training, career progression opportunities, and staff engagement through surveys will further reinforce these gains.

Aligned with the Trust’s commitment to reducing reliance on temporary staffing, sustained efforts are being made to improve retention and workforce sustainability.

The launch of an externally funded employability programme has already helped individuals gain qualifications and secure roles within the Trust. To build on this progress, we are expanding targeted recruitment, apprenticeships, and training programmes while deepening partnerships with local educational institutions. Increasing the number of local people employed and trained remains one of our core 11 strategic goals, ensuring a sustainable and skilled workforce for the future.

Risks and mitigation

As with any organisation, there are risks to the Trust’s ability to deliver its goals and ensure patient safety. The Trust has to ensure it defines these risks, analyses them and identifies how to mitigate against them, and this is key to how the Trust manages risk.

The Board Assurance Framework comprises strategic risks as defined by the Board; the major risks that could prevent the Board from fulfilling the objectives in the Trust’s agreed five-year Strategy. Mitigation plans are in place for the five key risks to achieving the Trust’s Strategic Objectives, Patients, People, and the Population (the 3 Ps). Each risk has been assigned to a Board Committee, with regular updates received on actions being taken to address gaps in controls and assurance. This is accompanied by the Corporate Risk Register, which includes the most significant operational ‘red’ risks scoring 15 or above.

Key risks during 2024/25

Strategically the Trust has 5 key risks. These risks and their mitigations are set out in our Board Assurance Framework (BAF). Each is overseen by a Non-Executive led Committee. The 5 risks, their respective Committee are, their 2024/25 starting position and end position are set out below:

Risk	Committee	Starting Score	End of Year Score
There is a risk that the trust fails to deliver constant, safe high quality care.	Quality	12 - Major	12 - Major
There is a risk that the trust fails to make best strategic use of resources	Finance and Productivity	20 - Catastrophic	20 - Catastrophic
There is a risk that the trust fails to recruit, retain, train and develop an engaged workforce	People	12 - Major	12 - Major
There is a risk that the trust fails to deliver on its ambitions as an integrated care organisation	Integration	12 - Major	12 - Major
There is a risk that the Trust fails to deliver the MMUH business case.	MMUH Opening	16 - Major	15 - Major

Key Risks Looking Ahead to 2025/26

The strategic risks facing the Trust remain similar to last year, though some now require greater attention. Key areas of focus include financial sustainability, workforce transformation, and digital infrastructure.

Financial Improvement

Delivering recurrent financial improvement remains essential. Revised national funding rules mean activity above agreed levels may go unfunded, creating financial risk. Governance has been strengthened through an enhanced controls framework and improvement oversight.

Workforce Transformation

Workforce changes present risks around deliverability, staff morale, and service continuity. Mitigation includes leadership development, improved rostering, and staff engagement to support a safe and effective transition.

Digital Infrastructure and Capital Constraints

Limited capital and revenue funding could delay key digital programmes. Prioritisation and focused delivery will help manage this risk while progressing the most critical enablers.

Strategic Focus

To manage risk and build delivery confidence, the Trust has streamlined its improvement programme. Fewer, more targeted initiatives are being pursued, aligned with strategic priorities and supported by clear governance.

Looking Ahead to 2025/26

As set out in our 2025/26 Annual Plan, our focus now shifts from opening the Midland Metropolitan University Hospital to embedding new ways of working, improving outcomes, and ensuring the hospital delivers on its full potential. We will continue to deliver against national operational guidance, including standards for urgent and emergency care, elective recovery, diagnostics, cancer, mental health, and community services.

To support this, we have identified six in-year objectives that will drive improvement across the organisation:

- Improve recognition and management of deteriorating patients
- Deliver recurrent financial improvement
- Improve productivity across elective and non-elective pathways
- Reduce reliance on temporary staffing
- Optimise utilisation of community services
- Work with partners to improve population health

These priorities reflect the most critical areas for impact and will guide our operational and improvement efforts throughout the year.



Diane Wake  
Chief Executive Officer  
26 June 2025



# Corporate Governance Report

The board is collectively responsible for the performance of the Trust. The general duty of the Board of Directors, and each director individually, is to act with a view to promoting the success of the organisation to maximise the benefits for members of the Trust as a whole and the public.

The Trust Board is a unitary board accountable for setting the Trust's strategic direction, vision and values, monitoring performance against annual objectives, ensuring high standards of corporate governance and helping to promote links between the Trust and the local community. The Board consists of the Chair, Chief Executive, four Executive Directors and four Non-Executive Directors (NEDs) all with voting rights, plus five other Executive Directors and two Associate NEDs who attend board meetings in a non-voting capacity. As of 31st March 2025, there were no Executive or Non-Executive vacancies. The Trust Board seeks to reflect the local population it serves and, as part of succession planning.

The Trust Board has overall responsibility for the Trust's strategy, quality and safety of healthcare services, education, training and research. Day-to-day responsibility for implementing the Trust's strategy and delivering operational requirements is delegated through the Chief Executive to the Executive Directors and their teams. Key duties are set out in the Trust's standing orders and standing financial instructions, which are reviewed every year.

Our Board of Directors also has overall responsibility for the operational and financial management of our Trust. The Board operates in line with its standing financial instructions, standing orders, scheme of delegation, and terms of its provider licence as issued by its regulator, NHS Improvement.

The Trust Board meet regularly in public to discharge its duties and met six times in public during 2023/24, excluding the Annual General Meeting.

The Board has oversight on data quality issues and this is detailed more in the Annual Governance Statement. I can confirm that during 2024/25 there were no personal data breaches that met the threshold for reporting to the Information Commissioner's Office (ICO).

Non-executive director (NED) appraisals for 2024/25 were conducted by the deputy chair on a one-to-one basis. The

performance of each NED was assessed against agreed objectives, specific strengths or areas for improvement. The appraisal findings were submitted to NHS England in September 2024.

The 2014 Health and Social Care Act imposed additional requirements on the posts of Directors to be 'Fit and Proper Persons'. In assessing whether a person is of good character, the matters considered must include convictions, whether the person has been struck off a register of professionals, bankruptcy, sequestration and insolvency, appearing on barred lists and being prohibited from holding directorships under other laws. In addition, Directors should not have been involved or complicit in any serious misconduct, mismanagement or failure of care in carrying out an NHS regulated activity.

The Trust requires all Directors to make an annual declaration of compliance with the FPPR standards. In 2022/23, all Board members were required to complete a self-certificate to confirm compliance with these standards, and where appropriate external assessments, including Disclosure and Barring Service checks were undertaken. The results were scrutinised by the Trust Chairman who concluded that the Board members were, and remain, fit to carry out the roles they are in. NHS England reviewed and signed off the submission in July 2024, confirming that all Board directors continue to meet the statutory requirements.

We are confident that our board members do not have any interests or company directorships which could conflict with their management responsibilities. A Register of Directors' Interests is held by the board secretary and is published on the Trust's

<https://www.swbh.nhs.uk/our-trust/trust-board/board-members-and-exec-team/>

As far as the directors are aware, there is no relevant audit information of which the auditor is unaware. The directors have taken all of the necessary steps to make themselves aware of any relevant audit information, and to establish that the auditor is aware of that information.

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater

than its income from the provision of goods and services for any other purposes. We confirm that we have met this requirement and that income received in 2024/25 had no impact on our provision of goods and services for the purposes of the health service in England.

During the year, the Trust has embedded actions from recommendations arising from the external well led review undertaken in the previous year that made assessments made against each of the Care Quality Commission well-led key lines of enquiry (KLOEs). The Trust is assimilating its self-assessment activity to reflect the refreshed CQC framework introduced during the year.

The Board of Directors is responsible for ensuring that we have effective governance arrangements supporting the delivery of our quality priorities. Reports on the Trust's progress against the established quality priorities are taken to both the Board of Directors and the Quality Committee by the chief nurse.

You can find more information of how the Board of Directors has assessed itself against the NHS Improvement well led framework through the Annual Governance Statement on page 68.

## Board appointments

The Chair and Chief Executive take into account the required skills, qualifications, experience and diversity of the Board's composition as part of the recruitment process to the Board of Sandwell and West Birmingham. The Remuneration Committee help to identify the skills and experience required for new appointments to Executive Director positions, while the Chair works with NHS England to identify the skills and experience required for any new appointments to NED positions. In view of The Trust's joint membership of the Black Country Provider Collaborative, due consideration is given to the potential for any new appointments to be joint appointments (i.e. serving on Boards of Dudley Group Foundation Trust, The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust).

Independence of NEDs A revised code of governance indicates that generally NED appointments will be for an initial three-year term, with the potential for reappointment of NEDs for further terms of office (within a maximum length of service of six years). The Chair leads on monitoring the composition of the Board, ensuring that it provides an

appropriate balance of skills, experience and knowledge. National guidance reflects the wider collaboration across the NHS with increasing numbers of NEDs serving on more than one Trust board. Mick Lavery was the Senior Independent Director (SID) during 2024/25 and Lesley Writtle was the Deputy Chair of the Trust.

In the following pages you will find more information about the Board of Directors in post during the year 2024/25.

## Sir David Nicholson KCB CBE - Chairman

Sir David Nicholson joined the Trust as Chair on 1 May 2021. He is also currently Chair of the Dudley Group NHS Foundation Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust.

Sir David Nicholson's career in NHS management has spanned more than 40 years and included the most senior posts in the service. He was Chief Executive of the NHS for seven years from 2006-2013 and then, following a major national restructure, became the first Chief Executive of the organisation now known as NHS England from 2013-2014.

Since his retirement from the NHS in 2014, he has taken on a number of international roles providing advice and guidance to governments and organisations focused on improving population health and universal healthcare coverage.

He has worked in China, Brazil, the USA, Europe and the Middle East, independently, and in association with the World Health Organisation, and World Bank. Sir David chaired the State Health Services organisation of the Republic of Cyprus and more recently was also the Chair of the Metropolitan Group of Hospitals, Nairobi.

Sir David is Chair of the Universal Health Coverage Forum of the World Innovation Summit for Health. Other roles include adjunct Professor of Global Health at the Institute of Global Health Imperial College, Advisor to the British Association of Physicians of Indian Origin and Lancet Commissioner to Global Surgery.

His contribution to healthcare was recognised by the award of the CBE in 2008, and he was knighted by Her Majesty the Queen in 2010. He lives in Worcestershire with his wife and two children.





**Lesley Writtle - Deputy Chair/Non-Executive Director**

Lesley joined our Trust in March 2020, after retiring as Chief Executive of the Black Country Partnership NHS Trust. She previously served at Black Country Partnership NHS Foundation Trust as Director of Operations and Deputy CEO.

She had joined Black Country Partnership NHS Foundation Trust in 2011 from Wolverhampton PCT where she had been Director of Mental Health since 2006. Prior to this Lesley was Director of Primary Care and Children’s Services.

She started her NHS career as a registered general nurse at Sandwell District Hospital. After qualifying as a registered sick children’s nurse she then worked at Birmingham Children’s Hospital occupying a range of specialist roles in children’s oncology services before moving into general management in late 1990 where she was General Manager.

Lesley has had a successful record in managing a range of complex health services and has spent the majority of her career leading operational delivery and numerous transformation and service redesign programmes across a range of acute, community and primary care settings.

Lesley is also an STP Senior Responsible Officer for MH Work Streams and is a former Trustee for Age UK.

**Val Taylor - Non-Executive Director**

Having 15 years leadership experience in organisational development, HR, Governance and policy development at Director level. Val currently is working as a Director of Corporate Services where she is advising on HR response functions. She also leads on and co-ordinates on all activities to do with governance within the organisation. She has been successful in securing an ‘investing in people’ kite mark.

Val is also a governor at a local academy trust school that was placed in special measures. She was appointed to this position to support the leadership team to improve the school levels of attainment. Her experience in leadership and organisational change management, which is a key requirement to progress the performance of the school. Since being in this post Val has seen a significant rise in the school’s attainment levels across the board.

Val also sits on a board for the Voluntary Sector Health and Social Care Board for an Organisation that provides

intermediate and respite services to those living in the community requiring support with mental health conditions. Working in partnership with SWBHT Raid Team and Birmingham and Solihull Mental Health Foundation Trust, enabling them to provide much needed services to individuals.

**Lorraine Harper - Non-Executive Director**

Lorraine Harper joined the Trust in January 2023, bringing a wealth of research experience to the Trust. Currently Professor of Nephrology at University of Birmingham, she has focussed on the management of patients with inflammatory kidney disease at University Hospitals Birmingham. She has helped support the development of a regional network of nephrologists and rheumatologists to support best practice in the management of vasculitis. Lorraine has published over 100 research papers in scientific journals as well as reviews and book chapters in the fields of inflammation and nephrology. She was recently appointed as Birmingham Health Partners Research and Health Innovation Director to help bring the benefits of research rapidly to patient.

She is a strong supporter of academic training and development, ensuring research is embedded as normal in healthcare and is the National Institute of Health and Social Care Research Academy Associate Dean responsible for academic training pathways. She is committed to increasing the diversity of individuals engaged with research and chaired the working group that developed the NIHR fellowships awards for research in local authority and changes to the awards for nurses midwives and allied health professionals.

She is an enthusiastic communicator on the theme of translational renal research and regularly presents at both local and national level. She has been a member of several committees, including chair of the inaugural UK Kidney Research Consortium Glomerulonephritis Clinical Study Group. She was Honorary Secretary of the UK’S Renal Association.

**Andrew Argyle - Non-Executive Director**

Andy joins the Trust following his recent retirement from KPMG after a 35-year career working in corporate audit, transaction services and latterly the public sector. Andy qualified as a UK chartered accountant in 1989, before moving to KPMG in Düsseldorf as an audit manager.

On returning to KPMG in the Midlands, he established the company’s German desk to coordinate work with German and UK clients.

In 2005 he led the KPMG Midlands transaction services team developing relationships across the corporate and private equity sectors and secured a number of high profile deals, which led to a return to KPMG in Frankfurt, to support the transaction services team grow its corporate deals business.

On returning to Birmingham in 2010, he joined the public sector team with a remit to facilitate closer working between KPMG’s private and public businesses. Since 2015 he took on a market development role and designed and led KPMG’s client relationship strategy with the Metro Mayor, the West Midlands Combined Authority and regional government across the region. He also led on CSR for KPMG in the Midlands and through this work developed a strong relationship with many third sector and charitable organisations in the region.

He also led on CSR for KPMG in the Midlands and through this work developed a strong relationship with many third sector and charitable organisations in the region. He Chaired CORE, a central Birmingham based academy trust and remains a member there. Andy also chaired the Greater Birmingham Professional Services Academy until 2019 and held a board role at the City REDI Institute at the University of Birmingham./.

**Rachel Hardy - Non-Executive Director**

Rachel has over 35 years’ experience within the NHS where she has held senior positions within the organisation. She has board level experience leading strategic change, financial and change management in complex health businesses at an organisational, regional, and national level. She worked on a commissioning system for one of four regions in NHS England for six years. Prior to that Rachel worked across the Birmingham and Solihull Health System, developing a financial approach to accelerating clinical strategy with seven health providers, two local authorities and GPs across the city.

In 2019 she has been successful in developing a business specialising in developing financial strategy in complex systems, development and coaching for senior directors individually and in teams, teaching and developing academic and research work with the HFMA. The Values learnt whilst working for the NHS are now adopted in her

business, her passion which has driven her career is improving health for people.

**Jatinder Sharma – Associate Non-Executive Director**

A qualified accountant and highly experienced leader, Midlands-born Jatinder Sharma is principal and chief executive of Walsall College, having previously held a number of senior positions in both private and public sectors.

Jatinder is a passionate champion of the vital role that skills and training play in the development of the West Midlands economy and the ongoing regeneration of Walsall and the Black Country. He is a board member of the Association of Colleges and is a member of the Walsall Proud Partnership.

He also represents further education on the Department for Education (DfE) Principals’ Reference Group. Jatinder was awarded a CBE in 2023 New Year Honours for his services to Further Education.

**Mick Lavery - Non-Executive Director**

Mick is a chartered accountant and experienced chief executive. Before joining ExtraCare in January 2016, he was chief executive of the Student Loans Company, a government-funded ‘digital exemplar’ organisation that distributes £18 billion per annum and has seven million customers.

Mick has also previously been chief executive of Advantage West Midlands, and the regional development agency for the West Midlands. He has held a number of non-executive director roles in the public, private and charity sectors and is currently a Council Member at the University of Birmingham and non-executive director of Birmingham’s Hippodrome Theatre. Mick was appointed as a Deputy Lieutenant for the West Midlands in 2018.

**Mike Hallissey - Associate Non-Executive Director**

Mike currently works for University Hospitals Birmingham holding the position of Medical Director, Director of Education and Consultant in General Surgery.

Mike began his career in 1992 where he held the position of a senior lecturer at the University of Birmingham. In 1996 her gained his consultants position for the Queen Elizabeth Hospital in Surgical Oncology where he focused





on Breast and more recently upper gastrointestinal cancers. He helped support the development of a regional service in Angiosarcoma as well still supporting the breast services clinically.

He has been a member of several committee's and was a member and the president of the British Association of Surgical Oncology and served as the chair of the Cancer Service Committee for the Royal College of Surgeons of England. He has supported the Trial Management Committee and has been involved with two major cancer trials.

Throughout his career, Mike, has been actively involved in medical education and was once a member of the Deanery Committee overseeing the training of house officers now known as foundation trainees. In addition to this he has worked with colleagues to validate a cognitive stimulation which is used as a tool for trainee surgeons.

**Amrick Singh Ubhi - Associate Non-Executive Director**

Amrick's professional background is diverse and varied; an innovative, forward thinking Organisational Development Consultant/Transformation Manager who more recently has strategically led and provided direction on the development, implementation and monitoring of civic and interfaith engagement and partnership building with many organisations. He brings experience of developing effective relationships with local/regional government; faith organisations; academic institutions; community and business organisations; law and order agencies; and the health sector with the aim of working in partnership to empower, uplift and engage all in the transformation process.

His previous and current Non-Executive Directorships, Advisory Boards, and representation roles, and also his substantive role as Director of Nishkam Civic Engagement and Partnerships, have at their core the key determinants of health inequality as drivers, namely, deprivation and economic factors; ethnicity and other protective characteristics; children and young people, long-term conditions, social injustice and, mental health.

He is driven by tackling inequalities and furthering inclusion, understanding the user needs aligned with organisational objectives and the specific nuances of each sector in delivering practical services and changes. He brings a vast experience of working with educational, voluntary, public agencies, charities, criminal services, faith, and community organisation to the Trust.

**Atif Ali BEM - Associate Non-Executive Director**

As a seasoned Project and Programme Manager, Atif has a proven track record of establishing deliverables across designated projects and navigating critical project challenges. His expertise extends to in-house resource development and strategic project management, underpinned by a Master's in Law (LLM) from the University of Birmingham and a Bachelor's in Law (LLB) from the University of Wolverhampton. These qualifications equip him with the legal acumen and analytical skills necessary to effectively oversee complex and diverse projects.

During his tenure at Birmingham City Council, Atif spearheaded the successful delivery of the Birmingham and Lewisham African Caribbean Health Inequalities Review (BLACHIR). This pivotal initiative positively impacted local communities by addressing social determinants of health. He also served as the Vice-Chair of the Employee's Network of Corporate Black Workers Support Group, where he demonstrated exceptional leadership by significantly increasing membership, enhancing engagement, and optimising the group's budget. In recognition of his outstanding service to the community, Atif was honoured with the British Empire Medal (BEM) and the British Citizens Award. Passionate about effecting positive change in the public sector, Atif is dedicated to empowering others through his adept leadership, strong negotiation skills, and effective communication strategies. His commitment to driving meaningful impact and fostering inclusivity underscores his role as a catalyst for progress within the healthcare landscape.

**Diane Wake - Interim Chief Executive**

Diane joins the Trust in a dual role, as interim Chief Executive, whilst also serving as Chief Executive at The Dudley Group NHS Foundation Trust which she joined in 2017.

She has worked within the NHS for 40 years and has a wealth of experience in both clinical practice and leadership roles, starting her career as a nurse. She has an extensive background in nursing, occupying senior leadership positions in surgical specialities of urology, colorectal, vascular and breast surgery.

She was previously Chief Executive at Barnsley Hospitals NHS Foundation Trust from 2013 to 2017 and interim Chief Executive at Royal Liverpool and Broadgreen University Hospitals NHS Trust, where she also worked as Deputy

Chief Executive, Chief Operating Officer and Executive Nurse from 2007.

Diane has a passion for improvement, patient safety and high-quality care and has knowledge and expertise in implementing robust governance processes. She is inspired by making a difference for patients and staff.

**Johanne Newens - Chief Operating Officer**

Johanne Newens was appointed Chief Operating Officer in September 2022, having served as the Deputy COO at SWB for the last two years. She was previously at The Dudley Group NHS FT where she was Divisional Director of Operations for Medicine and Emergency Care. She will be a voting member of our Trust Board, leading service delivery for all our hospital services and having Board oversight of IT & Digital services, and will work closely with the Chief Integration Officer on community and primary care services and Place Based Partnerships.

**Dr Mark Anderson - Chief Medical Officer**

Mark previously served as one of our Deputy Medical Directors who was the responsible officer for medical professional standards and revalidation.

Graduating from the University of Cambridge Medical School in 1994, Mark obtained his PhD from the University of Birmingham in 2005 following work on growth factor receptors in oesophageal cancer. He has been a consultant gastroenterologist with the Trust since 2006, having served as clinical lead for the endoscopy units, lead for the Upper GI cancer service and clinical director for scheduled care and long-term conditions within the Medicine and Emergency Care Group.

Mark brings a wealth of knowledge about our organisation, plus enthusiasm and commitment to support us in achieving our integrated care vision and our three strategic objectives for Patients, People and Population.

**Mel Roberts - Chief Nursing Officer and Deputy Chief Executive Officer**

Mel joined the Trust in December 2018, as Director of Operations for Primary Care, Community and Therapy services and was appointed as Chief Nursing Officer in September 2021.

She is an accomplished NHS Senior Leader with a successful track record of delivering and transforming services that provide high quality patient care across acute, community and mental health settings.

Before joining the Trust, Mel worked at Worcestershire Health and Care NHS Trust where she served as Deputy Chief Operating Officer/Associate Director Integrated Community Services.

Mel is proud to be a nurse and is known for being an inclusive, informative, empowering kind and compassionate leader.

**Rachel Barlow - Group Chief Development Officer**

Rachel Barlow is the Group Chief Development Officer at Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust

She led a significant transformation programme which opened the Midland Met in Autumn 2024. The hospital is one of the largest to open in England in the last 10 years and is part of the government's New Hospital Programme and major projects portfolio. The Programme encompassed clinical, workforce and digital transformation, as well as acting as a catalyst for local regeneration.

Rachel started her career in the NHS as a nurse in 1988 working in London, specialising in critical care, vascular surgery, and major trauma. She has worked at Trust Board level since 2011 serving as a Chief Operating Officer for nearly nine years with a responsibility for the delivery of hospital and community-based clinical services. Rachel has Trust Board level responsibilities for delivering the Trust estates strategy, regeneration portfolio, net zero plans and facilities management.

**Adam Thomas - Group Chief Strategy and Digital Officer**

Adam Thomas is Chief Strategy and Digital Officer at Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.

Adam has more than 15 years of NHS experience in clinical and senior management positions to his executive role.

A graduate of Aston University, Adam qualified as a pharmacist and proceeded to undertake postgraduate qualifications in clinical pharmacy, independent prescribing and digital healthcare leadership. He has worked in medical





oncology and brings a special clinical interest in improving cancer outcomes for the Black Country. He is also a registered IT professional, holding a Fellowship of the British Chartered Institute for IT professionals. Adam has recently completed a Masters degree in Digital Health Leadership, focusing on how intelligence can address population health inequality.

He is established as a digital leader within the region and a strong advocate for collaborative connected care systems. He continues to support strategic agendas as well as quality improvement. Adam is the provider collaborative board lead for digital, data and technology. He speaks at a national level on digital leadership, as well as digital-data strategy in health and care.

**Kam Dhami - Chief Governance Officer**

Kam has over 36 years’ experience in the NHS, all of it locally.

In this strategic leadership position, Kam is entrusted with the responsibility of overseeing and enhancing the governance framework within the Trust. She is responsible for establishing and maintaining the highest levels of corporate governance across the organisation including compliance, regulation, board assurance and risk management.

Her portfolio includes responsibility for ensuring that the Trust is adequately prepared to comply and can secure ongoing compliance with the legislative requirements enforced by NHS regulators, including NHS England. She is responsible for establishing procedures for the sound governance of the Trust and advises the Board, its Committees, the Executive Group and senior management.

She undertakes the role of Senior Information Risk Officer (SIRO), with responsibility for ensuring compliance with General Data Protection Regulation (GDPR) requirements.

**James Fleet - Group Chief People Officer**

James Fleet is Group Chief People Officer at Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.

He first joined the Trust on an interim basis as Chief People Officer (CPO) in October 2023, providing executive leadership and support to the people and organisation development directorate and embedding our people plan.

He has previously worked at Lancashire and South Cumbria Integrated Care Board where he was Chief People Officer. James knows the Black Country well as he was previously CPO at The Dudley Group NHS Foundation Trust and is delighted to be making a return to the area. He is a fellow of the Chartered Institute of Personnel and Development and brings a huge amount of experience from leadership roles within the NHS and private healthcare/consulting sector.

James has led major workforce transformation and service improvement programmes as a national director in Price Waterhouse Cooper’s health team and as executive leader and co-founder of Four Eyes Insight Clinical Productivity Consulting.

He is passionate about health and care organisations working better together to plan and deliver joined up services for the benefit of local people.

**Simon Sheppard - Acting Chief Finance Officer**

Simon has overall management and stewardship of financial resources including the development of financial strategy and maintenance of effective budgetary control. He also has oversight of procurement arrangements for the Trust, which is part of a collaborative alliance with Dudley and Walsall hospitals. Simon has a proactive contribution to continuous improvement in the Trust’s activities including achieving optimum efficiency and service line management for quality, operational and cost improvement.

**Siân Thomas - Interim Chief Integration Officer**

Siân Thomas was appointed interim Chief Integration Officer in November 2024. Prior to that she was the Deputy Chief Operating Officer at the Royal Wolverhampton NHS Trust, covering community, children’s, acute support and primary care services; as well as being the Partnership Director for One Wolverhampton, the Place-based Partnership for the city.

She has held senior operational management posts in community, mental health and learning disability services for several years and is passionate about delivering care closer to home. As well as leading service delivery for all our primary care and community services she is our executive lead for the Place-based Partnerships in Sandwell and West Birmingham.

**Richard Beeken - Chief Executive (until January 2025)**

Richard was appointed as Chief Executive at the Trust in September 2021 after joining the organisation from Walsall Healthcare NHS Trust where he served as CEO for three years.

He has had several senior roles at NHS Trusts across the Black Country, including as Chief Operating Officer at The Dudley Group NHS Foundation Trust.

Richard has previously been Chief Executive at Wye Valley NHS Trust where he led the Trust out of special measures, as he has also done successfully at Walsall, along with leading the creation and implementation of the Walsall Together place-based Integrated Care Partnership with a number of partners in the town. He is committed to working collaboratively with partners at Place and across Birmingham and the Black Country ICS footprints.

**Daren Fradgley - Chief Integration Officer (until August 2024)**

Daren joined the Trust in 2022 and is the Chief Integration Officer. He was previously at Walsall Healthcare NHS Trust where in the last two years he was Deputy Chief Executive and then Acting Chief Executive.

At Walsall he developed Walsall Together, the Place-Based Care Model which is responsible for the smooth running of all out of hospital health and social care services under a single integrated management team.

Daren Joined the Ambulance Service 28 years ago and trained as a Paramedic. He moved into operational management and spent 20 years in the Ambulance Service in operational leadership roles finishing as the NHS 111 Director and Assistant Chief Ambulance Officer.

Daren still clinically practices today with a specialism in admission avoidance. He led on the Place-based Partnership in Sandwell as the jointly appointed integration role together with the accountability of all out of hospital Trust services including the Trust Primary Care function.

He was also the Lead Executive for the West Birmingham Place Partnership.

Daren holds a number of qualifications which include a Masters Degree from Cranfield University and a Pilot License.

**Dave Baker - Chief Strategy Officer (until March 2025)**

Dave joined the Trust in 2017. Previously the Director of Partnerships and Innovation, he formally became the Chief Strategy Officer in April 2022 having led the development work on the Trust’s 5-year strategy.

He had a portfolio covering Strategy and Strategy Deployment, Performance and Insight Reporting and the development of an improvement system.

Dave is a former Management Consultant who has worked in Consulting (KPMG and Ernst & Young) and Transformation Houses (Atos Origin, Capgemini and Capita). He is an ILM Level 7 Coach, an MSP Advanced Practitioner and holds a certificate in International Advanced Consulting and Leadership.

He led large change programmes using different approaches such as Kotter’s 8 Step Change Model and Theory of Constraints. He is passionate about helping teams and individuals “play to win” rather than “playing not to lose” and to helping people to live their best lives.

**Dinah McLannahan - Chief Finance Officer**

Dinah went on secondment to the Black Country Provider Collaborative in January 2024. She was the Chief Finance Officer for the Trust since 2019. She played an instrumental role in the implementation of the finance and investment strategy to support the delivery of the Trust’s core aims.

**Frieza Mahmood - Chief People Officer (Until March 2025)**

Frieza went on secondment to the Black Country in September 2023.

She has vast HR management experience, 15 years of which has been at a Senior level, with an extensive knowledge of the workforce agenda within the NHS where the majority of her career has been focused.

She takes the greatest professional satisfaction from facilitating organisational culture where leaders feel empowered to achieve excellence and are supported in being able to adapt to the changing environment around them.



Board of Directors’ attendance

Name	Role	Commencing	End	Attendance out of 9*
Sir David Nicholson	Chair	05/2021		9/9
Lesley Writtle	Deputy Chair	07/2020		9/9
Mick Lavery	Non-Executive Director	05/2019		9/9
Andrew Argyle	Non-Executive Director	05/2023		8/9
Rachel Hardy	Non-Executive Director	01/2022		6/9
Val Taylor	Non-Executive Director	01/2022		9/9
Lorraine Harper	Non-Executive Director	01/2023		6/9
Michael Hallissey ***	Associate Non -Executive Director	01/2022		6/9
Jatinder Sharma ***	Associate Non-Executive Director	05/2023		6/9
Atif Ali ***	Associate Non-Executive Director	03/2024		7/9
Amrick Ubhi ***	Associate Non-Executive Director	03/2024		7/9
Richard Beeken	Chief Executive	09/2021	01/2025	7/7
Diane Wake	Interim Chief Executive	01/2025		2/2
Mel Roberts	Chief Nursing Officer	12/2018		8/9
James Fleet **	Group Chief People Officer	10/2023		9/9
Simon Sheppard	Acting Chief Finance Officer	01/2024		9/9
Jo Newens	Chief Operating Officer	09/2022		8/9
Mark Anderson	Chief Medical Officer	09/2022		8/9
Daren Fradgley **	Chief Integration Officer	03/2022	08/2024	2/2
Kam Dhami **	Chief Governance Officer	06/1989		9/9
Rachel Barlow **	Group Chief Development Officer	07/2011		8/9
Dave Baker **	Chief Strategy Officer	09/2017	03/2025	8/9
Siân Thomas **	Interim Chief Integration Officer	11/2024		2/2
Adam Thomas **	Group Chief Strategy and Digital Officer	03/2025		0/0

\*There was three extraordinary meetings held in 2024/25.

\*\*non voting

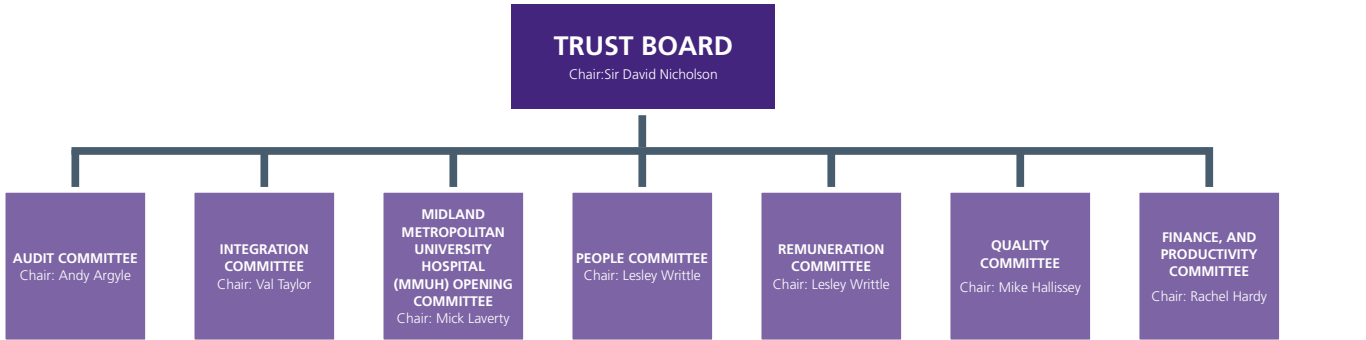
\*\*\*associate non-executive directors are non voting

Trust Board and board committees

The Trust Board elects to establish board committees to assist it to carry out its functions, which can include the implementation of time-limited board committees or board committee sub-groups.

Trust Board meetings are held in public, and the papers are made available on the Trust website in advance of each meeting. The Board regularly reviews performance against national standards and regulatory requirements via an Integrated Performance Report and a focus on a key set of Board Level Metrics, each of which is aligned to a strategic objective. The Board places a strong emphasis on the quality and safety of patient care and, in addition to performance reports, regularly hears directly from patients, carers and staff including through patient and staff stories.

Exception reports are provided to the Trust Board (based on use of a standard proforma reporting template) by each of the board committees chair following their meetings.



Committee	Purpose
Remuneration Committee	The Committee advises on the terms and conditions of employment and remuneration packages for the Chief Executive and Executive Directors. The Committee meets three times a year.
Audit Committee	The Committee provides oversight and assurance in respect of all aspects of governance, risk management, information governance and internal controls across Trust activities. The committee meets five times a year.
Quality Committee	The Committee provides oversight and assurance in respect of all aspects of quality and safety relating to the provision of care and services to patients, staff and visitors. During the year the Committee has contributed to the development of the Trust's Fundamental of Care Strategy which form one of the core pillars of the Trust's strategic direction. The Committee meets monthly.
Finance and Productivity Committee	The Committee provides scrutiny and challenge with regard to The Trust's financial and operational planning and performance relating to Its achievement of business and operational objectives, planning and delivery of capital investments and major projects and Estates, facilities and digital strategy and implementation. The Committee meets monthly.



Committee	Purpose
People Committee	The Committee provides oversight and assurance of delivery against the Trust's workforce and OD strategies, including the programme of workforce transformation, recruitment and retention and sickness absence management. During the year the Committee has contributed to the development of the Trust's People Plan which form one of the core pillars of the Trust's strategic direction. The Committee meets monthly.
Midland Metropolitan University Hospital (MMUH) Opening Committee. (This has now ended as of March 2025)	The MMUH Opening Committee provides assurance to the Trust Board on the construction, practical completion, operational commissioning and opening of the hospital, specifically including the safe transfer of clinical services. The Committee will provide assurance to the Trust Board, that the MMUH is safe to receive patients into the new building alongside other necessary clinical configuration in the Treatment Centre's and community services. The Committee meets monthly.
Integration Committee	The purpose of the Committee is to provide the Board with assurance concerning the strategy and delivery plans for the Trusts Population Strategic Objective. The Committee meets Monthly

## The Audit Committee

During the year, the Audit Committee operated in accordance with its responsibilities as set out in its terms of reference, which included:

- To agree the audit plan, audit fee and approach (including areas of risk, fraud risk, misstatement and materiality), and receive findings of the external auditor in relation to the financial statements, value for money opinion, the Quality Accounts (where applicable), the report to those charged with governance and to consider the implications of and management's responses to their work.
- To receive and approve the Annual Report and Accounts.
- To review, monitor the integrity (including the application of accounting principles and policies) and approve the financial statements and other reports when delegated by the board or in conjunction with the board and to provide assurance to the board.
- To act as an auditor panel, making recommendations to the board on appointment and removal of external audit partners, and to agree the approach to be taken to maintain objectivity of external auditors in the event that the external audit partner is commissioned by the Trust to undertake any non-audit work.
- To ensure that there is an effective internal audit and Local Counter Fraud function that meets Government Internal Audit Standards and that provides appropriate independent assurance to the Audit Committee, chief executive and Board of Directors.

### Audit Committee attendance

Name	Role	Attendance out of 6
MEMBERS		
Andrew Argyle (Chair)	Non-Executive Director	6/6
Lesley Writtle	Deputy Chair	4/6
Mick Laverty	Non-Executive Director	5/6
Rachel Hardy	Non-Executive Director	2/6
Val Taylor	Non-Executive Director	3/6
Lorraine Harper	Non-Executive Director	1/6
Michael Hallissey	Associate Non -Executive Director	5/6
Jatinder Sharma	Associate Non-Executive Director	5/6
Atif Ali	Associate Non-Executive Director	4/6
Amrick Ubhi	Associate Non-Executive Director	2/6
IN ATTENDANCE		
Richard Beeken	Chief Executive	1/6
Diane Wake	Interim Chief Executive (joined January 2025)	1/6
Simon Sheppard	Acting Chief Finance Officer	6/6
Kam Dhami	Chief Governance Officer	5/6
Mark Anderson	Chief Medical Officer	1/6
James Fleet	Group Chief People Officer	3/6
Rachel Barlow	Group Chief Development Officer	1/6
Dave Baker	Chief Strategy Officer	1/6
Dan Conway	Company Secretary	6/6
Craig Higgins	Associate Director of Finance	5/6
Tim Reardon	Deputy Chief Finance Officer	1/6
Berenice Lufton	Associate Director of P&I	1/6
Andrew Harding	Associate Director of People Transformation	3/6
Marie Wood	Head of Financial Accounting & Compliance	1/6
Vanya Rogers	Head of Communications	1/6

D. waker

Diane Wake

Chief Executive Officer

26 June 2025



Diane Wake joined the Trust as Chief Executive in January 2025



# Annual Governance Statement for 2024/25

## Scope of Responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust’s policies, aims and objectives, while safeguarding the public funds and the organisation’s assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NH Trust Accountable Officer Memorandum.

## The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the organisation’s policies, aims and objectives of Sandwell and West Birmingham NHS Trust, to evaluate the likelihood of those risks being realised and the impact they should be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Sandwell and West Birmingham NHS Trust for the year ended 31 March 2025 and up to the date of approval of the annual report and accounts.

## Capacity to handle risk

The Trust Board has overall responsibility for the effective and efficient management of Sandwell and West Birmingham NHS Trust and for ensuring the organisation adheres to the principles of good governance. It is responsible for reviewing the effectiveness of the system of internal control, and for ensuring that the Trust has effective systems and processes in place for risks that threaten the Trust’s ability to meet the objectives set out in its five-year Strategy (2022-2027), and the achievement of its values.

The overall responsibility for the management of risk lies with me as Chief Executive and Accountable Officer. I am supported in my role through the assurance committees of the Trust Board, each under the chairmanship of a non-executive director, with appropriate membership or input from members of the Executive team. The Board’s assurance committees comprise of the Audit Committee, Quality Committee, Finance & Productivity Committee, People Committee, the Integration Committee and the MMUH Opening Committee. In 2024/25, the delegation of responsibility for the management of risk throughout the Trust sat with the Chief Governance Officer and was reported and monitored via the Executive Risk Management Group.

The Audit Committee comprising of non-executive directors, oversees the systems of internal control and the overall assurance process associated with managing risk. The Trust Board receives the Chairs’ highlight assurance report and receives specific assurances from the Quality Committee relating to the management of all serious incidents. All assurance committees also received a monthly performance report which includes metrics on committee specific matters.

There are also established governance arrangements provided through the Clinical Group triumvirate team structure of medical staff, nursing and managers who hold regular bi-monthly meetings with Executive directors which provide a mechanism where performance is reviewed and key risks to delivery of services identified, and mitigating actions considered.

The Trust has a comprehensive induction and training programme, supplemented by electronic training packages and additional learning opportunities for staff. Collectively, these cover a wide range of governance and risk management topics for both clinical and non-clinical staff in all disciplines and at all levels in the organisation.

Enhanced or additional training is available from the governance team on aspects of the wider risk management and governance agenda.

## Code of Governance

The Trust has applied the principles of the NHS Code of Governance on a ‘comply or explain’ basis. The Trust keeps its governance arrangements under regular review, including membership of Board committees, their terms of reference and Board performance assessments. The NHS Code of Governance, is based on the principles of the UK Corporate Governance Code

## The Risk and Control Framework

The Trust is fully compliant with the registration requirements of the CQC.

The Trust Board provides leadership on the management of risks, determining the risk appetite for the organisation and ensuring that the approach to risk management is applied consistently. On an annual basis, the Board will determine the risk appetite the Trust is prepared to accept in the delivery of its strategic objectives.

The Board Assurance Framework (BAF) provides the platform for defining the key risks aligned to each Strategic Objective. The Board takes its assurance from its committees in the management of these risks. The BAF incorporates the controls in place to manage the identified risks to their determined target score and the monitoring of any required actions. Regular scheduled reports are received at the Trust Board meetings detailing the risks to the achievement of Trust objectives and their link to the aligned Corporate Risk Register.

Risk registers provide a tool for risk owners to document and monitor individual risks but also facilitate the collation and review of risks impacting at different levels of the organisation. At each level of management, reviews are undertaken of the risks for which it is responsible and importantly assurance level is ascertained on the strength of controls in place.

The risk management policy ensures that risks are managed at the level appropriate to the identified impact and likelihood of the risk eventuating, including departmental, Divisional and Trust-wide structures. We monitor risk through a multiplicity of proactive and reactive sources such as risk identification activities, incident, complaint, claim and audit analysis as well as external stakeholder visits, patient feedback and more. This intelligence is routinely analysed to determine any care or service delivery

failings to ensure lessons are learned and future risk is mitigated. Any residual risk is assessed to establish the most appropriate management route, determine controls are present and effective and develop robust action plans to mitigate gaps in control measures. High scoring risks are held on our Corporate Risk Register, owned by a member of the Executive Team, reviewed and reported at each Board meeting. The strategic risks are defined as those risks that would prevent the Trust from delivering the core strategic objectives and are reported to the Board through the Board Assurance Framework, together with the high rated risks on the Corporate Risk Register.

Risk identification is, in the main, operationally and clinically driven with groups undertaking continuous risk reviews to maintain their risk registers and to implement mitigation plans. Risks are assessed by using a 5x5 scoring risk matrix where the score is an indicator to likelihood of risk materialising and the severity of the impact.

The Trust uses an dedicated electronic Risk Management system. The system provides a platform for the documentation and monitoring for all risks across the organisation. The system also incorporates an archive of risks that have been closed when fully mitigated. The system is accessible to risk owners and facilitates access of key information for reporting risk registers to the various governance forums where risk is a standing agenda item.

Board Committees review the Board Assurance Framework (BAF) quarterly and it is formally reviewed by the Trust Board three times a year. Risks on the BAF are assigned both a lead director and a lead Trust Board Committee. The respective Board Committees review, at each of their meetings, progress against those risks assigned to the Committee.

The principal risks were identified through Board Workshops and committee led meetings, where the risks to the strategic objectives were identified and debated. As part of the identification of strategic risks the level and type of risk the lead committee was prepared to accept, or its appetite, was also agreed.

The overarching Board Risk Appetite is ‘As a Board, we are willing to take decisions that are likely to bring scrutiny of the organisation. We outwardly promote new ideas and innovations where potential benefits outweigh the risks’.





Risk scoring is undertaken on a 5x5 matrix (Consequence x Likelihood). Risks rated 15 or over are rated high (Red), 10 -12 are medium (Amber), 4 – 8 are moderate (Yellow) and 1-3 are low (Green).

The principal risks on the BAF as at the end of 2024/25 and current risk scores are:

- There is a risk that the Trust fails to deliver safe, high-quality care (4x3 = 12).
- There is a risk that the Trust fails to make best strategic use of its resources (5x4=20).
- There is a risk that the Trust fails to recruit, retain, train, and develop an engaged and effective workforce (4x3=12).
- There is a risk that the Trust fails to deliver on its ambitions as an integrated care organisation (4x3=12).
- There is a risk that the Trust fails to deliver the MMUH benefits case (5x3=15).

The BAF is based on the Trust’s strategic objectives and identifies the principal risks to the achievement of those objectives, the key controls in place to manage those risks and the sources of assurance about the effectiveness of those controls. It also details the identified risk appetite linked to the relevant objective/enabler and any gaps in control and assurance in relation to the risks, together with actions to address them.

The BAF is updated through a ‘top down’ assessment by Executive Directors and Board Committee Chairs of key risks. The 2023/24 internal audit review of the BAF indicated a ‘Reasonable’ assurance opinion regarding the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective. Action will be taken by the Executive to address recommendations for refinements identified in the audit report, including have identified issues that need to be addressed to ensure that the control framework is effective in managing the identified risk(s). This includes visibility of the Corporate Risk Register at the Board Committees and the Trust Board and escalation of any risks that may impact on the delivery of the Trust’s Strategic Objectives.

The reporting framework requires risks to be identified, on both board and committee front summary sheets that accompany all reports submitted, providing an ongoing record of emerging issues which allow the link back to the Board Assurance Framework and the Corporate Risk Register.

The trust has published on its website regular updates of the register of interests, including gifts and hospitality, for decision-making staff (as defined by the trust with reference to the guidance) within the past twelve months, as required by the ‘Managing Conflicts of Interest in the NHS’ guidance.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity

and human rights legislation are complied with. Equality Impact Assessments are carried out for all new service developments and when reviewing policies.

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Strategy following the guidance of the Greener NHS programme. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust adopts a robust approach to data quality and governance with more information available on page....

The Trust is practising good data security against the National Data Guardians’ 10 data security standards and the Trust completes an annual Data Security and Protection (DSP) Toolkit to provide assurance. Board assurance is provided by the Information Governance Group (IGG); the data protection officer (DPO), senior information risk owner (SIRO), chief information officer (CIO) and Caldicott Guardian are core members of this Group.

The Trust also has well established arrangements to monitor the quality of services delivered and the associated governance arrangements. An integral part of this is a programme of internal supportive Quality and Safety reviews. Reviews utilise the CQC key lines of enquiry and

more recently quality standards to gain assurance around the quality-of-service delivery incorporating a focus on staff wellbeing and workforce culture. Work is carried out collaboratively with the service under review and wider groups leads to formulate improvement plans. The review findings and subsequent improvement monitoring is overseen by the Executive Quality Group which reports to Quality Committee.

Review and monitoring of Nursing Care Indicators and the robust monitoring against local and national targets for quality measures including healthcare associated infections (HCAI) and falls are also undertaken. The outcomes are reported to the Quality Committee.

The Trust has strengthened its integrated performance reporting and is using Statistical Process Control (SPC) reporting which informs the effectiveness of our business improvement processes. A consistent base set of data is used to report to each of the relevant board committees – People, finance and productivity, and quality as well as operationally to the groups and the executive.

Regular reports on the progress against key quality priorities provide assurance that these are actively managed and progressed at an operational level. Internal audit involves external stakeholder partners and provides an independent opinion on the adequacy of the arrangements for ensuring compliance with the Care Quality Commission Regulatory Standards and national targets.

Information risks are managed and controlled through the Trust’s established risk management processes. The Trust has an Information Governance Group (IGG), which reports to the Risk Management Group, whose remit is to review and monitor all risks and incidents relating to data security and governance. The Trust’s Caldicott Guardian, SIRO (chief information officer), and data protection officer / information governance manager are members of the IGG.

The Trust is registered with the Information Commissioner’s Office registration number 19966206.

The Trust is working to the Data Security and Protection (DSP) Toolkit which is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian’s 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practicing good data security and that personal information is handled correctly. There

are 36 Assertions (34 of which are mandatory and two non-mandatory) within the Data Security and Protection Toolkit requiring 113 mandatory pieces of evidence. In the June 2024 submission, the Trust met all standards.

Non-executive directors chair all committees of the board. The board has established committees each with clear terms of reference which are reviewed annually to ensure they remain appropriate to support the board.

Committee effectiveness reviews were undertaken by each committee during quarter four 2023/2024 and amendments to workplans and terms of reference were made as a result. There are no outstanding actions arising from these reviews.

Each committee chair provides a formal summary of key issues arising from the committee to the Trust Board meeting. This summary report provides information on the assurance received at the committee which supports the Trust’s assurance framework and performance reporting ultimately received by the board.

The Trust informs and engages with its key stakeholders in relation to risk through several forums. This includes regular review meetings with the Trust’s regulators. Key stakeholders include local and national politicians, Integrated Care Boards, patient groups, patients, the local community.

The Trust has applied the principles of the NHS Code of Governance on a ‘comply or explain’ basis. The Trust keeps its governance arrangements under regular review, including membership of Board committees, their terms of reference and Board performance assessments. The NHS Code of Governance, is based on the principles of the UK Corporate Governance Code

The Trust has also adopted additional forms of assurance outside of its formal decision-making structures. For example, there are regular meetings of non- executive directors and the chief executive, which are minuted and ensure that key operational matters are given additional scrutiny.

Non-executive directors are assigned additional roles and also engage in a variety of activities to allow them to triangulate information received though formal meetings. The Trust assigns champion roles to its non- executive directors in line with the NHS England Review of Enhancing Board Oversight





All directors have completed in-year appraisals. This will provide an additional evidence base for the board to identify and focus on the key challenges over the next 12 months.

During 2024/2025, the work of the internal auditors and the board review of the Board Assurance Framework and supporting governance processes had identified some recommendations. Other reviews undertaken within the internal audit plan, identified some gaps in control which resulted in specific action plans being drawn up with their progress reported to, and any follow up audit work monitored by, the Audit Committee.

The head of internal audit opinion includes an assessment of the Trust’s Risk Management processes and control framework.

The Audit Committee

Greater detail on the role of the Audit Committee is set out elsewhere in the Annual Report, however the Audit Committee, comprised of non-executive directors, is established to provide assurance to the board that there is an effective system of integrated governance, risk management and internal control across the whole of the Trust’s activities (both clinical and non-clinical), that supports the achievement of the Trust’s objectives and that this system is established and maintained.

After each of its meetings during the year, the Audit Committee provides a written report to the Trust Board that details the matters discussed, key issues identified and any items requiring referral to Trust board.

Further, as part of discharging its main functions, the Audit Committee prepares an annual report for the Trust board and the chief executive as accounting officer of the Trust and expresses its considered opinion on key aspects of governance based upon the evidence and assurances it has received.

Developing workforce safeguards

The Trust monitors its compliance with the “developing workforce safeguards” recommendations by a number of measures. Nursing establishments are reviewed regularly and safer staffing reports, based on the National Quality Board model, are received by the Quality Committee.

The People Committee, chaired by a non-executive director, has been in operation throughout the year and regularly considers all aspects of staffing for all groups of staff. It has a specific focus on role development, hard to recruit roles, culture, and leadership.

The Trust Board approved the People Plan in January 2022, which sets out our commitment to work tirelessly to ensure the best possible experience for all our staff. In the last year good progress has been made in relation to implementing key programmes of work of the People Plan, through the Workforce Optimisation Programme (e-rostering, e-job planning, sickness absence), MMUH Workforce. Also, in the areas of culture and staff experience e.g. ARC Leadership and Team Effectiveness programmes.

The Trust has an active Bank Partner; this has achieved a high level of bank fill. Agency staff are employed, as necessary, to ensure critical gaps are filled and services maintained for all staff groups.

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer’s contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

Control measures are in place to ensure that all the organisation’s obligations under equality, diversity and human rights legislation are complied with.

Further information on staff matters is available in the staff section of the Annual Report.

Review of economy, efficiency and effectiveness of the use of resources

A range of processes are applied to ensure that the Trust’s resources are used economically, efficiently and effectively. The monitoring of this is primarily overseen by the Trust Board, Finance and Productivity Committee and Audit Committee.

The Trust has an agreed risk-based annual audit programme with the Trust’s Internal Auditors. These audit reports are aimed at evaluating effectiveness in operating in an

efficient and effective manner and are focused on reviewing our operational arrangements for securing best value and optimum use of resources in respect of the services we provide. As part of their annual audit, the External Auditor is also required to satisfy itself that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and report by exception if, in their opinion, the Trust has not.

Failure to remain financially sustainable in 2024/2025 and beyond

For 2024/25 the main source of income for the Trust was contracts with commissioners for health care services. Funding envelopes were set at an Integrated Care System (ICS) level. Most of the Trust’s income is earned from NHS commissioners in the form of fixed payments to fund an agreed level of activity. In 2024/25 contracts contained both a fixed and variable element. The variable element related to elective recovery funding providing additional funding to Integrated Care Boards to fund the commissioning of elective services within their systems.

Additional resources have been channelled through the Black Country Integrated Care System (ICS) and all constituent organisations have agreed a formal risk share arrangement to manage any additional pressures arising in individual organisations. A combination of non-recurrent measures and a share of non-recurrent income has enabled the Trust to achieve a surplus position after technical adjustments.

The Black Country ICS has received its funding allocation for 2025/26 and significant work has been done to agree allocations to constituent organisations. Due to a high level of non-recurrent funding measures agreed in 2024/25 and operational pressures the System and the Trust is forecasting a significant deficit. Work continues to refine plans at a System and Trust level to reduce the

deficit as much as possible. The Trust’s sustainability going forward is heavily reliant on two main factors; the ability to reduce costs and equally improve efficiency and the Systems approach to designing a sustainable clinical model.

Work continues with the Black Country ICS and NHS England to ensure all resource issues are addressed. The Trust continues to support medium term planning objectives to secure a recurrently financial balanced position. Oversight continues to be provided by the board and the Finance and Productivity Committee. The current level of deficit makes achieving a balanced financial position in 2025/26 a big task and all efforts need to be put into making the Trust sustainable over the next four years.

Never Events

The Trust has reported two Never Events during 2024/25; this represents an increase in reporting compared to the previous period. The mitigations to manage immediate risk were implemented to help prevent re-occurrence. A full Patient Safety Incident

Investigation has been commissioned and is underway at the time of reporting. The Trust no longer utilises Root Cause Analysis to investigate incidents and has implemented more proportionate system-based approaches to incident review. Importantly the new processes are centred on engagement and support for those impacted by incidents; patients, families and staff, all of whom have provided positive feedback on their involvement. Never Events remain a national priority incident when working under PSIRF.

All investigation response reports are reviewed at the Executive Quality Group for wider consideration and to share learning.



Inside the Winter Garden on Level 5 at Midland Met.



Care Quality Commission (CQC)

The Trust received several CQC inspections throughout the year. These were:

Maternity Department Inspection (City Hospital)

An unannounced Inspection was undertaken in June 2024. A Section 29a Warning Notice was issued requiring immediate improvements. Appropriate steps were taken and the CQC acknowledged the completion of the required actions on 21st November 2024 in a press release accompanying the publication of the inspection report. The rating moved from ‘Good’ to ‘Requires Improvement’.

Previous

Safe	Effective	Caring	Responsive	Well-led
Good	Chair Good	Good	Good	Good

New

Safe	Effective	Caring	Responsive	Well-led
Inadequate	Requires Improvement	Good	Good	Requires Improvement

Mental Health Inspection of Emergency Departments

A Mental Health Monitoring Visit was undertaken in July 2024. This did not impact the overall rating and no corrective action was required following the visit.

Previous

Safe	Effective	Caring	Responsive	Well-led
Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement

New

Safe	Effective	Caring	Responsive	Well-led
Good	Good	Good	Requires Improvement	Good

Primary Care Inspection

Announced inspections were conducted at two sites, Your Health Partnership and Great Bridge Health Centre, on 13th and 14th August 2024. The Overall rating improved from ‘Requires Improvement’ to ‘Good’ following an improvement action plan created following the previous inspection in 2022.

Emergency Department Inspection

An unannounced inspection of the Emergency Department was undertaken in September 2024. The report has not been shared with the Trust at time of writing.

Review of economy, efficiency and effectiveness of the use of resources

In 2024/25 the profile of the use of resources has been high during a financially challenging year. The Trust continues to benchmark its spend with available metrics.

The Black Country acute providers (Dudley Group NHS FT, Sandwell and West Birmingham Hospitals NHS Trust, The Royal Wolverhampton NHS Trust, and Walsall Healthcare NHS Trusts) have formed the Black Country Provider Collaborative (BCPC).

The collaborative works together in formal agreement for the benefit of all. The Boards jointly agreed a shared workplan and priorities with the associated delegations. The governance and oversight remaining the direct responsibility of each Board. The Boards receive regular reports to ensure effective monitoring and accountability.

The Trust has worked with both the Black Country ICS and the Acute Collaboration to refine its long-term financial model. This has been updated with the 2025/26 income allocations and our cost improvement programme to address the current deficit plan. Getting the Trust to a sustainable financial position in the medium, term is our high priority.

The form of the operational planning process continued as it was from the previous financial year with funding envelopes being set at an Integrated Care System (ICS) level with block allocations and a concentration on elective recovery. The Trust Board, supported by the Finance and Productivity Committee, were kept informed of the changes in the planning and financial regime at the beginning of the year and the Committee reviewed the financial plan on several occasions before recommending it to the Trust Board for approval.

The in-year resource utilisation is monitored by the board and its committees via a series of detailed reports covering finance, activity, capacity, human resource management and risk. Clinical and quality risk assessments are conducted on individual savings proposals that may impact on the provision or delivery of clinical services. The 2025/26 financial framework and subsequent funding means the Trust has a significant deficit for 2025/26 and an underlying financial challenge. This is being addressed at a System level through the Acute Collaboration and at a Trust level through the Finance Improvement Group and enhanced ‘Grip and Control’ measures.

Performance review meetings assess each group’s performance across a full range of financial and quality matrices which, in turn, form the basis of the monthly integrated performance report to the Finance and Productivity Committee. The Trust has been assigned a segmentation rating of 3 as of 31st March 2025 with regard to the NHS National Oversight Framework.

The NHS Improvement and Assessment Framework (IAF) for 2025/26 will replace the current NHS Oversight Framework (NOF) and the Performance, Improvement and Regulation Framework (PIRF) reflecting a new operating model for the NHS.

The key processes embedded within the Trust to ensure that resources are used economically, efficiently and effectively, centre around a robust budget setting and control system which includes activity related budgets and periodic reviews during the year which are considered by executive directors and the Trust Board. The budgetary control system is complemented by Standing Financial Instructions, a Scheme of Delegation and Financial Approval Limits. This process enables regular review of financial performance by highlighting areas of concern via variance analysis. The Finance and Productivity Committee also receives a monthly report showing the Trust’s performance against the elective recovery fund. The external auditors also give comment upon this aspect of the Trust business.

As Accounting Officer, I have overall accountability for delivery of the Annual Plan and I am supported by the executive directors with delegated accountability and responsibility for delivery of specific targets and performance objectives. These are formally reviewed and monitored monthly by the Trust Board and its committees. Independent assurance on the use of resources is provided through the Trust’s internal audit programme, Audit Committee and external agencies such as NHS England, External Audit and the CQC.

Information Governance

There are several controls in place to mitigate Information Governance (IG) related risk. The reporting and management of both data and security risks is supported by local risk registers. Information governance forms part of the Trust’s mandatory training requirements. There are also a number of measures in place such as physical security, data encryption, access controls, audit trail monitoring, departmental checklists and spot checks.

In addition, a comprehensive assessment of information security is taken annually as part of the Data Security and Protection Toolkit (DSPT) and further assurance is provided from Internal Audit and other reviews.

The effectiveness of these measures and oversight of the DSPT is undertaken by the Information Governance Group (IGG), chaired by the Associate Director of Corporate Governance/Company Secretary. This includes details of any personal data-related serious incidents, the Trust’s annual DSPT score and reports of other information governance incidents, risks, and audit reviews. The Trust has self-reported to the Information Commissioner on





two occasions during 2024/25 and no further action was to be taken for both issues.

The DSPT is an on-line tool that enables organisations to measure their performance against data security and information governance requirements which reflect legal rules and Department of Health policy.

The Trust has achieved moderate assurance across all 10 required standards and a moderate confidence level in its self-assessment in the report from its Internal Auditors for this year’s audit of the 2024/25 DSPT evidence. The submission date for evidencing compliance with the assertions in the DSPT is 30 June 2025, which will be completed and assured through the Audit Committee.

The Trust has self-reported to the Information Commissioner on two occasions during 2024/25 and no further action was to be taken for both issues.

Data quality and governance

The Chief Governance Officer has overall responsibility for Information Governance, Data Security and Data Protection compliance in her capacity as Senior Information Risk Owner (SIRO). The Chief Medical Officer is the Caldicott Guardian, the senior member of Trust staff responsible for protecting the confidentiality of patient information and enabling appropriate and lawful patient information sharing.

The Chief Strategy Officer took lead responsibility for data quality and compliance within the Trust. The key tool used to manage this is the data quality log which captures all known data quality issues and reports them to the Executive Performance Management Group (PMG) for consideration, prioritisation and action. The Data Quality Group meets monthly to monitor progress of data quality issue resolution and reports to PMG. This Group is made up from a core within the Strategy and Governance Directorate and the solution leads allocated to the data quality issues prioritised by the lead executive.

The Trust ensures the quality and accuracy of elective waiting time data through a comprehensive approach that involves, a robust data governance framework, which includes policies, procedures, audits and standards for data management. By implementing these measures, the Trust strives to maintain the highest levels of quality and accuracy in elective waiting time data, while continuously addressing and mitigating potential risks.

Governance and leadership

The executive and non-executive directors have a collective responsibility as a board to ensure that the governance arrangements supporting the Quality Accounts and Report provide adequate and appropriate information and assurances relating to the Trust's quality objectives.

Whilst the chief executive has overall responsibility for the quality of care provided to patients, the implementation and co-ordination of the quality framework is delegated to both the chief nurse and medical director. They have joint responsibility for reporting to the Trust Board on the development and progress of the quality framework, clinical framework and clinical management.

Policies

High quality organisational procedural documents are essential tools for effective governance which in turn supports the Trust to achieve its strategic objectives, operational requirements and bring consistency to daily practice. Trust procedural documents are developed using a common agreed format and all documents are subject to a robust review, consultation and ratification process, oversee by the corporate governance team. Trust process facilitates consistent and safe practice and processes, reinforces corporate identity and helps to ensure that policies and procedures in use are up to date. All procedural documents are accessible to all staff supporting the delivery of safe and effective patient care.

People and skills

In addition to the leadership provided by the Trust Board, clinical groups management teams (led by group directors and co-ordinated by group directors of operations and group directors of nursing) are accountable for and ensure that a quality service is provided within their respective groups and areas of authority.

Training opportunities are available for clinical and non-clinical staff and competency is monitored as part of the Trust’s appraisal system.

The Continuous Improvement (CI) System Business case, approved by Trust Board in September 2023, detailed the requirement to establish an Academy and procure expert guidance from an external partner, post MMUH move, to deliver these domains and as result achieve CI. Implementation delivery began in January 2025.

The People Plan 2022–27 sets out a clear vision and approach to facilitating the achievement of Top Quartile Staff Satisfaction results in line with the Trust’s Strategic Objectives. The focus of the People Plan, is expressly to facilitate ‘Happy, Productive and Engaged Staff’. It is not intended to be a traditional numerical workforce plan but rather an approach to achieving cultural transformation through organisational and workforce development. It is also designed to support wider, Patient and Population objectives.

The People Plan sets out what will be different over the five years, we will:

- Focus on Compassionate Leadership and create a ‘Just Culture’ where we listen, learn and live our values. This includes a new training offer and changing our processes e.g. in HR and Patient Safety;
- Invest in leaders as part of our ‘breakthrough objective’ to take ownership of their services, create a great staff experience, and be supported to do so;
- Open our new hospital site, Midland Metropolitan University Hospital, and improve our existing sites. We are creating new roles and ways of working, a state of the art working environment, and a Learning Campus to develop our local population to access employment opportunities;
- Take real action on fairness, equality, diversity and inclusion;
- Work differently by adopting a Continuous Quality Improvement approach, where everyone can make positive changes, every day;
- Improve our digital technology so that work is easier and more productive;
- Work more closely with our neighbouring Trusts in the Black Country, West Birmingham and our Place Based Partnerships as an extension of our own teams.

Data quality and governance

Data Quality (DQ) Assurance over the various elements of quality, finance and performance is of key importance to management and the board. Reviews of the Trust’s

system of internal control in respect of data quality are undertaken in each year through the internal audit work plan.

The Trust continues to develop digital and data services heightening the reliance upon good data quality. Data quality is pivotal to the Trust’s innovation plans. High levels of data quality are required for modern analytic techniques and artificial intelligence (AI). When new digital services are introduced, high data quality must be assured from the outset. We do this by providing real-time data support tools to allow operational teams to see the impact of their interventions and interrogate the quality data entry.

The Data Quality Group provides assurance oversight, knowledge sharing and escalate decision points by direct engagement with information asset owners, operational teams and executive directors.

The Opening of Midland Metropolitan University Hospital (MMUH)

The successful opening of the Midland Metropolitan University Hospital (MMUH) marks a transformative milestone for our local communities. Even before its official opening in October 2024, MMUH began delivering on a long-held vision to revolutionise healthcare, years in the making.

This achievement is the result of nearly 17 years of collaboration, determination, and resilience. Overcoming significant challenges the dedication of our teams, partners, and local communities has been unwavering. Their commitment has made this extraordinary milestone possible.

MMUH is more than just a hospital — it embodies the spirit of #MoreThanAHospital. It is a driving force in the Trust’s mission to improve life chances and health outcomes for the local population. Our innovative clinical model is already making a difference, helping thousands of patients receive care at home, reducing unnecessary hospital admissions, shortening hospital stays, and enhancing patient experiences. Inside the hospital, the combination of a spacious, light-filled therapeutic environment, state-of-the-art technology, and a consultant-led workforce available seven days a week ensures exceptional patient care.

Beyond healthcare, the investment in MMUH has generated lasting benefits for the local economy. Throughout its



development, the hospital has supported local employment and will continue to create opportunities that improve life chances. With over 70% of our workforce coming from the local community, MMUH provides new job prospects and pathways for career development through initiatives like the Learning Works and the Sector Wide Academy Partnership with Sandwell College.

Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review has been informed by the work of the internal auditors, clinical audit and the executive directors and clinical leads within the Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the information provided in the annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their Annual Audit Report. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee and quality committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

During the year Internal Audit reviews were conducted using a risk-based approach covering areas considered to be the priority for review based on a risk assessment agreed between the Board, Audit Committee, the Executive, and the Auditors.

The Board Assurance Framework and the Trust’s risk management arrangements provide me with evidence that the controls to manage the risks to the Trust achieving its principal objectives have been reviewed and are effective. My review is also informed by the work of external and independent assessors and advisors including the Care Quality Commission.

Counter fraud provisions are in place in line with the NHS Counter Fraud Authority (NHSCFA) Standards. The Trust complies with its responsibilities to fully implement a Code of Conduct that includes reference to fraud, bribery and corruption and the requirements of the Bribery Act 2010. The effectiveness of the implementation of the process and staff awareness of the requirements of the code is regularly tested.

RSM are the providers of our local counter fraud service.

The RSM Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the assurance framework and on the controls reviewed as part of the internal audit. The internal auditors have undertaken several reviews and have provided a limited assurance opinion as follows:

There are weaknesses in the framework of governance, risk management and internal control such that it could become inadequate and ineffective.

Internal Audit has reviewed the systems and processes in place during the year and published reports detailing the required actions within specific areas to ensure economy, efficiency, and effectiveness of the use of resources is maintained. The internal audit reports provide an assessment of assurance in these areas. In agreeing the Internal Audit Plan, the auditors identified a number of key assignments (core reviews). Whilst the auditors recognise that the Trust engages internal audit to assist in areas of concern, the following completed audits have been provided a partial assurance opinion:

- Cost Improvement Plan Phase One
- Patient Consent (Re-Audit)
- Cost Improvement Plan Phase two
- Recognition of deteriorating patients
- Follow Up – 78 Week Waits

These assurance opinion reports have identified areas where enhancements are required and in each of these cases management actions and timescales have been agreed, the implementation of which will improve the control environment.

Chief Officers in the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance that an improvement plans are in place.

The Trust Board has played a key role in reviewing risks to the delivery of the Trust’s performance objectives through monitoring and discussion of the performance reports comprising operational, financial, quality and workforce elements; through Board and Committee reporting on progress against strategic objectives; and oversight of the Board Assurance Framework. A performance review mechanism has enabled the Executive to retain effective oversight of the progress in delivering their operational plans.

The Trust recognises its duty to comply with Section 4 of the NHS Provider Licence, which relates to the maintenance of sound governance arrangements. As part of our ongoing assurance and improvement work, we have identified and reviewed the principal risks to compliance and the steps taken to mitigate them.

The Trust has established a clear and comprehensive governance framework, which is regularly reviewed to ensure it remains fit for purpose. This includes a defined structure of Board subcommittees, each with specific terms of reference and delegated responsibilities. A key risk to compliance is the potential for governance arrangements to become misaligned with organisational complexity or external change. To mitigate this, governance structures are subject to an annual review, and where necessary, updated more frequently to reflect emerging risks and regulatory requirements.

Board members and subcommittee chairs have clearly defined roles and responsibilities, supported by role descriptions and a robust induction and development programme. A potential risk arises from ambiguity in the delineation of responsibilities or inconsistent understanding of individual accountabilities. The Trust addresses this through regular Board development sessions, periodic evaluation of effectiveness, and close alignment between committee outputs and strategic Board oversight.

Clear reporting lines exist between the Board, its subcommittees, and the executive team. Subcommittees report into the Board through structured reporting cycles, supported by timely and accurate minutes and assurance summaries. A key risk is the breakdown in escalation processes or duplication of reporting. This is mitigated through a coordinated cycle of business, cross-committee membership, and a structured reporting protocol which ensures clear accountability and appropriate information flow.

The Trust recognises the risk posed by delayed or inaccurate information impacting decision-making and regulatory compliance. To address this, there are established reporting standards, supported by a dedicated performance and governance team responsible for compiling and validating information prior to submission. A data quality improvement programme is in place and regularly monitored via the Audit Committee and Board.

The Board maintains rigorous oversight of Trust performance across quality, finance, workforce, and operational domains. This is achieved through monthly integrated performance

reporting, thematic deep-dives, and formal risk reporting via the Board Assurance Framework (BAF) and corporate risk register. To strengthen oversight further, the Trust has implemented enhanced risk management training for Board members and regularly tests assurance mechanisms through internal and external audit reviews.

In conclusion, the Trust is confident that it has in place the necessary governance and risk management processes to comply with Section 4 of the NHS Provider Licence. Nevertheless, it remains vigilant in identifying and mitigating any emerging risks to governance effectiveness.

Conclusion

There have been a number of internal control issues identified in the Trust during 2024/25, specifically relating to:

- Cost Improvement Plan Phase One
- Patient Consent (Re-Audit)
- Cost Improvement Plan Phase two
- Recognition of deteriorating patients
- Follow Up – 78 Week Waits

The Board will ensure that a process of continuous improvement, at pace, is in place in the Trust in 2025/26, including implementation of the timely implementation of any internal and external audit recommendations.

The system of internal control has been in place at the Trust for the year ended March 31, 2025 and up to the date of approval of the Annual Report and Accounts.

I believe that this Annual Governance Statement contains full and sufficient information for its purpose and includes all of the key elements that are required of this document.

I, therefore, believe that the Annual Governance Statement is a balanced reflection of the actual control position in place within the year.



Diane Wake

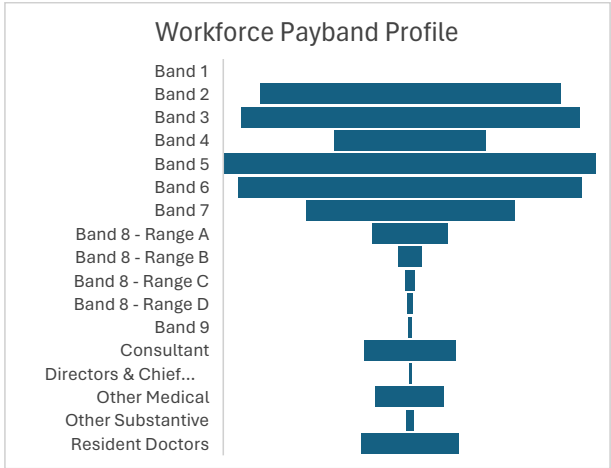
Chief Executive Officer

26 June 2025

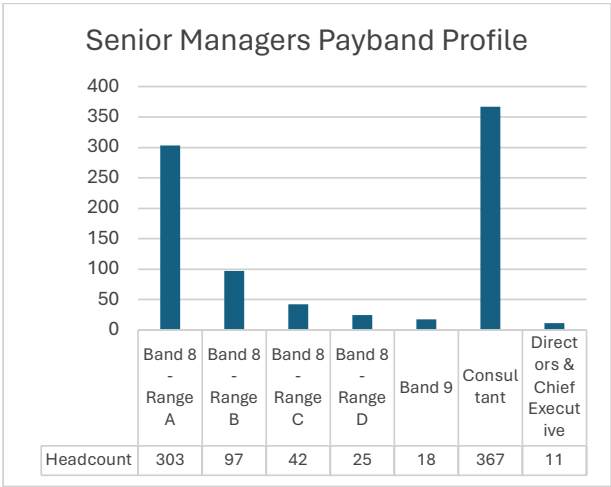




# Remuneration and Staff Report

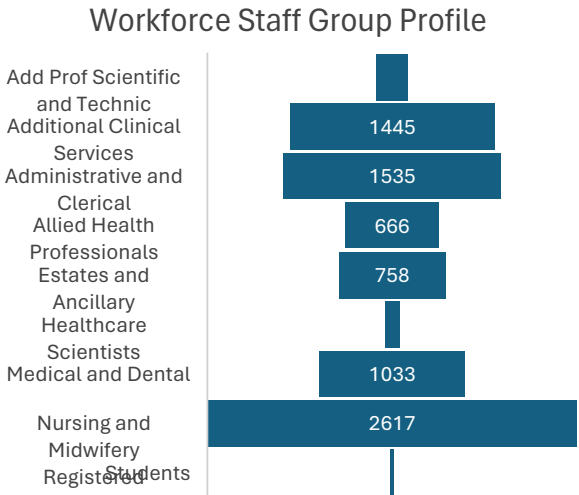


Workforce Payband Profile	Headcount
Band 1	1
Band 2	1202
Band 3	1350
Band 4	605
Band 5	1487
Band 6	1370
Band 7	836
Band 8 - Range A	303
Band 8 - Range B	97
Band 8 - Range C	42
Band 8 - Range D	25
Band 9	18
Consultant	367
Directors & Chief Executive	11
Other Medical	273
Other Substantive	32
Resident Doctors	392
Grand Total	8411

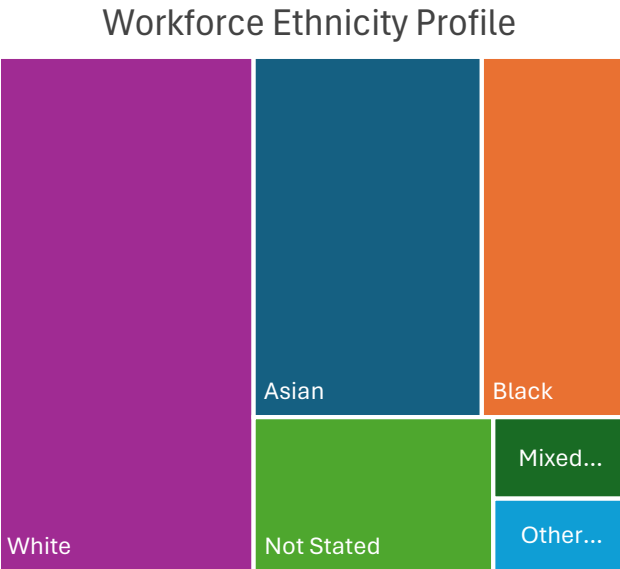


Senior Managers Payband Profile	Headcount
Band 8 - Range A	303
Band 8 - Range B	97
Band 8 - Range C	42
Band 8 - Range D	25
Band 9	18
Consultant	367
Directors & Chief Executive	11
Grand Total	863

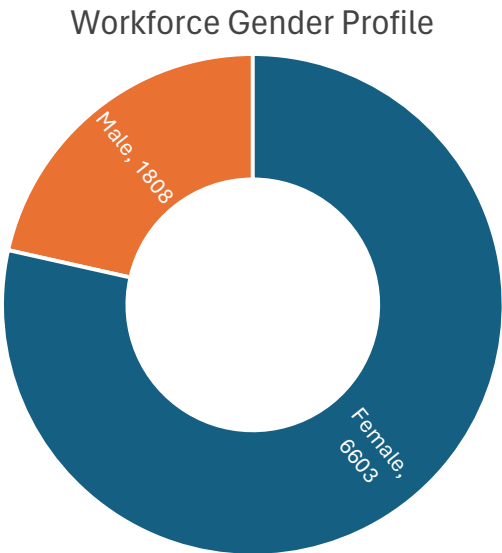
This a graph and a table of data showing Senior Managers by pay band, ranging from Agenda for Change Bands 8a to 9 and also including Medical Consultants and Directors (inclusive of Chief Executive). This shows that the highest number of employees in this category are Consultants making up 42.5% of the total number of 863 staff at Band 8a and above.



Workforce Staff Group Profile	Headcount
Add Prof Scientific and Technic	227
Additional Clinical Services	1445
Administrative and Clerical	1535
Allied Health Professionals	666
Estates and Ancillary	758
Healthcare Scientists	103
Medical and Dental	1033
Nursing and Midwifery Registered	2617
Students	27
Grand Total	8411

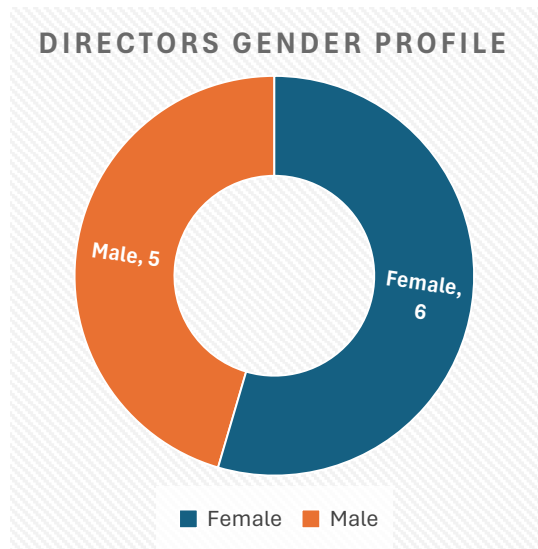


Workforce Ethnicity Profile	Headcount
Asian	2146
Black	1324
Mixed Heritage	273
Other Ethnicity	249
White	3448
Not Stated	971
Grand Total	8411

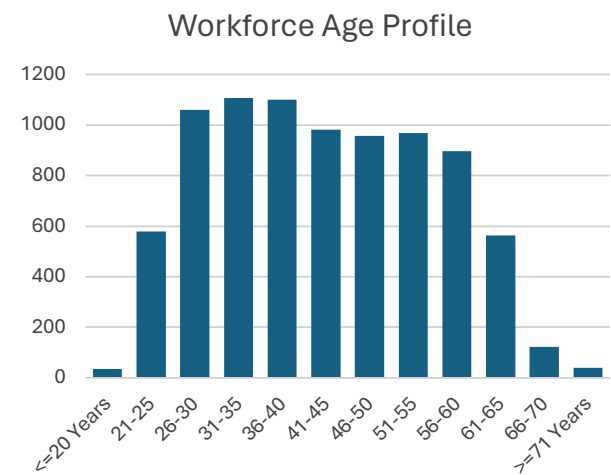


Workforce Gender Profile	Headcount
Female	6603
Male	1808
Grand Total	8411

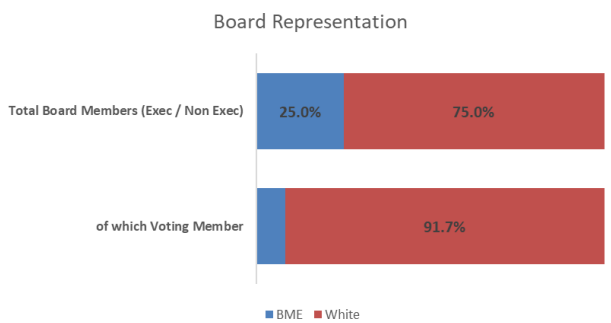




Executive Gender Profile	Headcount
Female	6
Male	5
<b>Grand Total</b>	<b>11</b>



Workforce Age Profile	Headcount
<=20 Years	36
21-25	578
26-30	1061
31-35	1107
36-40	1100
41-45	982
46-50	958
51-55	968
56-60	896
61-65	563
66-70	122
>=71 Years	40
<b>Grand Total</b>	<b>8411</b>



	BME	White
Total Board Members (Exec / Non Exec)	5	15
of which Voting Member	1	11

The Trust have more work to do in terms of representation at Executive Level. There are some initiatives that are trying to address this, however it may take a few years to notice the impact.

## Absence Timeline Detail

Groups	Group FTE	Target (%)	Baseline (23/24)	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Corporate Imaging and Medicine and Emergency Care	1582.51	5.50%	5.15%	4.72%	4.95%	4.97%	5.48%	4.67%	4.43%	4.62%	5.60%	6.03%	5.89%	5.65%	5.23%
	354.77	5.50%	5.33%	4.97%	4.94%	4.94%	4.71%	4.61%	5.68%	5.67%	5.53%	5.67%	4.10%	5.08%	4.89%
	1696.34	5.50%	6.28%	5.71%	5.17%	5.24%	5.75%	5.63%	5.48%	4.85%	5.89%	6.91%	6.84%	5.95%	5.66%
Primary Care Community and Therapies	1432.20	5.50%	6.01%	5.02%	5.35%	5.69%	6.11%	5.28%	5.52%	5.74%	6.13%	6.66%	6.81%	6.18%	5.85%
Surgical Services	1395.03	5.50%	6.11%	5.92%	6.40%	6.07%	6.09%	5.87%	6.20%	5.91%	6.44%	6.23%	5.94%	5.66%	4.83%
Women and Child Health	921.09	5.50%	6.18%	5.87%	5.51%	5.88%	5.92%	5.88%	6.04%	6.44%	6.72%	7.53%	7.16%	6.54%	5.80%
Trust	7381.95	5.50%	5.90%	5.39%	5.42%	5.49%	5.80%	5.38%	5.46%	5.41%	6.06%	6.56%	6.37%	5.91%	5.43%



### Trade union activities:

Number of employees who were relevant union officials during the relevant period	Full time equivalent employee number
43	2
Percentage of time spent on facility time	Number of employees
0%	7
1-50%	33
51-99%	1
100%	2
Provide the total cost of facility time	117,711.70
Provide the total pay bill	£511,725,455.10
Provide the percentage of the total pay bill spent on facility time, calculated as: (Total cost of facility time/total pay bill) x 100	0.02



Tables marked with an (\*) have been subject to external audit.

SALARIES AND ALLOWANCES OF SENIOR MANAGERS *									
Name and Title		2024-25				2023-24			
		(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)
		Salary (bands of £5,000)	Expenses payments (taxable) to nearest £100	All pension related benefits (bands of £2,500)	Total all payments and benefits (bands of £5,000)	Salary (bands of £5,000)	Expenses payments (taxable) to nearest £100	All pension related benefits (bands of £2,500)	Total all payments and benefits (bands of £5,000)
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	
	Diane Wake, Chief Executive (from Jan 25)	40-45.	0	0	40-45.	0	0	0	
	Richard Beeken, Chief Executive (to Dec 24)	185-190	0	147.50-150	335-340	200	0	210-215	
	Simon Sheppard, Acting Chief Finance Officer (from Jan 24)	150-155	0	160-162.50	310-315	0	0	35-40.	
	James Fleet, Interim Chief People Officer (From Oct 23)	190-195	100	52.5-55.0	245-250	0	0	0	
	Johanne Newsens, Acting Chief Operating Officer (from 07/03/2022 - 17/07/2022); Chief Operating Officer (from 18/07/2022)	145-150	0	17.5-20.0	165-170	0	10.0-12.5	150-155	
	Dave Baker, Chief Strategy Officer	145-150	100	40.0-42.5	185-190	400	35.0-37.5	170-175	
	Mel Roberts, Chief Nurse	145-150	0	17.5-20.0	165-170	0	0	135-140	
	Rachel Barlow, Managing Director MMUH Programme Company	185-190	100	140.0-142.50	325-330	0	0	145-150	
	Kam Dhani, Director of Governance	115-120	0	10.0-12.5	130-135	0	0	110-115	
	Martin Sadler, Executive Director of IT and Digital ( to Oct 24)	70-75.	300	30.0-32.5	100-105.	500	30.0-32.5	150-155	
	Daren Fradgley, Managing Director and Deputy CEO (to Aug 24)	50-55.	700	142.50-145	195-200	800	0	150-155	
	Sian Thomas Interim Chief Integration Officer ( From Aug 24)	70-75.	0	0	70-75.	0	0	0	
	Mark Anderson, Chief Medical Officer (from 01/09/2022)	190-195	0	140.0-142.50	335-340	0	0	180-185	
	Sir David Nicholson, Chair (from May 2021)	50-55.	0	0	50-55.	0	0	25-30	
	Mick Lavery, Non-Executive Director	10-15.	0	0	10-15.	0	0	10-15.	
	Lesley Writtle, Non-Executive Director	20-25.	1000	0	25-30.	0	0	20-25.	
	Michael Hallissey Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0	0	10-15.	
	Rachel Hardy Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0	0	10-15.	
	Val Taylor Associate Non-Executive Director (from January 2022)	10-15.	0	0	10-15.	0	0	10-15.	
	Lorraine Harper, Non Executive Director ( from Jan 23)	10-15.	0	0	10-15.	0	0	10-15.	
	Andrew Argyle, Non Executive Director ( from May 23)	10-15.	0	0	10-15.	0	0	10-15.	
	Jatinder Sharma, Non Executive Director ( from May 23)	10-15.	300	0	10-15.	0	0	10-15.	
	Amrick Singh Ubhi, Non-Executive Director (from Mar 24)	10-15.	0	0	10-15.	0	0	0-5	
	Atif Ali, Non Executive Director (from Mar 24)	10-15.	0	0	10-15.	0	0	0-5	
	Frieza Mahmood, Chief People Officer (to 18/09/23)	0	0	0	0	60-65.	40.0-42.5	105-110	
	Dinah McLannahan, Chief Finance Officer (to Dec 23)	0	0	0	0	130-135	0	130-135	



Notes to Salaries and Allowances of Senior Managers

1. The total remuneration for Sir David Nicholson in 2024-25 is £110,000 the cost of which has been shared equally between Sandwell & West Birmingham NHS Trust, Walsall Healthcare NHS Trust, The Dudley Group NHS Foundation Trust and Royal Wolverhampton NHS Trust.
2. The remuneration for Diane Wake has been shared equally between Sandwell & West Birmingham NHS Trust and The Dudley Group NHS Foudation Trust for the period Jan - Mar 25
3. Mark Anderson received a salary in the banding of 165-170 for his role as a medical consultant during the reporting year.
4. The remuneration for Sian Thomas is paid by Royal Wolverhampton NHS Trust who recharged Sandwell and West Birmingham NHS Trust for the period of Nov 24 - Mar 25
5. The remuneration for James Fleet was paid by Lancashire and South Cumbria ICB for the period of Apr 24 - Oct 24 who recharged Sandwell and West Birmingham NHS Trust in the banding of 105-110. From Oct 24, James Fleet was employed substantively by Sandwell and West Birmingham NHS Trust.

6. Non-Executive Directors - do not receive pensionable remuneration and therefore do not accrue any pension related benefits.
7. Pension Related Benefits are a nationally determined calculation designed to show the in year increase in notional pension benefits, excluding employee contributions, which have accrued to the individual. Changes in benefits will be dependent on the particular circumstances of each individual.
8. Performance pay and bonuses and Long term performance pay and bonuses are not applicable to the Trust and are therefore excluded from the table above

Payments to Past Directors\*

The trust has continued to make salary payments to past directors for Frieza Mahmood, Chief People Officer until Sept 2023 ( salary band 135-140) and Dinah McLannahan, Chief Finance Officer until Dec 2023 ( salary band 160-165). This is whilst they were on secondment out of the organisation and not performing any Executive or other duties for Sandwell and West Birmingham Hospitals NHS Trust.

Pensions

The pension information in the table below contains entries for Executive Directors only as Non-Executive Directors do not receive pensionable remuneration.

PENSION BENEFITS *								
Name and title	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2025	Lump sum at pension age related to accrued pension at 31st March 2025	Cash Equivalent Transfer Value at 31st March 2025	Cash Equivalent Transfer Value at 31st March 2024	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500)	(bands of £2500)	(bands of £5000)	(bands of £5000)				To nearest
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£0
Richard Beeken, Chief Executive	5-7.5	7.5-10	90-95.	230-235	2044	1738	112	0
Rachel Barlow, Managing Director MMUH Programme Company	5-7.5	12.5-15.0	65-70.	180-185	1600	1337	153	0
Simon Sheppard Acting Director of Finance	7.5-10	15.0-17.5	55-60.	145-150	1271	1021	164	0
Mark Anderson, Chief Medical Officer	7.5-10	10.0-12.5	75-80.	200-205	1804	1525	153	0
Kam Dhami, Director of Governance	0-2.5	0	55-60.	145-150	1316	1200	21	0
Mel Roberts, Chief Nurse	0-2.5	0	55-60.	150-155	1360	1234	24	0
Johanne Newens, Chief Operating Officer	0-2.5	0	50-55.	125-130	140	1136	0	0
Daren Fradgley, Managing Director and Deputy CEO (from 01/04/2022)	0-2.5	2.5-5.0	60-65.	155-160	1313	1097	49	0
Dave Baker, Chief Strategy Officer	2.5-5.0	0	20-25.		349	281	32	0
James Fleet, Interim Chief People Officer (From Oct 23)	2.5-5.0	0-2.5	20-25.	20-25.	354	289	35	0
Martin Sadler, Executive Director of IT and Digital	0-2.5	0	10-15.		152	152	0	0
James Fleet, Interim Chief People Officer (From Oct 23)	2.5-5.0	0	20-25.	20-25.	354	289	35	0
Martin Sadler, Executive Director of IT and Digital	0-2.5	0	10-15.		152	152	0	0

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member’s accrued benefits and any contingent spouse’s (or other allowable beneficiary’s) pensions payable from the scheme. CETV’s are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It excludes the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud

judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

Pay Multiples

Reporting bodies are required to disclose the relationship between the total remuneration against the 25th percentile, median and 75th percentile of total remuneration of the organisations workforce. Total remuneration of the employee at the 25th percentile, median and 75th percentile is further broken down to disclose the salary component.

The remuneration of the highest paid director / member in Sandwell and West Birmingham NHS trust in the financial year 2024-25 was £245,000 (2023-24, £215,000). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.





Fair Pay Disclosure \*

The calculation of the percentage change for the highest paid director is based upon the change in the midpoint of the salary band, whereas for employees as a whole this is based upon the salary total for all employees divided by the total FTE, excluding the highest paid Director.

Pay Ratio information table \*

	2024/25			2023/24		
	25th Percentile	Median	75th Percentile	25th Percentile	Median	75th Percentile
Total remuneration £	£25,674	£36,483	£53,500	£24,336	£34,581	£50,056
Salary component of total remuneration £	£22,666	£31,524	£52,965	£23,464	£29,833	£43,923
Pay Ratio information	9.45:1	6.65:1	4.53:1	8.73:1	6.14:1	4.25:1

In 2024-25, 8 (2023-24, 25) employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £245,000 to £300,000 (2023-24 £210,000 to £295,000)

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions

Fair Pay Disclosure \*

The calculation of the percentage change for the highest paid director is based upon the change in the midpoint of the salary band, whereas for employees as a whole this is based upon the salary total for all employees divided by the total FTE, excluding the highest paid Director.

Percentage change in remuneration of highest paid director	£ increase from 2023/24 to 2024/25	% increase from 2023/24 to 2024/25	£ decrease from 2022/23 to 2023/24	% decrease from 2022/23 to 2023/24
Salary and allowances	£30,000.00	14.12%	-£5,000.00	-2.30%
Performance pay/bonuses	0	0	0	0

Average percentage change in remuneration of all employees (excl highest paid director)	£ increase from 2023/24 to 2024/25	% increase from 2023/24 to 2024/25	£ decrease from 2022/23 to 2023/24	% decrease from 2022/23 to 2023/24
Salary and allowances	£9,810.03	22.64%	£3,199.00	7.97%
Performance pay/bonuses	0	0	0	0

Staff Report

Workforce by band Staff policies applied during the financial year.

Tables marked with an (\*) have been subject to external audit.

Staff costs\*

	Permanent	Other	2024/25	2023/24
			Total	Total
	£000	£000	£000	£000
Salaries and wages	384,937	-	384,937	358,235
Social security costs	41,940	-	41,940	39,575
Apprenticeship levy	1,953	-	1,953	1,928
Employer's contributions to NHS pension scheme	68,562	-	68,562	54,165
Pension cost - other	-	-	-	-
Other post employment benefits	-	-	-	-
Other employment benefits	-	-	-	-
Termination benefits	-	-	-	-
Temporary staff	-	17,579	17,579	17,820
Total gross staff costs	497,392	17,579	514,971	471,723
Recoveries in respect of seconded staff	-	-	-	-
Total staff costs	497,392	17,579	514,971	471,723
Of which				
Costs capitalised as part of assets	3,246	-	3,246	2,810

Average number of employees (WTE basis)\*

	Permanent	Other	2024/25	2023/24
			Total	Total
	Number	Number	Number	Number
Medical and dental	941	109	1,050	993
Administration and estates	1,791	263	2,054	1,962
Healthcare assistants and other support staff	1,357	319	1,676	1,560
Nursing, midwifery and health visiting staff	2,252	432	2,684	2,684
Scientific, therapeutic and technical staff	748	13	761	714
Healthcare science staff	124	2	126	132
Other	6	-	6	7
Total average numbers	7,219	1,138	8,357	8,052
Of which:				
Number of employees (WTE) engaged on capital projects	47	-	47	43



Reporting of compensation schemes - exit packages 2024/25\*

There are no exit packages reported for 2024-25.

For all off-payroll engagements as of 31 March 2025, for more than £245 per day	Number
Number of existing engagements as of 31 March 2025	29
Of which, the number that have existed:	
for less than one year at the time of reporting	27
for between one and two years at the time of reporting	
for between 2 and 3 years at the time of reporting	
for between 3 and 4 years at the time of reporting	
for 4 or more years at the time of reporting	2

For all off-payroll engagements between 1 April 2024 and 31 March 2025, for more than £245 per day	Number
No. of temporary off-payroll workers engaged between 1 April 2024 and 31 March 2025	27
Of which...	
No. not subject to off-payroll legislation	
No. subject to off-payroll legislation and determined as in-scope of IR35	
No. subject to off-payroll legislation and determined as out of scope of IR35	27
The number of engagements reassessed for compliance or assurance purposes during the year	
Of which: No. of engagements that saw a change to IR35 status following review	

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2024 and 31 March 2025	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed “board members, and/or, senior officials with significant financial responsibility”, during the financial year. This figure must include both on payroll and off-payroll engagements	24

Expenditure on consultancy

The Trust spent £391,000 on consultancy during 2024/25. This equates to 0.05 per cent of the Trust's turnover in 2024/25

Diane Wake  
 Chief Executive Officer  
 26 June 2025



Inside the Critical Care Unit at Midland Met.



## People Plan

The SWB People Plan is an integral component of our Trust Strategy and has a key strategic objective to cultivate and sustain happy, productive and engaged staff. The People Plan was approved at Trust Board in January 2023.

The implementation of the plan has been against a backdrop of significant workforce and operational challenges including the COVID pandemic, operational recovery, a prolonged period of industrial action (resident doctors), a challenging financial climate, high sickness, high turnover and deteriorating staff survey scores. Additionally, there was a significant focus on opening MMUH and therefore the transition to MMUH and the associated changes to the Sandwell and City Campuses have been a key lever to accelerate the delivery of the People Plan.

The Plan sets out the following key outcomes to be delivered over the course of the 5-year period (22-27):

- Focus on **Compassionate Leadership** and create a '**Just Culture**' where we listen, learn and live our values. This includes a new training offering and changing our processes e.g. in HR and patient safety
- **Invest in leaders** as part of our 2023/24 priority in 2023 to take ownership of their services, create a great staff experience, and be supported to do so
- **Open our new hospital site, Midland Met, and improve our existing sites.** We are creating new roles and ways of working, a state of the art working environment, and a Learning Campus to develop our local population to access employment opportunities
- Take real action on fairness, **equality, diversity and inclusion**
- Work differently by creating an **improvement system**, where everyone can make positive changes, every day
- Improve our **digital technology** so that work is easier and more productive.
- **Work more closely with our neighbouring Trusts** in the Black Country, West Birmingham and our Place Based Partnerships as an extension of our own teams.

The delivery of the above is through 4 key components namely (a) Culture (b) Technology (c ) Physical Environment and (d) Learning and Development. Within the plan was also a commitment to deliver a set of key improvement actions (22 actions in total) by 2024 for each of these 4 areas.

Since the launch of the People Plan significant progress has been achieved in delivering these improvement actions with the early positive impact seen in our People Metrics and Staff Survey outcomes. Out of 22 improvement actions identified for delivery 19 actions are complete and have either transitioned into business as usual delivery ( 9 actions) or where further work is required (beyond the 2024 requirements) these actions have been incorporated in to our 25/26 priorities ( 9 actions) and specifically address the three People Strategic Objectives set out within the Strategic Planning Framework (SPF), our BAF risks as well as meet our 25/26 planning requirements.

As a result of the significant improvement work we have undertaken in delivering our People Plan commitments we have seen a positive impact on our People Metrics including staff engagement and experience:

- The latest 2024 staff survey results have shown an improvement across all People Promises and Staff Survey Domains.
- We have seen a consistent improvement in the Trust's staff engagement score with the 2024 annual staff survey results show a further improvement, increasing from 6.71 (2023) to 6.76 in 2024 against a Trust target of 7%
- When comparing the average positivity results across all survey questions from the 2024 survey to the previous year, the gap between the experience of colleagues from BME backgrounds and colleagues from White backgrounds has narrowed, with a decrease in the proportion of survey questions of 'significant concern' (i.e. 3% or more below Trust average) from approx. 65% to 25%
- There has been an improvement in the positivity scores of disabled colleagues compared to the previous survey. The staff survey responses against the WDES questions show that 8 out of 10 WDES questions have shown an improvement

- Analysis of the 2024 staff survey responses against the WRES questions shows a general improvement in comparison with the previous survey. The most improved score relates to fair career progression. This reflects significant work undertaken during to strengthen career progression opportunities for BME staff.
- the Trust's rolling sickness absence rate has reduced from 5.86 % in April 2024 to 5.71 % in February 2025.
- The Trust's vacancy rate has decreased from 13.36% to 11.71% in February 2025.
- The Trust's rolling 12-month turnover rate has continued to demonstrate a downward trajectory, reaching its lowest at 9.50% in February 2025.

team have also moved to excellent facilities at the Council House in Sandwell; and we will continue to develop our estate to improve the physical environment for our staff including our Corporate Services teams working on the health campuses at City and Sandwell through our Future Estate and our Agile Working Programme which includes supporting our people to work in an agile way across our estate. In addition, we have continued to support staff to achieve proficiency of use with regards to Unity (our main electronic patient record) and continue to deliver improvements in digital/IT.

### Culture (Compassionate community)

The focus of the Culture workstream is to take meaningful steps to improve the experience of our staff through developing and nurturing a positive culture. A culture framework (Figure 1 below) was developed in 2023 with key strands identified to take forward this programme of work.

Our move to MMUH has undoubtedly improved the physical environment for our staff that provide acute care. Many of our Primary Care, Community and Therapies

### Figure 1





### Our Values & Behaviours

Our ARC values and behavioural framework was launched in 2022 and significant work has been undertaken to embed these in recruitment, appraisal and personal accountability. This creates the structure by which we can recognise great colleagues who live our values, and challenge poor behaviours.

- a. We have launched our new Employee Value Proposition (EVP) **“With you all the way”** which is the promise we make to our current and future employees, that is built on our Trust People ambition, is aligned with our values, behaviours, and the core components of our People Plan. We want working at SWB to feel like more than just a job. We want our Trust to be a place where our staff feel they belong. A place where they feel safe, happy and rewarded. A place where they can develop their career in whatever way they choose. Our values – Ambition, Respect and Compassion – are at the heart of who we are. They guide us every step of the way; how we work with each other, and how we look after our patients and their families; how we respect and value the rich diversity of our team and our community; how we all work together towards our purpose - to improve the life chances and health outcomes of our population
- b. We have rolled out an inclusive approach to recruitment which includes piloting the use of values-based questions which will be mainstreamed into recruitment in 25/26.
- c. Our Trust values are a key component of our ARC Leadership and Team Effectiveness programme further embedding our values at leadership and team level.
- d. Our PDR process has a specific question on values to allow for reflection on how the staff and leaders are role-modelling our Trust values.

- e. Work is ongoing to embed our Trust values and behaviours within our People and OD policies e.g. the new Management of Conduct Policy has our Trust values embedded through a focus on Just and Restorative Culture principles.

### Freedom to Speak Up

We have relaunched and revised Freedom to Speak Up to improve reporting and outcomes. Our Freedom to Speak Up (FTSU) mechanism was successfully relaunched, with internal audit actions completed to ensure robustness and regulatory compliance. A new centralised electronic reporting dashboard has been introduced, leading to an increase in reported concerns and improved monitoring of feedback and actions. Additionally, the board has approved a new three-year FTSU strategy, emphasising training and the provision of appropriate feedback.

### Just Culture

We have undertaken significant work to embed a Just and Learning approach in relation to people management. We have worked with our Trade union colleagues to transform our approach to dealing with conduct and safety issues at work through a revised policy which is currently being ratified, a decision- making framework and toolkit that helps reduce the number cases going through formal processes and aims to tackle overrepresentation of BME staff in disciplinary processes. This is already starting to see a positive impact on the experience of BME staff (WRES) as per our 2024 Workforce Race Equality Results where the data shows that there has been a significant decline in the likelihood of BME staff entering formal processes compared to white staff in 2024. This is positive and is reflective of the interventions being implemented.

Module 2 (Restorative People Management) of our ARC Leadership Programme will focus on supporting our managers in developing and sustaining a restorative approach to dealing with people matters which will further embed just and learning principles in day-to-day management of people issues.

### ARC Leadership Development



The ARC Leadership Programme was launched in May 2023. Since then, 680 people have completed the ARC Compassionate & Inclusive Leadership programme (Module 1), ahead of the target for 600 to complete by the end of March 2025. Over 700 staff have completed the team member module of the programme.

The programme has evaluated positively, with 93% of participants reporting that they will make positive changes to their practice as a direct result of the training. Participants also reported an increase in their compassionate and inclusive leadership knowledge because of the programme, with 98% giving it the top two ratings.

Through the impact of ARC Leadership Development, a focus on improving the ‘your manager’ domain with Group and Directorate leadership teams. the Trust has delivered a consistent improvement in the staff engagement score across the Pulse Survey’s conducted during 2024 and the 2024 Staff Survey.

The roll out of Module 2 - Restorative People Practice and Module 3- Leading and inspiring safety and service innovation has commenced, along with other independent modules, which focuses on the development of essential people management skills.

### ARC Team Effectiveness

The ARC Team Effectiveness Programme was launched in the summer 2023. Affina OD (Michael West Associates) were selected to partner with the Trust in delivering this programme. The initial phase of OD support was targeted at high priority services, determined because of their criticality to the opening of the MMUH. Eight major service areas (36 individual teams) have received targeted support during the OD readiness phase (October 2023 to October 2024), with 100% engagement. This was a significant achievement, given the capacity challenges across operational areas.

Measuring the direct impact from OD and culture change interventions is typically demonstrated over an 18–36-month period. However, there is early evidence that these interventions are positively impacting the priority MMUH clinical services. The OD Team are currently working on transitioning this programme to business as usual with a triaging process developed to ensure support is targeted to teams requiring this the most.

### Equality, Diversity & Inclusion

In January 2023, the Trust launched its first EDI plan. The plan has 4 key components: (1) Enabling Collective Leadership, (2) Creating a positive culture of compassion and inclusion, (3) Improving Staff Experience and (4 ) Delivering inclusive services to our patients and communities.

In February 2024 following a rapid review of our priorities, we decided to re-focus our work on the “Improving Staff Experience” objective of the EDI Plan and to take into account the National Six high impact Inclusion Actions as well as the ICB EDI Pledges.

The key areas of focus identified for delivery were:

- **Empower, equip & enable the Staff Networks** – Work has been undertaken to reset the terms of reference, re-define the role of the Networks, enhance the supporting infrastructure, identify new Executive and Non-Executive Sponsors for the Networks, re-define the time commitment and develop a clear profile and role description for Network Chairs and Deputy-Chairs. In June 2024 we successfully appointed Chairs and Deputy Chairs for the 6 out of the 7 Networks, following an overwhelming response and interest in these roles.





- **Optimise the role and function of the EDI Team within the Trust** - There has been significant work undertaken over the last 12 months to support and develop the remit and scope of the EDI team to optimise their role and impact in championing EDI. The team are currently implementing a series of education and awareness programmes to raise the profile of EDI across the organisation including focussed EDI communications. The EDI Team represent the Trust in a number of key ICS EDI workstreams and programmes of work.
- **Deliver and embed a robust framework for inclusive Recruitment** - An Inclusive Resourcing programme has been developed and implemented through the Inclusive Talent Management and Resourcing Group. The programme consists of six key work streams:
  - Implementation of values- based interviews and assessment processes and embedding our new employer value proposition -With you all the way.
  - Sharing interview questions/themes in advance of interview.
  - Evaluation of the role of the BME advisor in the recruitment process.
  - Review of recruitment documentation to support a fully inclusive approach.
  - Specific measures intended to target underrepresented groups (BME and Disability) at Band 7 and above.
  - Supporting local people through employability programmes including pastoral I service for new starters.
- **Launch a SWB inclusive Talent Management programme** – we launched our first Inclusive Talent Management programme in Spring 2024, which focuses on addressing the under-representation of specific demographics within senior leadership roles (Band 8c – VSM). This is one of our EDI high-impact actions, alongside the Inclusive Recruitment action plan and responds directly to poor representation of BME staff at the most senior levels within the Trust, which has been a consistent challenge in the Trust's annual WRES results. This 12-18 month

programme is a structured career development framework which provides participants with a range of career development opportunities and support. Six individuals, who had recently completed the ICB's Next Generation of Senior Leader's programme, were recruited onto programme, of which three remain. Preparations are being made to commence the next cohort of this programme in 2025.

Whilst recognising that there are significant areas for improvement in the Trust's WRES and WDES results, the most recent (2024) results highlight some early signs that the work above is starting to have a positive impact on the workforce. This includes an improvement in representation of BME staff across most Agenda for Change Bands, including at Band 8D and Band 9 as well as across Medical roles and a decline in the number of BME staff going through disciplinaries. There is also an increase in the number of disabled colleagues we employ, and the Trust has shown a marked improvement in the number of disabled staff shortlisted and appointed into roles in 2024.

During the past 12 months the Trust has secured a number of noteworthy achievements and recognition for its progress and delivery in EDI, these include:

- SWB has signed up to the Race Code and successfully achieved the Race Code quality mark in May 2024.
- SWB has taken part in phase two of the Rainbow Badge Scheme. The Rainbow Badge Scheme was created to be a way for NHS staff to demonstrate that they are aware of the issues that LGBT+ people can face when accessing healthcare. Phase two is an assessment and accreditation model and allows Trusts to demonstrate their commitment to reducing barriers to healthcare for LGBT+ people, whilst evidencing the good work they have already undertaken. Following our assessment, we have achieved bronze status.
- SWB has signed up to the Sexual Safety in Healthcare Charter and the EDI team are working with a number of key stakeholders to develop a communication campaign to socialise the ten principles and actions associated with the charter.

- SWB is a member of the Employers Network for Equality & Inclusion (ENEI) and has undertaken the TIDE (Talent Inclusion & Diversity Evaluation) and was awarded Gold status which is the highest level.
- Capturing demographic data on the take up of annual EDI development activities; ensuring they and their staff are aware of their legal responsibilities regarding equality and particularly of our public sector equality duties; and
- Use feedback from staff members via staff surveys by the protected characteristics to inform priorities and performance against external benchmarks such as GPG, EDS, WRES, and WDES.
- SWB has successfully achieved Disability Confident Employer Level 2 Status in July 2024
- SWB has completed the NHS Employers Diversity in Health and Care Partners 2023/2024 programme.

### Summary of EDI Activities

The EDI Team continue to lead on, host and support a number of events and initiatives with the aim of fostering a more inclusive and compassionate workplace and for patients.

- Respond to requests from teams for EDI training
- Review of Equality Impact Assessments in regards to teams, policies and services
- Celebrating National Inclusion Week
- Celebrating LGBTQ+ History Month/ South Asian Heritage Month/ Black History Month/ Disability History Month
- Celebrating National Staff Networks Day
- Development of a training programme that addresses lack of representation at senior level (starting with Race, but will also focus on Disability & Sexuality in the future)
- Development of a Talent Management approach with the focus on ensuring the pipeline is diverse

- In early stages of developing podcasts, topics to be explored include – Racism and the impact it can have on your health, Allyship, the Transgender experience in Healthcare, supporting Disabled colleagues
- Developing our SWB Living Library, based on the Human Library concept **Unjudge someone - The Human Library Organization** We will be building an on-line library for colleagues, with plans to build an on-line library for patients in the future

### Chaplaincy

The Trust chaplaincy team provides a 24-hour call service and works across sites and includes men and women from all the major faiths established in our wider community, Hindu, Muslim (male and female), Sikh and Christian (Roman Catholic, Free Church and Anglican). Although our chaplaincy team serves the above faiths, the team also facilitate support for anyone of a religion which is not listed above or for those who do not have any religious beliefs and still seek spiritual care.

The MMUH Spiritual Care Centre is located at Level 5 (Core D) with our offices, group worship hall, quiet room and the prayer room with washing facilities. The Sandwell chapel and prayer room are located on 2nd floor. Rowley Regis Chapel and prayers room are located on the ground floor. We also have existing prayer rooms at Sheldon Block Level 1 at City Health Campus.

We have a number of volunteers who currently provide day to day ward visiting and support for our patients and staff and it is our intention to develop the team. They contribute around 15% of the total visits and have given around 800 hours of service.

The Chaplaincy Team works closely with the Patient Experience Group Committee to help improve patient experience. This financial year, the team were able to visit a total of 5,100 new patients and follow up visits of 670 and had meaningful conversations with 2,100 family members/carers.

This year, the Chaplaincy Team also had meaningful discussions and supported 2,100 staff members particularly around navigating changes brought about by the move to MMUH and also encouraging them to increase staff engagement.





Our Activities

This year, we were able to successfully host religious festivals in the Trust such

Opening Blessing for MMUH – faith and non-faith chaplains were invited to utter prayers and blessings

- Annual celebration of Vaisakhi, Rama Navami, Ramadan, Easter, Diwali and Christmas.
- Music Rounds – use of music and meaningful conversations as therapy on our collective ward visits.
- Weekly religious activities such as Catholic Mass, Staff Prayers, Ecumenical Sunday Services, Friday Prayers, and Sikh Prayers
- Dying Matters Week with the Bereavement services group
- Memorial Services such as Covid-19 National Day of Reflection, Remembrance Day
- Teaching opportunities with doctors, nurses and other allied health services
- Away Day and Study Day for Chaplains as supported by allied services.
- Participated with Benefit Events, Inclusion Events and South Asian Heritage.

Our Success

- Our move to the new hospital was a success.
- We are really grateful to be nominated for the Star Awards this year.

One of our dedicated chaplains celebrated his 25th year of service to the NHS.

With the help of Trust Charity and generous donors, we were able to produced commissioned art works from a local artist and community members were involved in the process. The art works are mosaic Tree of Life and the Faith and Non Faith symbols.

Occupational Health & Wellbeing

The Trust receives referrals from both NHS and non-NHS organisations and meets the needs of over 50,000 employees across the region, including income generating contracts with other NHS Trusts and commercial organisation. In addition to providing services to SWBH NHS Trust,

it also provides services to Primary Care, Pharmacies, Dental Practices and local authorities. Regionally our Trust continues to be regarded as a leader in the Occupational Health and Wellbeing space and, an exemplar of good practice.

This year the Occupational Health department undertook two of the four accreditation reviews for SEQOHS and there were no concerns raised following the last successful SEQOHS re- accreditation. This is key in providing assurance to all stakeholders that we protect people at work by ensuring the highest professional standards of competence, quality and ethical integrity and indeed helped us secure a further local authority contract.

We are proud to be able to deliver the widest range of physical and mental support activities including a well-equipped gym, yoga, therapeutic massage, counselling and meditation. In addition, we are working closely with Sandwell College Hair and Beauty Students who come on site and provide services to staff at Sandwell; the benefit is a feeling of wellbeing for staff that use the free service and experience for the students as part of their training programme,

Our Enhanced Occupational Health and Wellbeing Service offers end to end pathways for staff requiring musculoskeletal and mental health support. The Counselling is currently provided by our external partner PAM Group and this is delivered face-to-face, online or by telephone according to client preference. Clients are offered between 4 and 6 sessions, depending on need, with an option for onwards referral to other agencies should an extended period of counselling be required.

Musculoskeletal problems are another major area of concern with regards to staff wellbeing and sickness absence. We continue to adopt a multi-disciplinary team approach with physiotherapy, specialist input and occupational health support as a one-stop-shop to help avoid delays for colleagues with MSK problems who may have difficulty accessing services due to pressures in primary care. In addition, the support from the Trust Physiotherapy Department for staff remains available via self-referral and management referral as well. We target all musculoskeletal absence by early identification, assessment and intervention with particular focus on proactively managing all staff members who are off work for more than eight days with musculoskeletal problems. The aim is to prevent any long-term sickness absence where possible, by taking a coordinated and proactive approach.

During 2024 we have focused on strengthening our existing wellbeing provision, in particular our psychological and mental health support. Following an independent review into our mental health and wellbeing provision a new Health & Wellbeing plan was launched in April 2024, which is based around the NHSE Seven Elements of Health & Wellbeing framework.

A number of priority actions have been delivered to date. Our new Employee Assistance Programme was launched to improve access to psychological support for our colleagues for support with a range of mental health issues and life events. We have trained 87 people to become Mental Health First Aiders, with further training booked and created a new Community of Practice group to provide peer support to those providing mental health first aid. We have successfully renewed our Mindful Employer charter, continuing our commitment to supporting good mental health at work.

We launched a new Health and Wellbeing brochure to showcase our holistic health and wellbeing support across the Trust and externally to support with ease navigation of the offer. Wellbeing has been embedded into our processes through the launch of manager guidance on effective 1:1 conversations which include wellbeing (wellbeing is also included in the PDR conversation) and a wellbeing framework for formal HR investigations to ensure individuals receive appropriate pastoral support and other mental health support during these processes. Our Attendance at Work (Sickness Absence) policy is also being reviewed with a focus on ‘recovery’ in consultation with our trade unions.

In December 2024 we launched our new Good Shape sickness management system. GoodShape represents a strategic investment in building a healthier, more productive, and engaged workforce at SWB. By adopting this innovative system, we can elevate our employee wellbeing initiatives and achieve significant business benefits. Key advantages include:

- **Improved Efficiency and Effectiveness:** GoodShape automates administrative tasks, provides real-time data, and facilitates data analytics, enabling greater focus on strategic People initiatives.
- **Enhanced Employee Wellbeing:** Proactive health management helps identify and address potential health risks early, leading to faster recovery and reduced absenteeism.

- **Stronger Manager-Employee Relationships:** GoodShape empowers managers with real-time data and personalised care plans to support employee wellbeing more effectively.
- **Reduced Costs:** Automating absence tracking, minimising data entry errors, and preventing long-term absences can lead to significant cost savings.
- **Improved Business Performance:** Reduced absenteeism fosters service continuity, improves patient outcomes, and boosts overall trust performance.

Our staff survey results show a statistically significant improvement in our "We are safe and healthy" People Promise, which is now scoring above national average. Our sickness absence rate is also showing a downward trend.

We have also continued to embed flexible working following our participation as a first wave site in the national NHS England Flex for the Future programme. In line with our action plan we have:

- Implemented a new Flexible Working policy, Flexible Retirement policy, Home working policy and Agile working practices through the Agile Working Programme, which enhance access to these options.
- Introduced a new system for applying for flexible working via ESR to increase transparency and improve our ability to report on flexible working practices.
- Developed a range of management guides to help managers navigate some of the trickier flexible working issues, as well as promoting practical tools such as the NHSE Individual and Line manager flexible working guides.
- Promoted awareness of flexible working options via staff comms, retention roadshows with group leaders and via our summer "Benefits and Beyond" event.
- Flexible working conversations included within the local induction process and a flexible working document and strapline are included in our job adverts. Managers are advised to include specific flexible working options on job adverts via TRAC to increase the diversity of applicants and widen the talent pool.



The impact of this work has resulted in our staff survey "We work flexibly" People Promise score increasing year on year, with a statistically significant improvement in 2024 and is now scoring above national average (where it was previously below average). We are currently scope options for Team Based Rostering practice to improve access to flexible working for ward-based staff and Flexible working will be included within the Wellbeing module of the ARC leadership development programme.

Medical Staff Wellbeing

Our Medical Wellbeing leads, (Dr Blaber (for resident doctors), Dr Naqvi and Dr Venugopalan (for senior doctors), have supported the wellbeing of both our resident doctors and senior doctors during a challenging year. This includes:

Resident Doctors

1. Delivery of the ‘Thriving in Medicine’ Programme for Foundation Trainees. This consists of 3 modules (each a half day of training) which introduce core building blocks for sustaining professional wellbeing in healthcare. Dr Blaber designed and developed this training with a 3 regional colleagues. It has been adopted across the West Midlands and continues to evaluate well.
2. In March 2025 the first pilot of the IMT phase of Thriving in Medicine was delivered at SWB to all IMT-1 Trainees in the West Midlands. This one-day teaching programme builds on the themes introduced in foundation training, applying them to the different opportunities and challenges experienced during internal medicine training. Of the 50 evaluation forms received, 92% reported the training to be of clear relevance to their development, 96% reported the training to be engaging and 88% reported that the training would lead to a direct change in their approach to professional wellbeing.
3. Delivery of two Enhanced induction half days to locally employed doctors, with a focus on international medical graduates. We had 13 attendees across the sessions. 88% of evaluations reported that they were better equipped for PReP system and revalidations after the training. 100% reported they felt more confident with clinical communication and ethics in EOL decision making, how to liaise with medical staffing, employment benefits, SBAR handover and

responses to acute clinical scenarios. All attendees would highly recommend the training to peers.

4. Production of induction video for staff wellbeing offers at MMUH.
5. Steering group for developing training and policy to enhance sexual safety at work, consistent with the sexual safety in healthcare charter.
6. Delivery of ongoing bespoke pastoral support to resident doctors.
7. In September 2024, we piloted a residential wellbeing course for senior clinicians at the Trust. This has evaluated very strongly with 96% reporting both enhanced insight to their own wellbeing and gain of a clear strategy to maintain wellbeing, 92% feeling better equipped to support the wellbeing of their team and 100% reporting they would recommend the course to others. 6 months after the course, over 50% reported that it had helped them stay in work.

Senior Doctors

1. Established a recognised space for senior medics to connect at MMUH with regular use by the cohort as and when needed.
2. With the transition to MMUH, additional support sessions were established and pastoral support sessions run across the Sandwell site during the initial 2 months of MMUH opening. “Samosa and wellbeing” sessions continue to be run at MMUH with good attendance by a mix of clinicians. This provides an opportunity for colleagues to connect, discuss wellbeing and receive support.
3. 1:1 pastoral support sessions provided to those that need it.
4. Promotion of wellbeing support for consultant groups and engagement with groups through QIHD, as well as wellbeing events for senior medics through social media and recognition of cultural and religious festivities held across the trust (recently being Ramadan Iftar event and Eid)
5. Working with the wider steering group to concentrate on the needs of the senior medics

Staff Engagement/People Engagement Teams

In 2024 a fundamental re-set of our approach to staff engagement took place which moved from a centralised, corporately driven approach to a devolved model, placing responsibility for engaging with teams and developing locally driven action plans with the Groups. The People Engagement Teams were launched in March 2024, through which Groups drive survey response rates, engage with teams, develop and deliver local improvement plans. This ensures that agreed actions are relevant to the people working in those areas. These local action plans were supported by a set of corporate staff survey objectives. The 2024 NHS Annual Staff Survey results indicate that this new approach is starting to have a positive impact.

We achieved a 5% increase in our staff survey response rate compared to the previous year (increasing to 34%), despite the survey falling over the MMUH move period whereby considerably less leadership capacity was available. In addition, the 2024 staff survey results have shown an improvement across all People Promises and Staff

Survey Domains, as well as improvements in the Staff Engagement and Morale scores. Six of these scores are characterised as a statistically significant change when compared to the previous year’s score; these are: “We are compassionate & inclusive”, “We are recognised and rewarded”, “We are safe & healthy”, “We work flexibly”, “We are a team” and “Morale”. The greatest improvement has been in “We are always learning”, albeit this remains our lowest scoring People Promise. The most improved staff survey domains are “Your Organisation” and “People in your Organisation”. Four out of the nine People Promises and Themes are now scoring Above Average in the national benchmarking report, compared to none in the 2023 survey. These are “We are recognised and rewarded”, “We work Flexibly” “We are Safe & Healthy” and “Morale”.

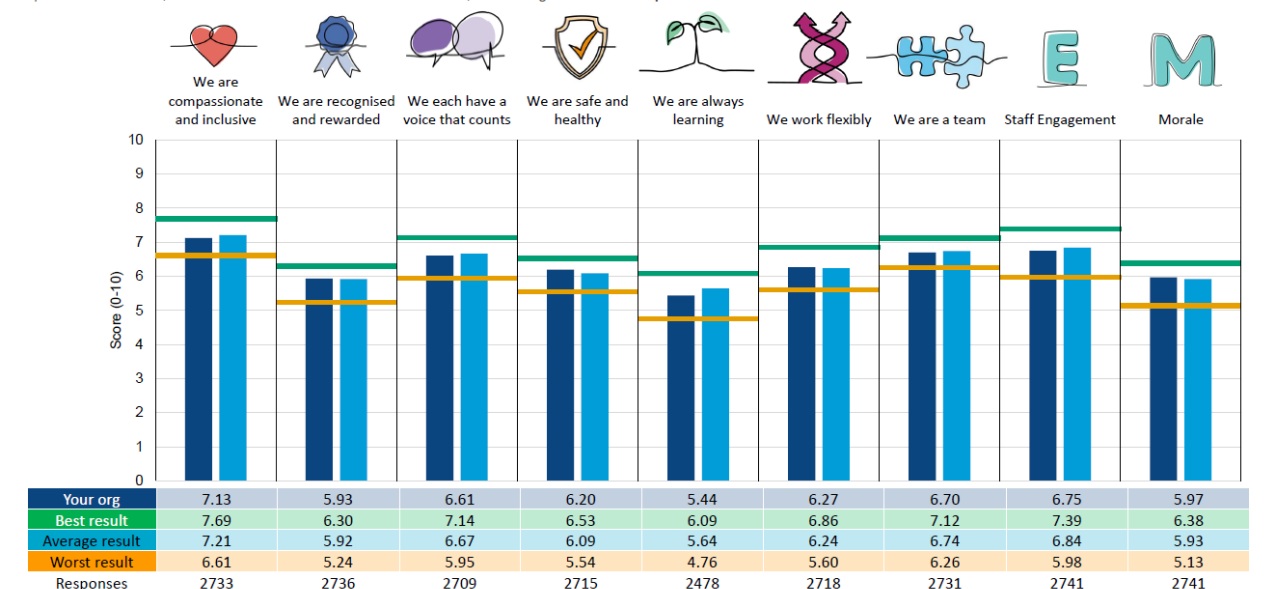
These results are very encouraging and have been driven by the implementation and delivery of the programmes aligned to our People Plan, early benefits from the opening of MMUH, as well as local improvements implemented by the Groups via the People Engagement Teams.

People Promise elements	2023 score	2023 respondents	2024 score	2024 respondents	Statistically significant change
We are compassionate and inclusive	7.03	2290	7.13	2733	Significantly higher
We recognised and rewarded	5.8	2296	5.93	2736	Significantly higher
We each have a voice that counts	6.58	2273	6.61	2709	Significant
We are safe and healthy	6.08	2132	6.2	2715	Significantly higher
We are always learning	5.31	2128	5.44	2478	Significant
We work flexibly	6.11	2282	6.27	2718	Significantly higher
We are a team	6.58	2280	6.7	2731	Significantly higher
Themes					
Staff engagement	6.7	2295	6.75	2741	Significant
Morale	5.79	2295	5.97	2741	Significantly higher



## ➤ People Promise elements and themes: Overview

People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.



Despite these improvements, we recognise we still have much to do to improve staff experience and achieve our target staff engagement score of 7.0.

Additionally, it is even more pertinent now, given the tough financial climate and the reforms required to drive efficiencies, ensure clinical sustainability and deliver safe and effective care to our patients, that we ensure there is a continued focus on positively engaging with and supporting our staff and leaders during a particularly

challenging period for the NHS. This is reflected in the most recent 20-25/26 operating priorities, which requires all providers to deliver systematic improvements across all NHS People Promises and full implementation of the national EDI action plan.

Accordingly we have established the following priorities for 2025/26 to both sustain the progress made in improving staff experience and to support our leaders, teams, individual members of staff on the journey ahead:

### Our commitment:

**More than just a job...** a place where our **staff feel they belong**. A place where staff feel **safe, happy and rewarded**. A place where they can **develop their career** as they choose



## Learning and Development

The Trust continued to provide a ring-fenced training budget to support staff to undertake further development for their role and future aspirations and which has been supplemented by NHSE Continuing Professional Development (CPD) funding for nurses, nurse associates, midwives and allied health professionals (AHPs). The apprenticeship levy has had a good level of use by c180 staff undertaking externally provided apprenticeships such as degree and postgraduate/master's level qualifications.

Our Education, Development and Growth workstream looks at the different ways each one of us can be supported to continually develop, whichever our professional group or stage of career.

Below is an overview of progress made in delivering 2024 improvement actions:

## Talent Management and Development

In addition to our inclusive talent management programme, we enhanced our 2024 PDR cycle to include additional guidance and training on career development conversations, SMART objectives, inclusion, values and behaviours. We have also launched a new Career Development Workbook to support colleagues to reflect on their career goals and create a structured development plan.

A Learning & Organisation Development Prospectus was launched to provide comprehensive information on the range of learning and development opportunities available within the Trust and wider system.

Along with our wider reward and recognition offer (which has been further expended in 2024 to include financial wellbeing support through Wagestream and free mortgage advice), our learning & development offers were showcased at the successful "Benefits and Beyond" event held in summer 2024, which saw circa 800 colleagues from across the Trust attend. Our ARC leadership development programme also provides skills development for both managers as well as our non-managerial colleagues (through our compassionate care giver module).

We have also been jointly leading on the development of a ICS-wide talent management strategy which focuses on how we develop and maximise the potential of our people.

Our 2024 staff survey results show that we have made the greatest improvement in our "We are always learning" people promise, albeit this is our lowest scoring area and we still have more to do.

## Staff Policies

Key workforce policies are held on the Trust's intranet site with accompanying guidance, support and forms to assist staff using these.

These policies include Human Rights, Equality and Diversity, and Recruitment and Selection policies which set out the process for ensuring fair employment, training and career development opportunities for individuals with protected characteristics.

## Remuneration policies

For the purposes of this report, this section relates to substantive officers of the Trust whose remuneration is not governed by national policy, such as Agenda for Change terms and conditions, and specifically applies to voting and non-voting Trust Board members.

The Secretary of State for Health determines nationally the remuneration of the Chair and non-executive directors, with terms of appointment and renewal determined by NHS England. Appointment and removal, remuneration, allowances and terms and conditions of office for executive directors (and the remuneration, allowances and terms and conditions of office for other defined senior officers) is determined by the Trust's Remuneration Committee with due regard to national guidance.

## Widening Participation

We launched our new widening participation #morethanajob programme in spring 2023 which supports local people who are predominantly unemployed and living in the top 20% of deprived areas nationally (according to the Index of Multiple Deprivation). This includes supporting people who may be overseas healthcare qualified refugees or migrants from our local population to access and return to a career in healthcare, alongside working with young people at risk of homelessness through our Live and Work programme.



### Work Experience

298 work experience placement opportunities were offered over the last 12 months (2024/25). 178 of that total were young member our community, under the age of 30. Work experience takes place in a variety of departments across the Trust and allows people to experience what it's like to undertake an NHS role, supervised by staff who already work in the environment. We offer experience varying from 'tasters' lasting just half a day through to programmes over one or two weeks. Some work experience placements offer a hands-on experience, while some provide insights or observation only. All can provide a valuable experience for people looking to move into a career in the health sector.

There are over 350 different job roles within the NHS and work experience is vital for people from our local community to experience what it is like in a healthcare working environment. This experience helps individuals decide on their future career pathway and assist with:

- Broadening awareness of the numerous careers available within the NHS
- Developing an understanding of a chosen career
- Gaining transferable skills, such as communicating with others, which will be used within a wide range of job roles.
- Experiencing how working roles within the NHS are often much more complex.
- Strengthening college, university or job applications by allowing an individual to discuss work experiences on application forms and at interview.

### Special Recognition

The Trust was awarded "Employer Industrialist of the Year 2024" as recognition from a local school "Sandwell Academy" in recognition for our support to their students with work experience and careers engagement.



The Trust received the Employer Industrialist of the Year from Sandwell Academy.

### Careers Insight for our Local School Population

To support our work experience, offer, we have introduced Careers Insight days. The second one was held in February 2025 where over 120 students from our local schools and young people were invited to the Midland Metropolitan University Hospital "Winter Garden" for our Insight into NHS Careers event organised by the Trust's Work Experience Lead and the Apprenticeship Team. It targeted students aged 16-18 years wanting to learn more about the careers we have on offer here at the Trust and the journey of getting into those roles. Teams from across the Trust supported in both our careers marketplace and expert panels. These included experts from Medicine, Nursing & Midwifery, Allied Healthcare Specialities, Apprenticeships, Administration, IT, Portering, Security, Catering and Ward Services.



Feedback from students was excellent and we entered everyone who attended into a prize draw. The winner was delighted to receive a "Love to Shop" gift voucher.





T-Levels

February 2025 saw the introduction of Industry Placements for T-Level students at the Trust. The students are from Sandwell College, our local partner in The Learning Campus. Our first 18 students are working across the Trust in Healthcare placements. Future planned placements for non-clinical students will include Business Administration, Media and Digital.

T Levels are a 2-year course which are taken after GCSEs and are broadly equivalent in size to 3 A Levels. Industry placements offer the student practical and knowledge-based learning with on-the-job experience.



In the last two years since launching the #MoreThanAJob programme over 1000 local people have been supported with pre-employability training and support and 203 local people have received support to secure job offers, 155 of these people have been employed at SWB and 48 externally with other local employers.

In 2022 the Trust Board agreed that at least 34 per cent of all Trust vacancies would be filled from within the local population. This target has been consistently exceeded, with over 81 per cent of new recruits coming from within the Trust’s local communities. A large proportion of these roles are being recruited through our employability programmes and are mainly into lower banded roles with the highest number of roles at Band 2 (29 per cent), followed by Band 5 roles (17 per cent) and Band 3 roles (13 per cent). Recruitment to circa 14 per cent of senior medical roles, predominantly within the Specialty and specialist (SAS) doctor group, has also been from local communities.

The Trust recognises that there is more to do to increase recruitment into senior management roles, particularly at Band 8a and above, from local candidates. This work is being progressed through our Inclusive Resourcing and Talent Management Programme.

Apprenticeships

Within the People strategic goal, it focuses on cultivating, sustaining happy, productive, and engaged staff with a key focus on learning and development to offer growth, education and growing our future NHS workforce supported by apprenticeship standards. This strategy has broken down barriers and has created a more inclusive route into employment, which has helped to improve the life chances and health outcomes of our people and local population.

The Trust is one of a small number of NHS Apprenticeship Providers holding an apprenticeship ESFA contract, and we continue to be proud of our ‘Good’ Ofsted rating achieved in 2021. This apprenticeship provision supports the Trust belief that effective education, learning, and development makes a major contribution to the provision of a committed and competent workforce that are focused on delivering safe and effective patient care.

93 apprentices are currently on our own internal apprenticeship provision, undertaking programmes in both clinical and non-clinical settings. The teaching and learning from our own provision include Healthcare, Business Administration, Customer Service and Team Leader

Apprenticeship Standards. 42 apprentices successfully achieved in the last 12 months through our provision, with 67% achieving the highest grade, distinction. All apprentices gain valuable NHS employability skills and significant industrial expertise.

The Trust follows an apprenticeship 1st strategy to review all entry level vacancies to offer these job roles through apprenticeship posts to kick-start careers and reduce the barriers to long-term employment.

Apprenticeship Awards Success

Laura was nominated and won the Health, Education and Care Apprentice of the Year 2024 at the Ladder for Greater Birmingham Apprenticeship Awards.

Laura works in the Neurophysiology Department and secured her administration role as a direct result of her Level 3 Business Administrator apprenticeship. Laura introduced a “New Cancellation Form Process for EEGs and NCS tests” resulting in cost saving on paper, supporting the Trust’s Green Strategic Plan, cost saving on missed appointments, reduced waiting lists and improvements in patient satisfaction. Laura continues her learning within her clinical sector, Electroencephalograms & Nerve Conduction Studies. The apprenticeship team are so proud of her.



Laura Blake- Neurophysiology Department, pictured on the right, with her Apprenticeship Trainer/ Coach, Mel Mason

Apprenticeships for Trust Staff

The Trust continues to work closely with 23 local universities, colleges, and external providers for the provision of apprenticeship programmes which we do not provide ourselves within our own provision. Staff are supported across 33 apprenticeship standards from level 2 up to level 7. The apprenticeship programmes include senior leaders, clinical practitioners at master’s degree level, chartered manager degrees, nurse associates, nurse degree, healthcare science, occupational therapy, and physiotherapy degree apprenticeships and many more. We have around 300 staff undertaking apprenticeships with nearly 200 of those going through external provision utilising the apprenticeship levy funding.

Celebrating Apprenticeship Success!

In February 2025, the Apprenticeship Team held their annual awards ceremony to tie in with the celebrations for National Apprenticeship Week. Over 80 members of staff were invited along to receive their award. At the event, celebration filled the air as our apprentices proudly received their certificates signifying the triumphant end of their apprenticeship journey. This ceremony marked not just the acquisition of skills but the determination that impacted their growth.

This is a marked event to celebrate the development of existing staff and new staff, investing in the future long-term workforce. The Apprenticeship Awards is one of the highlights of the team’s work, showcasing the achievements of all apprentices and the hard work of the team. The learners felt that doing an apprenticeship not only gave them a breadth of experience, along with qualifications and the confidence to undertake further studies to support their future careers.



Apprentices were recognised for their efforts during a celebration event.





Learning Campus

The Midland Metropolitan University Hospital (MMUH) Learning Campus (LC) is a key enabler in promoting, supporting and enabling education, training and employability for local people and communities. The MMUH benefits case reflects the substantial opportunities that the LC provides to further expand and scale the employability successes that have been delivered during the past 18 months, through the Learning Works. The LC will promote local community regeneration, in line with the Towns Fund's focus on driving long-term economic and productivity growth for the local population. The LC will also support Sandwell and West Birmingham Hospitals NHS Trust (SWB), as well as the wider Black Country system in addressing future workforce planning and sustainability challenges. Increasing the volume of local people employed and trained is one of the Trust's Strategic Planning Framework (SPF) eleven success measures for 2025/26.

In preparation for the opening of the Learning Campus (LC), the Trust has brought together the apprenticeship and widening participation provision (the Trust Learning Works) to operate as one “single front door” for employability. This includes the launch of the Trust’s widening participation #MoreThanAJob programme.

Through our #MoreThanAJob programme we are breaking down barriers and creating more inclusive routes into employment. In the last 18 months we have supported 211 local people to receive a job offer, 75% of these offers at SWB and 25% externally with other local employers. In addition to general employability programmes, we also offer targeted support for clients who may face additional barriers to gaining employment through our specific award-winning projects:

Live and Work – Working with St Basils to support young people who are homeless or at risk of becoming homeless with somewhere secure to ‘live’ on our Sandwell Hospital site and working internally and with external partners to look at apprenticeship and ‘work’ opportunities.

Healthcare Overseas Professionals Project – Supporting local overseas refugees who hold professional overseas healthcare qualifications such as Nurses, Doctors and Dentists. We offer one to one pastoral support to help them navigate the NHS recruitment processes and explore opportunities for them to gain experience and employment.

Project Search – Supporting young people with a learning disability and/or autism with a 12-month supported internship opportunity and thereafter support to secure a substantive employment opportunity.

There is considerable amount of work being undertaken with our LC partners; Sandwell College, Aston University and University of Wolverhampton, to develop and finalise the education offer for the LC.

We are also working with professional leads internally within SWB to optimise the existing ring-fenced Training and Development budget, as well as NHS England Continuous Professional Development (CPD) monies, to support the delivery of the Trust’s strategic priorities. This work identifies education needs requiring external provider support potentially through the LC partners. Some common and recurring areas of need have been identified and new areas being explored.

Construction is underway to support the opening of the LC at the end of 2025. The Trust’s strategic partnership with Sandwell College is now formally in place, as well as emergent working arrangements with local higher education providers, such as Aston University and University of Wolverhampton, ongoing partnership dialogue with the West Midlands Combined Authority (WMCA), Sandwell Council, Department for Work and Pensions and other key stakeholders.

[Can we also include our employability numbers as these are significant and show our commitment to support our local people]



The Widening Participation Team scooped The More Than a Hospital award at the 2025 Star Awards.

Environment and Technology

The focus of the Environment and Technology workstream is to take meaningful action to ensure we get the basics right in ensuring our staff have access to the appropriate tools, technology and physical environment to effectively undertake their roles. Below is an overview of progress made in delivering 2024 improvement actions:

a. Improving staff experience of IT systems, including digital proficiency to develop staff

A refresh and relaunch of EPR new starter / refresher training has commenced for Unity and iPM which is due to be launched in April 2025. A refresh and relaunch of training for System One and Badgernet will follow Unity and iPM. There is currently an options appraisal being undertaken of the eLearning platform

b. Development of our staff portal to make information easier to navigate

A new Staff Portal SPARC was launched this year aimed at improving access to internal information and communication for staff.

c. Responding to estates improvement requests more quickly, to make staff rooms and areas better

As part of the transition to MMUH the Trust launched a comprehensive Agile Working Programme which had a focus on not only the environment and technology elements, but it also commenced the Trusts journey towards an agile culture.

There were circa 160 team moves (involving c. 550 colleagues) during a six-month period for this programme. This was delivered by designing and implementing a thorough OD and training programme, significant communication, consultation, engagement activities and the implementation of a desk and room booking system.

Many of these teams had a light touch refresh of the new homes before moving in such as decoration, flooring and blinds. To help with this in the future we are moving back to having a small in-house decoration team who will proactively work their way around the estate addressing any decoration issues.

All departments working in MMUH have a dedicated staff rest room. A rest room project across the Retained Estate was completed c. 12 months ago.

Continuous Improvement

The Trust has launched its “Improving Together” continuous improvement system and is partnering with KPMG in delivering our Trust priorities (as set out within the Strategic Planning Framework) to support and empower teams locally to continuously improve services. A Continuous Improvement Academy has been established with recruitment currently underway. Continuous Improvement Training is also being delivered through phase 2 of the ARC Leadership Development Programme. Early feedback from the pilot training sessions has been positive. The OD Team are working closely with the Improvement Team in ensuring teams have access to the appropriate support to create the right conditions to enable improvement to be embedded locally.

People Consultancy and Operations Team

The Trust’s People Plan supports the Trust’s strategy by working to cultivate and sustain happy, productive and engaged staff.

During the last 12 months, the have focused on:

- Implementing the Target Operating Model for People Services.
- Embedding the Just and Learning Culture in our casework.
- Optimising workforce productivity through the management of sickness absence.
- Developing our policies and procedures.
- Leading on the change management programme to support the opening of the Midland Metropolitan University Hospital (MMUH).
- Strengthening partnership working with Trade Union Colleagues.

The revised target operating model for the People Consultancy and Operations team was implemented in November 2024. This is a lever and key enabler for supporting the progression of the Trust’s People Plan and embedding the just and learning culture.





Just and Learning Culture

The strategy for the Just and Learning Culture programme is being implemented through strengthening the Trust’s approach to the oversight, management and delivery of employee relations processes in addition to driving a culture of learning and accountability.

Following a pilot within Medicine and Emergency Care, Decision-Making Groups have been embedded in Trust processes. Their role is to review the output from initial fact finding to determine if cases should proceed to formal investigations. This supports the practice of ensuring that formal investigations are not carried out unnecessarily.

In addition, a pastoral support and wellbeing framework has been developed to ensure that colleagues who are subject to formal conduct, or dignity-at-work processes receive appropriate and tailored support.

Furthermore, a report based on the review of the impact of the Cultural Ambassador’s programme has been drafted and will be formally considered by the ARC Group.

To support the Trust’s plan to address matters at the informal stages where appropriate, the first cohort of mediators have been trained being trained. Additional training for the second and third cohorts have been arranged for April and May 2025. The intention is to have a team of about 30 mediators to provide mediation services to Trust employees.

Finally, case work data and reports are scrutinised at weekly and monthly review meetings to support action or intervention, working to continuously improve timescales and employee experience.

Sickness absence

A comparison of sickness absence data between April 2023 to March 2024 and April 2024 to March 2025 shows a consistent reduction of the % of sickness absence in a rolling 12 months (between approximately 0.1 and 0.4%).

In December 2024, the Trust launched the use of Goodshape, a sickness and health management system which provides real-time data and insights to enhance the Trust’s approach to sickness absence management.

The Trust is increasing its capabilities for providing preventative measures and with support from the Wellbeing team, has recently launched a wellbeing brochure

In summary, there is continued focused attention on employee wellbeing and managers are supported to maintain good attendance management practices.

Policies and procedures

Within the last 12 months, we have reviewed and updated 33 policies and procedures. This includes a full revision of the Managing Conduct at Work policy (previously Disciplinary policy) to include just and learning principles as well as a complete re-draft of the Grievance and Dignity at Work policies into one combined Resolutions policy.

Partnership working with Trade Union Representatives

There is increased focus to ensure that partnership working with Trade Union representatives is strengthened. There are formal meetings such as the Joint Consultative and Negotiation Committee (JCNC), Local Consultative and Negotiating Committee (LNCC) and the Staff Terms and Conditions Committee (STaCC) and informal partnership meetings with Trade Union colleagues. We work to maintain open and regular communication to resolve issues as they arise.

Workforce Optimisation

**Our Safe and Skilled Workforce** is a shared work stream with our Patient Plan, ‘Fundamentals of Care’. This work stream tackles workforce transformation to ensure that we have the right people with the right skills in the right place to provide the right care. Below is an overview of progress made in delivering 2024 improvement actions:

a. Recruit to the new roles for our new hospital, Midland Metropolitan University Hospital

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. 204 of these were medical staff, successful recruitment notable in acute medicine, emergency medicine, respiratory and radiology being removed from hard to fill list.

Over 70 per cent of our workforce are now recruited within our local communities. With high local unemployment, the Trust’s #MoreThanAJob programme has been recognised nationally for it’s innovative approach to helping people from our 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.

b. Single electronic rostering solution

Delivering operational readiness for opening of MMUH, including embedding the new clinical model, as well as realising the multi-year MMUH benefits case, delivering the Trust’s challenging Financial Improvement programme (FIP) and implementing the Trust’s Strategic Planning Framework (SPF) success measure for ‘optimising workforce capacity’ required the Trust to implement, optimise and scale core workforce systems and processes.

The Trust therefore launched a comprehensive programme of work in April 2024 focussed on integrating, aligning and maximising the utility of the following core systems; Electronic Staff Record (ESR), e-Roster/Optima, eJob Plan and Activity Manager, SafeCare, eLearn and Goodshape (absence management platform), as well as reducing significant agency costs through the deployment of a Master Vendor Framework and Centralised Agency Team.

Whilst the Trust moved from the Kronos rostering system to Allocate (Optima) for nursing staff in approximately September 2023 as part of the optimisation programme a significant rostering optimisation programme has been implemented which includes extending rostering to other staff groups including AHP and medical staff.

c. Staffing establishment review using national standards

Focussed work was undertaken in the development of the workforce model linked to the new clinical care model for MMUH. This was led by Clinical and operational colleagues and facilitated by the People and OD Team. This approach was driven by the need for patient safety and patient experience to be at the heart of our thinking and planning. Two nationally recognised best practice approaches were used (a) Skills for Health Six Steps Methodology and (b) Health Education England (HEE) STAR model.

The Staffing models took account of national safe

staffing standards overseen through the Chief Nurse and Chief Medical Officer. The model had undergone extensive internal scrutiny through both clinical gateways to determine the best care model and an Affordability Gateway Review Business Case Review Process led by the Executive. The purpose of this process was to ensure that our future workforce model is safe, effective and sustainable. Each plan was supported with a EQIA / QIA assessment.

In addition to our internal assurance processes, there was a robust peer review process undertaken. This was done in order to gain a further level of third-party assurance on our future plans and to ensure our plans reflect national safe staffing standards. This involved colleagues from Health Education England (HEE) assessing our future workforce models against wider NHS best practice and current thinking. In this respect, HEE paid particular attention to our clinically qualified workforce and our development plans for them. For our clinical support staff, our external partner DHL undertook a similar exercise, ensuring that are model was striving for the appropriate efficiencies and optimum working practices for the future.

We have bi- annual safe staffing reviews led through the Chief Nurse.

d. Reduce reliance on temporary staffing and align with local ICS partners on bank rates

The Trust introduced a workforce optimisation programme in 2023 which includes a key focus on reducing and eliminating high-cost and high-volume agency use within nursing, ensuring compliance with NHSI Agency Caps and eliminating off-framework activity. Interventions have included the introduction of long-line bookings and rate reductions in Paediatrics, reductions in Theatre rates for Operating Department Practitioners and Nursing staff, a reduction in high-cost last-minute agency rates, long-line bookings in Paediatrics ED, and a transition to framework suppliers for 1:1 observational staff in ED. The removal of off-framework nursing agency staff was successfully completed in May 2024. Further rate reductions are scheduled to take effect from 1st March 2025, with the 2025/26 agency workstream focusing on the complete elimination of agency use across all areas, supported by a targeted staffing review.

Following a procurement-led tender the Trust appointed a Medical Agency Master Vendor in December 2024. This initiative is designed to improve cost control,





enhance governance and compliance, streamline administrative processes, and improve access to high-quality candidates. Maxima, the appointed supplier, is currently in the implementation phase, engaging key internal stakeholders to ensure a smooth transition. The Trust anticipates both financial and operational benefits from 1st March 2025.

The Workforce optimisation programme also has a focus on reducing bank usage through key workstreams such as rostering optimisation and reduction of sickness ( through the implementation of Good Shape).

There is ongoing work via the Provider Collaborative to streamline and align bank rates. The Trust reduced its bank rates to mid-point to support alignment with the collaborative and with a view to go to the bottom of pay scale from September 2025.

People & OD Target Operating Model

The Operating Model for the People and OD Function is being implemented, which will enable full implementation of the SWB People Plan including the workforce optimisation programmes and the people components of the MMUH benefit requirements.

MMUH People Programme

We are incredibly proud to have had the opportunity to play a part in this massive programme of work which has had a key focus on improving patient experience and health outcomes and improving life chances for our local communities.

The MMUH People Programme was made up of four workstream quadrants to safely enact the people aspects of the programme and support all staff across the Trust. The quadrants were Management of Change (MOC), Organisational Development (OD), Workforce Information (ESR) and Recruitment.

a) Management of Change

The MOC programme for MMUH has arguably been one of the largest and complex change programmes in recent years for the NHS. 31 formal consultation exercises took place, with over 6000 people being in scope of change.

Trade Union partnership working has been a key enabler and the MOC programme thanks all Trade Unions for their hard work and dedication during

the programme. c.78 STaCC meetings were held during the consultation period and a substantial amount of time discussing and resolving challenges informally. There has been zero formal grievances and/or disputes during the consultation process from the c.6400 concerns logged. This is testament to everyone involved in the MOC programme.

b) Workforce Information (ESR)

The ESR/workforce information team played a crucial role in the MMUH People Programme, from centrally managing the MOC matrix, MOC matrix and leading on the organisational hierarchies update for the Trust.

During the programme there has been:

- 30 organisations and cost centres created for use at MMUH
- 288 new positions created to be used at MMUH
- >2000 employees transferred into the new positions
- > 5000 employee locations updated to MMUH and Sandwell Health Campus
- Updated multiple employee records to move between sites
- Amended multiple employees contracted hours for the new working patterns

c) Recruitment

Since 1 January 2024, 1,338 staff have been recruited up to opening. 879.96 WTE of these have been external starters brand new to the Trust. September 2024 saw a recent record high number of starters (230.57 WTE) in preparation for the MMUH opening, with 72% of these being external starters. Recruitment have also successfully assisted in recruiting over 60 staff in a short amount of time for the new Logistics function in readiness for opening.

The trust's focused recruitment efforts have led to remarkable success in filling previously challenging vacancies. This achievement not only highlights the trust's commitment to addressing critical staffing needs but also ensures that these positions can be confidently removed from the vacancy list. This proactive approach has resulted in a strengthened workforce, ready to deliver high-quality care across all departments.

Our #morethanajob programme has been recognised

nationally for its innovative approach to helping people from our most deprived communities who were largely unemployed into employment .

SWB received funding from NHS England in 2023 to recruit Internationally Educated Midwives. This funding and working collaboratively between recruitment team and the midwifery department resulted in 10 midwives being successfully recruited from across the globe.

Since 1 January 2024, 169 medical staff of all grades commenced employment and a further 35 recruited with further recruitment continuing – that’s a total of 204 medics to date! Successful recruitment saw Acute Medicine, Emergency Medicine, Respiratory and Radiology being removed from hard to fill list.

This does not include the training doctors that have also rotated throughout the year.

Through our #MoreThanAJob programme we are breaking down barriers and creating more inclusive routes into employment. In the last 18 months we have supported over 200 local people to receive a job offer within MMUH as well as with our partners such as Equans, M&S, Greggs and we organised learning events for over 1000 people to support them with employability skills

With the construction of our new Learning Campus underway and our strategic partnership with Sandwell College and other higher education providers, it is more prevalent than ever that we use our #MoreThanAJob Programme as a catalyst for growth, to support social and economic regeneration within our community.

d) Organisational Development

The Organisational Development workstream was fully aligned to the SWB People Strategy which has an established culture improvement framework.

The OD programme delivered the ARC Leadership and Team Effectiveness programmes targeted at transforming our leadership and enabling optimal team performance.

Affina OD (Michael West Associates) were selected to partner with the trust in the summer of 2023 to deliver our Team Effectiveness Programme. The Affina approach brings with it significant benchmarking data for comparison and improvement purposes.

A dedicated agile working programme was aligned to the OD programmes as many of the changes resulted in a change in ways of working and utilisation of space across the Trust. The programme had a

focus on not only the environment and technology elements, but it also commenced the Trusts journey towards an agile culture. There were c.100 team moves during a six-month period for this programme. This was delivered by designing and implementing a thorough OD and training programme, significant communication, consultation, engagement activities and the implementation of a desk and room booking system.

Over 680 leaders have completed the ARC Compassionate and Inclusive module (based on Prof. Michael West’s work) with a further 389 engaged on the programme and over 700 staff members have participated in the “team member” module.

The programme has evaluated positively, with the majority of participants ( 93% ) 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 as a result of the programme.

The initial phase of OD team effectiveness support was targeted at high priority services, determined because of their criticality to the opening of MMUH. Eight major service areas (36 individual teams) have received targeted support and during the OD readiness phase (October 2023 to October 2024), with 100% engagement against plan being achieved.

This was a significant achievement, given the capacity challenges across operational areas.

Emergency Preparedness, Resilience and Response (EPRR) Statement of Compliance

Over the past year we have been focussed on working to ensure our emergency plans are in place for our move to our new hospital, ensuring we have a more robust approach to business continuity whilst proactively supporting colleagues on plans to maintain a safe service during escalating industrial action.

Preparing for and in the first 100 days the EPRR team have ensured that.

- During the move into MMUH from City and Sandwell hospital we could respond to a declared major incident
- Ensure all patients arriving at MMUH was correctly registered to the ward and bed space they will be cared for in





- Ensured ward and departments were able to quickly raise any issues that could not be addressed locally for a Business Continuity Incident
- Business continuity templates were relaunched to allow managers and clinical leads to update them with their working knowledge gained from the first 100 day in MMUH
- Set up a strategic and tactical Incident command Centre (this will be opened in response to a declared incident)
- 3 tabletop and walk exercises have been held, lessons identified and learnt.

As a category one responder under the Civil Contingencies Act 2004 and subsequent legislative guidance we completed the annual self-assessment for the NHS England Core Emergency Preparedness Response and Recovery (EPRR) Standards. The 2024/5 outcomes identified we need to recover our EPRR Core Standard categorisation.

The enhanced and revised methods of demonstrating adherence to relevant and current legal guidance must be demonstrable. The Chief Operating Officer our Accountable Emergency Officer under the act for us as formulated and lead the rapid and ongoing recovery plans with the Black Country Integrated Care Board. The Trust aims to be substantively compliant for 2025/26.

Over the past year we have been focussed on working to ensure our emergency plans are in place for our move to our new hospital, ensuring we have a more robust approach to business continuity whilst proactively supporting colleagues on plans to maintain a safe service during escalating industrial action.

Modern slavery statement

We fully support the Government’s objectives to eradicate modern slavery and human trafficking and recognise the significant role the NHS has to play in both combatting it, and supporting victims. In particular, we are strongly committed to ensuring our supply chains and business activities are free from ethical and labour standards abuses.

We confirm the identities of all new employees and their right to work in the United Kingdom, and pay all our employees above the National Living Wage. Our Dignity at Work, Grievance and Disputes and Whistleblowing policies additionally give a platform for our employees to

raise concerns about poor working practices. We provide training on safeguarding in respect of adults and children which includes reference to modern slavery as a form of abuse. Our policy on safeguarding adults provides advice and guidance to front line practitioners to ensure they are aware of and able to respond to incidents of modern slavery within care settings.

Our procurement approach follows the Crown Commercial Service standard and includes a mandatory exclusion question regarding the Modern Slavery Act 2015. When procuring goods and services, we additionally apply NHS Terms and Conditions (for non-clinical procurement) and the NHS Standard Contract (for clinical procurement). Both require suppliers to comply with relevant legislation. Procurement staff receive training on ethical and labour issues in procurement.

Countering fraud and corruption

Sandwell & West Birmingham NHS Trust value our reputation for top quality patient care and financial probity, and we conduct our business in a fair and ethical manner. The Trust supports the NHS Counter Fraud Authority strategy that aims to reduce fraud, bribery and corruption within the NHS. We are committed to the prevention, detection and investigation of any such allegations and will seek to apply criminal, disciplinary, regulatory and civil sanctions where allegations are upheld. This includes the recovery of identified financial losses to ensure that NHS resources are used for their intended purpose - the delivery of patient care. We expect all organisations / contractors instructed by our organisation to demonstrate a comparable commitment in order to do business with us. This enables us to reassure our patients and staff that public funds are protected and safeguarded. The Trust purchases a Counter Fraud service from RSM, who conduct both proactive and reactive work in line with the requirements of the Government Functional Standard 013: Counter Fraud (‘functional standards’). To limit our exposure to the risks of fraud, bribery, and corruption we also have a number of key policies and procedures which includes, but is not limited to Counter Fraud, Bribery and Corruption Policy, FTSU policy and Declarations of Interest policy. These policies apply to all colleagues and individuals who act on behalf of our organisation. The success of our approach is dependent on colleagues, stakeholders, service users, visitors or anyone associated with the Trust to report suspicions of Fraud, Bribery and Corruption. We actively encourage reporting to the

nominated Counter Fraud Managers, Chief Finance Officer or to the NHS Counter Fraud Authority

Health and Safety

The Trust’s Health and Safety risk profile has been maintained and shows compliance with relevant Health and Safety Executive (HSE) legislation.

As a Trust we are committed to:

- provision of adequate control of the health and safety risks arising from our work activities.
- consultation with our employees on matters affecting their health and safety.
- provision and maintenance of safe plant and equipment.
- safe handling and use of substances.
- provision of information, instruction, training and supervision of our employees.
- developing and maintaining the competence of all our employees to do their work safely.
- prevention of accidents and workplace ill-health.
- maintenance of safe and healthy working conditions.

- review and revision of our health and safety policies at three-yearly intervals and whenever necessary

Our Corporate Health and Safety Department continue to support Estates and Facilities to work towards full compliance with legislation, for all our sites which now includes the New Midland Metropolitan University Hospital (MMUH).

This year the Trust has faced new challenges, with the full occupancy of Midland Metropolitan University Hospital, the transition taking place on the Sandwell Health Campus and the transformation of the City Health Campus in readiness for handing over a significant portion of the estate to Homes England later this year. At the forefront of this work was ensuring health and safety standards and controls were not compromised.

All RIDDOR incidents are reported, and serious incidents are investigated to ensure that lessons identified can be acted upon and learning is shared to help drive improvement.

Assurance processes are being strengthened through meeting reviews, improvements to monitoring systems, key performance indicators including risk assessment status, reactive incident monitoring, RIDDOR reportable incidents, communications, and training. All of which are reported at either the Quarterly Health and Safety Committee and Risk Management Group through to Trust Board via the Quality Committee.



The surgical team after the first operation at Midland Met, which took place within ours of the hospital opening.



# Our finances and investments

## Directors’ Report

The overall priority for the NHS in 2024/25 was to recover core services and productivity following the Covid-19 pandemic. The planning guidance acknowledged that this is a major challenge, which will take several years. In terms of the resources available, the spring Budget 2024 included £2.45bn of extra funding for the NHS in 2024/25, which was intended to cover the recurrent cost of the 2023/24 pay deal, with NHS funding otherwise being held flat.

As in 2023/24, finance is considered at a system level. Integrated Care Boards (ICB’s), Trusts and primary care providers are asked to work together to plan to deliver a net financial position which is balanced across the system. They should involve wider system partners as they decide how to balance various national and local priorities.

The focus on recovery is the same as in the previous year’s planning guidance. Within this, there is however now a sharper focus on productivity, and on how the NHS can be a better and more responsive employer.

Nationally, the NHS continued to prioritise the **recovery of core services** – in particular, elective care, urgent and emergency care, NHS dentistry and access to primary care. The most significant financial mechanisms to support recovery are the same as those used in 2023/24. The Elective Recovery Fund (ERF) continued into 2024/25, and the Better Care Fund is being used to shift activity to settings outside acute hospitals.

To help recovery, systems were asked to maintain their bed numbers for general and acute care in 2024/25 at the same level funded and agreed through operating plans in 2023/24.

New in the 2024/25 planning guidance, NHS England is promoting NHS IMPACT, its national approach to improvement, as a way of driving recovery.

Previous planning guidance has prioritised **productivity**, but there is a sharper focus on it in 2024/25, with clearer expectations on systems.

NHS England expected all acute trusts to recover their productivity towards pre-pandemic levels (adjusted for structural factors, case-mix changes and uncaptured activity). It asked ICBs to work with acute trusts to analyse their productivity compared to that in 2019/20 and put in place improvement plans. It also asked systems to review their workforce establishment against 2019/20, justify any increases (for instance based on outcomes, safety, quality or new service models) and put in place plans to improve workforce productivity.

Nationally, NHS England started reporting on productivity metrics in the second half of 2024/25. This was detailed at an ICB and Trust level to enable Systems to benchmark their performance. The core metrics included:

- measures of overall productivity at trust level
- measures of operational and clinical productivity (such as the no criteria to reside rate, capped theatre utilisation, the diagnostic utilisation rate and turnaround time)
- measures of workforce productivity (such as outpatient appointments per consultant, care hours per patient day, bank and agency spend as a proportion of pay costs)
- measures of efficiency (such as on delivery of the opportunity for medicines optimisation).

As in previous years, the planning guidance included a target on temporary staffing, though this year it has been elevated such that it’s included as one of the national objectives. NHS England asked systems to reduce their agency spend to a maximum of 3.2% of the total pay bill across 2024/25 (compared to a target of 3.7% in 2023/24). It also expected trusts to end their use of off-framework agencies by July 2024 and stipulates that any use of off-framework agencies before this point should be signed off by the chief executive or a designated deputy.

The system initially submitted a £119m deficit financial plan for 2023/24, based on stretching efficiency plans and an assumption that much of the unfunded capacity opened during the pandemic would be closed. The Trust as part of the system plan initial set a deficit budget of £43.2m, including £44m of cost improvement (c6%). Following receipt of deficit funding in Q2 the deficit plan improved to being a £1.95m deficit.

The Trust ended the financial year with a £5.95m surplus which was £7.90m favourable to the £1.95m deficit plan including delivery of almost £42m of the cost improvement programme. Despite this headline success on the in-year financial performance, a significant amount of improvement delivered in year was non-recurrent in nature. The Trust therefore exited the financial year with an underlying deficit position worse than the headline result. A key objective with the Trust’s Strategic Planning Framework for 2025/26 is recurrent financial improvement.

A key aspect of the recurrent financial improvement will be to deliver the financial benefits associated with the opening of MMUH. During 2024/25 we completed an independent quality review of the re-baselining of the benefits for MMUH. This 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 appropriately incorporated into the models.
- Interviews with key members of staff
- A review of the internal governance around benefits tracking and delivery against benefits

The outcome of the review was that the MMUH benefits team have re-baselined the benefits comprehensively and the executive team are clear on the importance of delivering and tracking the benefits going forward.

## Budgetary Framework

The budgeting framework was set within the overall Operational Planning guidance for the financial year. The Operational Planning process was established to integrate and align all dimensions of business planning which outlines the future vision and objectives and incorporates the achievement of targets and service improvements to achieve them. The core components of business planning include:

- Activity forecasting,
- Capacity planning,
- Income and expenditure budget setting,

- Cost improvement programme (CIP),
- Workforce,
- Capital expenditure planning, and
- Quality impacts

The budgetary framework is based on the starting point of expenditure budgeting being the 2023/24 recurrent baseline budgets, adjusted by non-recurring items and the full year effect of approved income and expenditure changes. The process from the start point will therefore include such factors as:

- National inflationary assumptions will be applied.
- The costs associated with MMUH.
- Alignment with the activity plans.
- Reconciliation with the patient related activity contracts; and
- Will include the agreed level of cost improvement.

The year end Income and Expenditure performance, as reflected in the Annual Accounts, is shown in Figure 1 below.

The Trust’s financial performance is measured against three primary duties:

- The delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target);
- Not exceeding its Capital Resource Limit (CRL);
- Delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

## Breakeven Duty

The Trust delivered a surplus of £5.951m, inclusive of receipt of £41.292m non recurrent deficit funding.

Figure 1 shows how the Trust’s reported performance is calculated. The surplus in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust’s performance against the duties summarised above (i.e., I&E breakeven, CRL, capital cost absorption).



### Figure 1 Income and Expenditure Performance

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOC). Impairments and reversals transactions are non-cash in nature and do

Income and Expenditure Performance	2024/25	2023/24
	£000s	£000s
Income for Patient Activities	756,891	657,556
Income for Education, Training, Research & Other Income	60,909	68,503
<b>Total Income</b>	<b>817,800</b>	<b>726,059</b>
Pay Expenditure	(508,268)	(465,868)
Non Pay Expenditure including Interest Payable and Receivable	(452,343)	(232,112)
Public Dividend Capital (PDC) - Payment	(13,010)	(4,996)
<b>Total Expenditure (Including Impairments and Reversals)</b>	<b>(973,621)</b>	<b>(702,976)</b>
Surplus/(Deficit) per Statutory Accounts	(155,821)	23,083
Exclude Impairments and Reversals	166,473	(25,988)
Exclude impact of IFRS16 on IFRIC 12 Schemes	730	692
Adjustment for elimination of Donated and Government Grant Reserves	(5,431)	(11,866)
<b>Total I&amp;E Performance</b>	<b>5,951</b>	<b>(14,079)</b>

not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). The Department of Health and Social Care (DHSC) holds allocations centrally for the impact of impairments and reversals.

### Capital Resource Limit (CRL)

Further detailed information on capital spend is shown below at Figure 5. The CRL sets a maximum amount of capital expenditure a Trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the CRL although the Trust may undershoot. Against its CRL of £117.487m for 2024/25, the Trust's relevant expenditure was £117.487m, achieving this financial duty.

### Capital Cost Absorption Rate

The capital cost absorption rate is a rate of return on the capital employed by the Trust and is set nationally at 3.5%. The value of this rate of return is reflected in the SOCI as Public Dividend Capital (PDC) dividend (as shown in Figure 1), an amount which trusts pay back to DHSC to reflect a 3.5% return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5%, and accordingly the Trust has achieved this financial duty.

### Income from Commissioners and other sources

The main components of the Trust's income of £817.800m in 2024/25 are shown below in Figure 2, showing an overall increase of £91.741m – of which £41.292m was deficit funding, provided by NHSE to ensure that the Black Country Integrated Care System (ICS) achieved (at least) a breakeven I&E position.

The remaining increase is driven by the income received by commissioners, mainly under the income block arrangements.

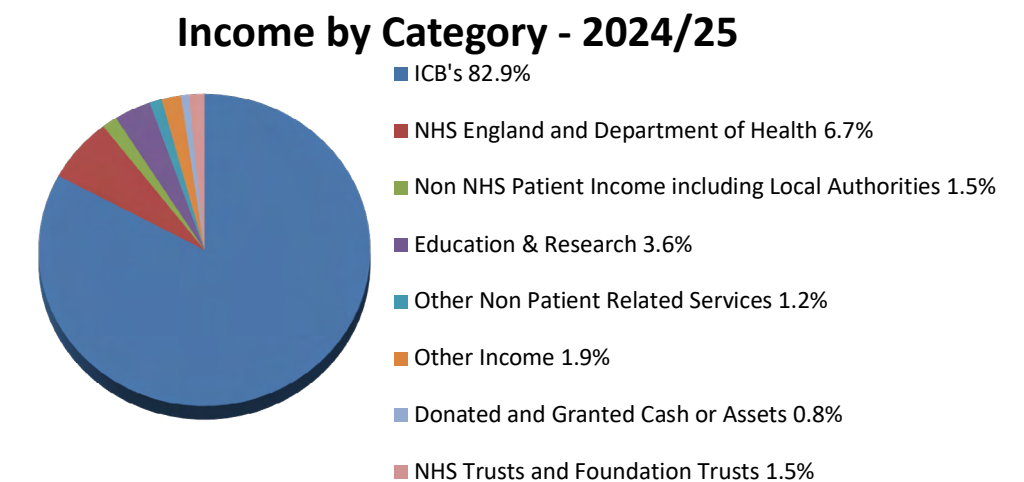
### Figure 2 Sources of Income

Sources of Income	2024/25	2023/24
	£000s	£000s
NHS England and Department of Health	54,616	73,961
NHS Trusts and Foundation Trusts	12,332	1,726
ICB's	677,763	568,759
NHS Other (including Public Health England and Prop Co)	11	662
Non NHS Patient Income including Local Authorities	12,169	12,448
Education & Research	29,331	28,226
Other Non Patient Related Services	9,824	7,504
Donated Assets	6,336	12,138
Other Income	15,418	20,635
<b>Total Income</b>	<b>817,800</b>	<b>726,059</b>

Within Figure 3, the pie chart below, the largest element of the Trust's resources flowed directly from ICBs, 6.7% from NHSE, and education training and research funds at 3.60%. The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate

Doctors, and other clinical trainees. It also has an active and successful research community, which continued during and since the pandemic. The proportions of income received are consistent to previous years.

### Figure 3 – Income by Category



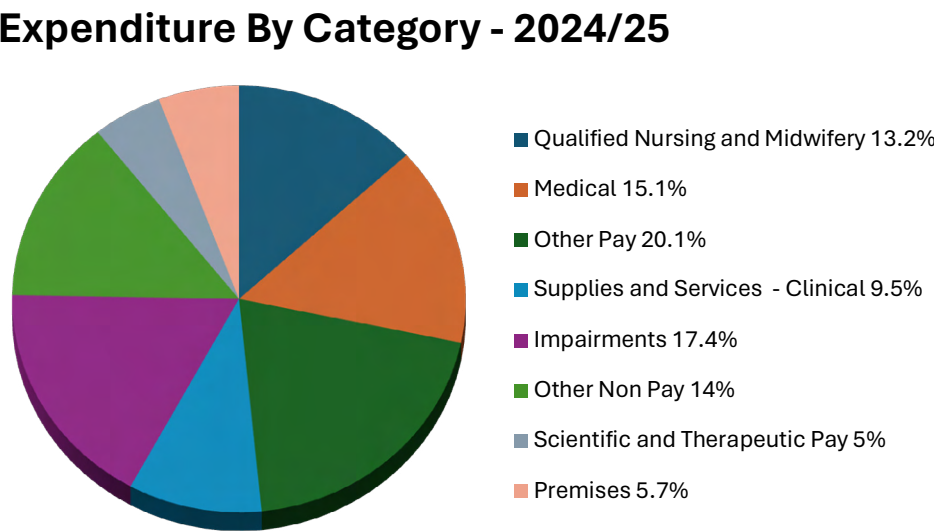
## Expenditure

Figure 4 shows that this year, 53.4% (23/24, 67%) of the Trust's cost was pay and, within this, Nursing and Midwifery 13.2% (23/24, 20.8%), Medical staff 15.1% (23/24, 20.0%), other pay 20.1% (23/24, 20.4%) and Scientific and Therapeutic 5.0% (23/24, 6.1%). The categories contain total annual agency spend of £17.409m for the Trust. This included the continued impact of additional

capacity (beds) required for urgent and emergency care pressures, elective recovery during the year, and the filling of vacancies and sickness backfill. The remaining 46.6% (23/24, 32.7%) of operational expenditure was non pay, the largest elements of which were Impairments of assets 17.4% (23/24 0%) and clinical supplies and services at 12.0% (23/24, 12%), which includes drug costs. Excluding Asset Impairments, the overall analysis of expenditure shows Pay at 64.6% and Non Pay at 35.4%.



Figure 4 Expenditure by category



Use of Capital Resources

Capital expenditure differs to day-to-day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. The Trust is provided with Capital Resource as part of the ICS arrangements for managing a fair distribution of funds to all providers in the System. Monitoring of Capital Resource utilisation is reviewed on a monthly basis by the ICB to ensure that that funds are used effectively and within the appropriate financial year. In total, the Trust's gross spend during 24/25 on capital items was £123.007m, including self-funded schemes and those externally funded by PDC, the latter being mainly MMUH and PDC awards to support IT and Medical Equipment Purchases in line within national initiatives. This figure is adjusted by any donated items and the book value of assets disposed when measured against the CRL (see above). A breakdown of this gross expenditure is shown in the pie chart below.

The Trust spent a significant proportion, 54.1 % (23/24, 48.5%) of its capital budget on the Midland Metropolitan University Hospital (MMUH); the spend of £66.588m was funded by PDC contributions. The Trust also spent £36.122m (23/24, £22.283m) on upgrading the Trust's residual Estate, including ensuring compliance with statutory standards.

Key schemes within the Estates capital programme included:

- Expenditure for the new Learning Campus on the MMUH site
- £12m of Expenditure on RAAC Schemes (the eradication of Reinforced Autoclaved Aerated Concrete)
- Local projects at the City and Sandwell sites
- Backlog maintenance and statutory standards

Medical and Other Equipment accounted for £15.979m all of which has a direct impact on clinical quality improvement. Key schemes include:

- Routine replacement rolling programme.
- Additional MRI Imaging Equipment
- Managed Equipment Service

IT spend included planned investment on the IT Infrastructure, including networks and end user devices. This totalled £3.486m. Key schemes include:

- Continued development of the Trust's new EPR system
- Network infrastructure investment
- Hardware
- Telephony

Figure 5 Capital Spend, 2024/25

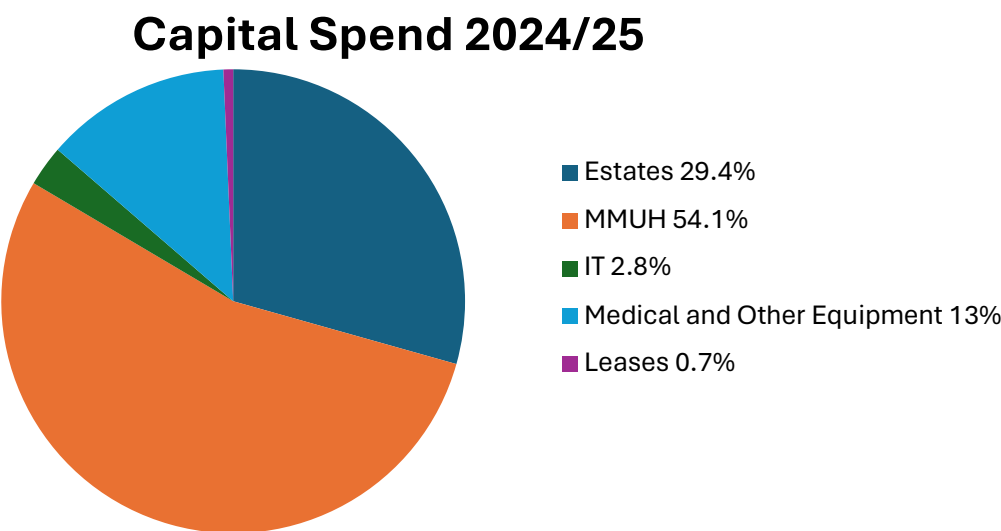
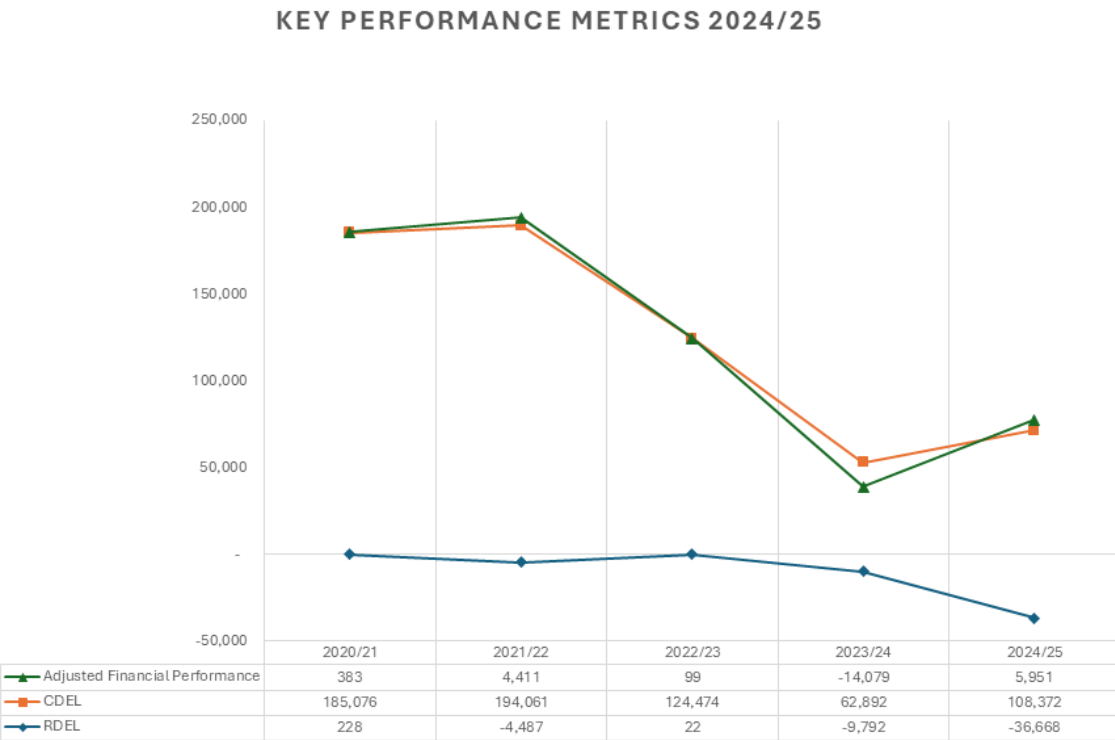


Figure 6: trend analysis of spend in the budgeting currencies



RDEL stands for Revenue Departmental Expenditure Limit. It's a budget limit set by the Department of Health and Social Care (DHSC) for the Trust's day-to-day operational spending, like staff salaries, medicines, and other recurring costs.

CDEL stands for Capital Departmental Expenditure Limit. It's the limit set by the government on the total amount

of capital spending that the Department of Health and Social Care (DHSC) and the Trust can undertake annually.

Adjusted Financial Performance - as reported to NHS England, excludes certain technical accounting adjustments like donated assets and government grants. It provides a more operational view of an organization's financial performance.



### Audit

The Trust's External Auditors are Grant Thornton UK LLP. They were appointed for the 2024/25 audit by the Trust, following a competitive tendering process undertaken during 2024/25.

The Trust are developing a policy on its purchase of non-audit services from its external auditor. This will be signed off at the Audit Committee.

The cost of the work undertaken by the Auditor in 2024/25 was £0.221m including VAT.

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are not aware. In addition, the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information.

The members of the Audit Committee as at 31 March 2025 were Andrew Argyle (Chair), Rachel Hardy, Lesley Writtle, Mick Laverty, Lorraine Harper, Mike Hallisey, Jatinder Sharma, Val Taylor, Atif Ali and Amrick Uhbi.



The final patient transferred from City Hospital was one of our colleagues, Dr Pankaj Kumar.



# Statement of directors’ responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclose and explained in the accounts and prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern

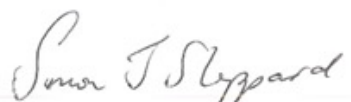
The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust’s performance, business model and strategy.

By order of the Board

Date : 26 June 2025 .....  ..... Chief Executive

Date : 26 June 2025 .....  ..... Chief Finance Officer

# Statement of the Chief Executive’s Responsibilities as the Accountable Officer of the Trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the NHS Trust Accountable Officer Memorandum. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust’s auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity’s auditors are aware of that information.

I take personal responsibility for the ARA and the judgments required for determining that it is fair, balanced and understandable.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

By order of the Board

Date : 26 June 2025.....  ..... Chief Executive





Statement of Comprehensive Income

		2024/25	2023/24
	Note	£000	£000
Operating income from patient care activities	3	756,891	657,556
Other operating income	4	60,909	68,503
Operating expenses	6,9	(792,058)	(722,899)
Impairment		(166,473)	25,988
<b>Operating (Deficit)/Surplus from continuing operations</b>		<b>(140,731)</b>	<b>29,148</b>
Finance income	11	2,655	3,414
Finance expenses	12	(4,349)	(4,487)
PDC dividends payable		(13,010)	(4,996)
<b>Net finance costs</b>		<b>(14,704)</b>	<b>(6,069)</b>
Other gains / (losses)	13	(386)	4
<b>(Deficit)/Surplus for the year</b>		<b>(155,821)</b>	<b>23,083</b>
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	8,317	(609)
Revaluations	16	2,583	14
<b>Total comprehensive (expense) / income for the year</b>		<b>(144,921)</b>	<b>22,488</b>



Statement of Financial Position

		31 March 2025	31 March 2024
	Note	£000	£000
<b>Non-current assets</b>			
Intangible assets	14	691	91
Property, plant and equipment	15	800,667	867,770
Right of use assets	17	9,738	10,768
Receivables	19	529	507
<b>Total non-current assets</b>		<b>811,625</b>	<b>879,136</b>
<b>Current assets</b>			
Inventories	18	5,735	4,517
Receivables	19	35,415	43,322
Cash and cash equivalents	20	46,083	68,988
<b>Total current assets</b>		<b>87,233</b>	<b>116,827</b>
<b>Current liabilities</b>			
Trade and other payables	21	(81,314)	(109,056)
Borrowings	23	(6,879)	(6,098)
Provisions	24	(1,578)	(3,351)
Other liabilities	22	(5,678)	(8,630)
<b>Total current liabilities</b>		<b>(95,449)</b>	<b>(127,135)</b>
<b>Total assets less current liabilities</b>		<b>803,409</b>	<b>868,828</b>
<b>Non-current liabilities</b>			
Borrowings	23	(46,010)	(44,913)
Provisions	24	(2,907)	(2,862)
Other liabilities	22	(16,956)	(17,642)
<b>Total non-current liabilities</b>		<b>(65,873)</b>	<b>(65,417)</b>
<b>Total assets employed</b>		<b>737,536</b>	<b>803,411</b>
<b>Financed by</b>			
Public dividend capital		882,763	803,717
Revaluation reserve		20,864	12,534
Other reserves		9,058	9,058
Income and expenditure reserve		(175,149)	(21,898)
<b>Total taxpayers' equity</b>		<b>737,536</b>	<b>803,411</b>

The notes on pages 126 to 176 form part of these accounts.

Name 

Position Chief Executive

Date 26 June 2025





Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	803,717	12,534	9,058	(21,898)	803,411
Deficit for the year	-	-	-	(155,821)	(155,821)
Other transfers between reserves	-	(2,570)	-	2,570	-
Impairments	-	8,317	-		8,317
Revaluations		2,583	-		2,583
Public dividend capital received	83,197	-	-		83,197
Public dividend capital repaid	(4,151)	-	-		(4,151)
Taxpayers' and others' equity at 31 March 2025	882,763	20,864	9,058	(175,149)	737,536

Statement of Changes in Taxpayers Equity for the year ended 31 March 2024

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2023 - brought forward	760,998	13,954	9,058	(28,275)	755,735
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023	-	-	-	(17,531)	(17,531)
Surplus/(deficit) for the year	-	-	-	23,083	23,083
Other transfers between reserves	-	(825)	-	825	-
Impairments	-	(609)	-	-	(609)
Revaluations	-	14	-	-	14
Public dividend capital received	44,209	-	-	-	44,209
Public dividend capital repaid	1,490)	-	-		(1,490)
Taxpayers' and others' equity at 31 March 2024	803,717	12,534	9,058	(21,898)	803,411





Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

The other Reserve of £9.058m (as per the Statement of Financial Position) represents the difference between the carrying value of Assets at the Trust inception date and the value of PDC attributed to the Trust. This reserve was created under the guidance of the Department of Health as a result of imbalances between the transfer of assets to Sandwell Primary Care Trusts and the issue of Public Dividend Capital (PDC) to Sandwell & West Birmingham Hospitals when the remainder of the Trust merged with City Hospital NHS Trust to become Sandwell and West Birmingham Hospitals NHS Trust on 1st April 2002.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.



Statement of Cash Flows

		2024/25	2023/24
	Note	£000	£000
Cash flows from operating activities			
Operating (Deficit) /Surplus		(140,731)	29,148
Non-cash income and expense:			
Depreciation and amortisation	6.1	35,782	28,862
Net impairments	8	166,473	(25,988)
Income recognised in respect of capital donations	4	(6,336)	(12,138)
Amortisation of PFI deferred credit		(532)	(532)
(Increase) / decrease in receivables and other assets		8,417	12,084
(Increase) / decrease in inventories		(1,218)	44
Increase / (decrease) in payables and other liabilities		(14,063)	537
Increase / (decrease) in provisions		(1,791)	(402)
Net cash flows from / (used in) operating activities		46,001	31,615
Cash flows from investing activities			
Interest received		2,655	3,414
Purchase of PPE and investment property		(138,318)	(64,048)
Receipt of cash donations to purchase assets		6,336	12,074
Net cash flows from / (used in) investing activities		(129,327)	(48,560)
Cash flows from financing activities			
Public dividend capital received		83,197	44,209
Public dividend capital repaid		(4,151)	(1,490)
Capital element of lease rental payments		(2,954)	(2,582)
Capital element of PFI, LIFT and other service concession payments		(21)	(1,991)
Interest paid on lease liability repayments		(164)	(111)
Interest paid on PFI, LIFT and other service concession obligations		(1,944)	(3,302)
PDC dividend (paid) / refunded		(13,542)	(5,016)
Net cash flows from / (used in) financing activities		60,421	29,717
Increase / (decrease) in cash and cash equivalents		(22,905)	12,772
Cash and cash equivalents at 1 April - brought forward		68,988	56,216
Cash and cash equivalents at 31 March	20.1	46,083	68,988



Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2024/25 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Non trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents

Note 1.3 Interests in other entities

The Trust does not have any interests in associates, joint ventures or joint operations.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under Commissioning for Quality Innovation (CQUIN) and Best Practice Tariff (BPT) schemes. Delivery under these schemes is part of how care is provided to patients. As such CQUIN and BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for CQUIN and BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Revenue for Education and Training

The Trust receives income from NHS England Core for education and training of medical and non-medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. All performance obligations are undertaken within the financial year and is agreed and invoiced to NHS England Core

Revenue from Local Authorities:

The Trust's main income from Local Authorities is from a contract held with Sandwell Council for Public Health Services. The related performance obligation is the delivery of Healthcare and related services during the period, with the trust's entitlement to consideration based on the levels of activity performed.





**Note 1.5 Other forms of income**

**Grants and donations**

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

**Apprenticeship service income**

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, non cash income and a corresponding non cash training expense are recognised, both equal to the cost of the training funded.

**Note 1.6 Expenditure on employee benefits**

**Short-term employee benefits**

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period."

**Pension costs**

*NHS Pension Scheme*

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable employers to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

**a) Accounting valuation**

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as 31 March 2024, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

**b) Full actuarial (funding) valuation**

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from April 2024. The Department of Health and Social Care has recently laid Scheme Regulations confirming the employer contribution rate will increase to 23.7% of pensionable pay from 1 April 2024 (previously 20.6%). The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

**Note 1.7 Expenditure on other goods and services**

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

**Note 1.8 Property, plant and equipment**

**Recognition**

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.



*Subsequent expenditure*

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or service potential deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or service potential, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

**Measurement**

*Valuation*

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land & Building assets are measured subsequently at valuation. Assets which are held for their service potential and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their service potential but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current values in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining service potential, which is assumed to be at least equal to the cost of replacing that service potential. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

*Depreciation*

Items of property, plant and equipment are depreciated over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered to have an infinite life and is not depreciated.

Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

*Revaluation gains and losses*

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

*Impairments*

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

**De-recognition**

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

**Donated and grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case,





the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury’s FReM, are accounted for as ‘on-Statement of Financial Position’ by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

Initial recognition

In accordance with HM Treasury’s FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

Assets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate.

The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability.

Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.

The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

Initial application of IFRS 16 liability measurement principles to PFI and LIFT liabilities in 2023/24

IFRS 16 liability measurement principles were applied to PFI, LIFT and other service concession arrangement liabilities in these financial statements from 1 April 2023. The change in measurement basis was applied using a modified retrospective approach with the cumulative impact of remeasuring the liability on 1 April 2023 recognised in the income and expenditure reserve.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

Risk	Min life Years	Max life Years
Buildings, excluding dwellings	15	106
Plant & machinery	5	15
Transport equipment	7	7
Information technology	5	10
Furniture & fittings	2	10

Note 1.9 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Between 2020/21 and 2023/24 the Trust received inventories including personal protective equipment from the Department of Health and Social Care at nil cost. In line with the GAM and applying the principles of the IFRS Conceptual Framework, the Trust has accounted for the receipt of these inventories at a deemed cost, reflecting the best available approximation of an imputed market value for the transaction based on the cost of acquisition by the Department. Distribution of inventories by the Department ceased in March 2024.

Note 1.10 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust’s cash management. Cash, bank and overdraft balances are recorded at current values."

Note 1.11 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust’s normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. Amortised cost is not materially different to fair value.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly



discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

**Impairment of financial assets**

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by calculation of the lifetime expected credit losses for each individual debt using probability over the last 9 years.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset’s gross carrying amount and the present value of estimated future cash flows discounted at the financial asset’s original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

**Derecognition**

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

**Note 1.12 Leases**

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. HM Treasury have adapted IFRS 16 for the public sector which means that for NHS bodies, this includes lease-like arrangements with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a IFRS 16 lease. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The Trust does not apply IFRS 16 lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the IFRS 16 lease with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. There are further expedients or election that have been employed by the Trust in applying IFRS 16. These include:

**The Trust as a lessee**

*Recognition and initial measurement*

HM Treasury have adapted the public sector approach to IFRS 16 which impacts the identification and measurement of leasing arrangements that will be accounted for under IFRS 16. It introduces a singular lessee approach to measurement and classification. At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.

The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust’s incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new IFRS 16 leases commencing in 2024 and 4.81% to new IFRS 16 leases commencing in 2025.

The Trust does not apply the above recognition requirements to IFRS 16 leases with a term of 12 months or less or to IFRS 16 leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

*Subsequent measurement*

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

**The Trust as a lessor**

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

*Finance leases*

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust’s net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust’s net investment outstanding in respect of the leases.



Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Note 1.13 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2025:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	4.03%	4.26%
Medium-term	After 5 years up to 10 years	4.07%	4.03%
Long-term	After 10 years up to 40 years	4.81%	4.72%
Very long-term	Exceeding 40 years	4.55%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2025:

	Inflation rate	Prior year rate
Year 1	2.60%	3.60%
Year 2	2.30%	1.80%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.40% in real terms (prior year: 2.45%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.14 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Note 1.15 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care. "

Donated and grant funded assets, charitable funds, average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility), approved expenditure on COVID-19 capital assets, assets under construction for nationally directed schemes, Any PDC dividend balance receivable or payable.

The average net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.16 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trust not been bearing its own risks (with insurance premiums then being



included as normal revenue expenditure). The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

**Note 1.17 Early adoption of standards, amendments and interpretations**

No new accounting standards or revisions to existing standards have been early adopted in 2024/25.

**Note 1.18 Standards, amendments and interpretations in issue but not yet effective or adopted**

**IFRS 17 Insurance Contracts**

The Standard is effective for accounting periods beginning on or after 1 January 2023. IFRS 17 has yet to be adopted by the FReM which is expected to be from 1 April 2025. Adoption of the Standard for NHS bodies will therefore be in 2025/26. The Standard revises the accounting for insurance contracts for the issuers of insurance. Application of this standard from 2025/26 is not expected to have a material impact on the financial statements.

**Changes to non-investment asset valuation**

Following a thematic review of non-current asset valuations for financial reporting in the public sector, HM Treasury has made a number of changes to valuation frequency, valuation methodology and classification which are effective in the public sector from 1 April 2025 with a 5 year transition period. NHS bodies are adopting these changes to an alternative timeline.

Changes to subsequent measurement of intangible assets and PPE classification / terminology to be implemented for NHS bodies from 1 April 2025:

- Withdrawal of the revaluation model for intangible assets. Carrying values of existing intangible assets measured under a previous revaluation will be taken forward as deemed historic cost.
- Removal of the distinction between specialised and non-specialised assets held for their service potential. Assets will be classified according to whether they are held for their operational capacity.

These changes are not expected to have a material impact on these financial statements

Changes to valuation cycles and methodology to be implemented for NHS bodies in later periods:

- A mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years.
- Removal of the alternative site assumption for buildings valued at depreciated replacement cost on a modern equivalent asset basis. The approach for land has not yet been finalised by HM Treasury.

Assets valued on an alternative site basis have a total book value of £715,615k at 31 March 2025.

**Note 1.19 Critical judgements in applying accounting policies**

The following are the judgements, apart from those involving estimations (see below) that management has made in the process of applying the trust accounting policies and that have the most significant effect on the amounts recognised in the financial statements:

- Application of IFRIC 4 Determining whether an Arrangement contains a Lease
- Application of IFRIC 12 Service Concession Arrangement

Birmingham Treatment Centre are owned by Birmingham Healthcare Services Ltd and provided to the trust under a Private Finance Initiative (PFI) contract.

The Managed Equipment Scheme represent individual equipment items owned by Siemens and provided to the trust under a PFI contract

Multi Storey Car Parking at the Trust is owned by QPark and provided to the trust under a PFI contract

The accounting judgement is around the classification of the transaction under IFRIC 4 and IFRIC 12. Management have reviewed the service concession of each PFI scheme and has confirmed it is within the scope of IFRIC 12. The PFI schemes are ‘on-balance sheet’ meaning that the buildings and equipment are recognised in the Trust’s balance sheet along with a finance lease liability for the amount owed by the Trust over the PFI contract term.

**Note 1.20 Sources of estimation uncertainty**

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

**Property Valuation**

Assets relating to land and buildings were subject to a desktop valuation at 31st March 2025, completed on an 'alternate MEA' basis. Note 15.1 provides the detail of the carrying value for land and building assets as at this date. The basis assumes the asset would be replaced with a modern equivalent on a smaller site due to changes in the way services are provided. The site is valued based on the size of the modern equivalent, and not the actual site area occupied at current. The objective of the valuation is to place a value upon the asset, and in this the value of the land in providing a modern equivalent facility must be considered. The Depreciated Replacement Cost approach assumes that the current cost of replacing an asset with its modern equivalent less deductions for physical deterioration and all relevant forms of obsolescence and optimisation, and not a building of identical design, with the same service potential as the existing asset. VAT is excluded from any IFRIC 12 valuations.

For classes of asset held at a revalued amount, the effective date of the most recent valuation is 31 March 2025 and was carried out by an independent valuer ( Cushman & Wakefield) who applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. Further information is disclosed in Note 17. The carrying value of these assets total £715,615k, as presented in Note 15.1

Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. It is acknowledged that there are uncertainties when using BCIS indices, as these are not formalised in real time, instead finalised and reported historically. It is accepted by the Trust that changes to the indices could have a material impact on the reported carrying values, an example of the range of potential change is presented below:

Possible % change in indices	Revised Carrying value of Assets £000	Change in valuation £000
+3% change in BCIS Indices	737,069	21,468
-3% change in BCIS Indices	694,133	-21,468





Note 2 Operating Segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

	2024/25	2023/24
	£000	£000
<b>Acute services</b>		
Income from commissioners under API contracts - variable element*	160,140	142,409
Income from commissioners under API contracts - fixed element*	355,256	311,688
High cost drugs income from commissioners	26,314	24,565
Other NHS clinical income	135,734	114,597
<b>Community services</b>		
Income from commissioners under API contracts*	40,138	38,944
Income from other sources (e.g. local authorities)	10,269	8,524
<b>All services</b>		
Private patient income	357	-
National pay award central funding***	1,477	266
Additional pension contribution central funding**	27,206	16,563
<b>Total income from activities</b>	<b>756,891</b>	<b>657,556</b>

\*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners.

\*\*Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.3% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%, 2023/24: 20.6%) and related NHS England funding (9.4%, 2023/24: 6.3%) have been recognised in these accounts.

"\*\*\*Additional funding was made available directly to providers by NHS England in 2024/25 and 2023/24 for implementing the backdated element of pay awards where government offers were finalised after the end of the financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.



Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
<b>Income from patient care activities received from:</b>		
NHS England	54,616	73,961
Integrated care boards*	677,763	568,759
Other NHS providers	6,462	1,726
NHS other	1,072	1,025
Local authorities	12,332	8,310
Non-NHS: private patients	357	208
Non-NHS: overseas patients (chargeable to patient)	3,008	1,328
Injury cost recovery scheme	1,270	1,577
Non NHS: other	11	662
<b>Total income from activities</b>	<b>756,891</b>	<b>657,556</b>
<b>Of which:</b>		
Related to continuing operations	756,891	657,556
Related to discontinued operations	-	-

\* Includes deficit support income of £33,543 for 2024-25, nil for 2023-24

Note 3.2 Income from patient care activities (by source)

	2024/25	2023/24
	£000	£000
<b>Income from patient care activities received from:</b>		
NHS England	54,616	73,961
Integrated care boards*	677,763	568,759
Other NHS providers	6,462	1,726
NHS other	1,072	1,025
Local authorities	12,332	8,310
Non-NHS: private patients	357	208
Non-NHS: overseas patients (chargeable to patient)	3,008	1,328
Injury cost recovery scheme	1,270	1,577
Non NHS: other	11	662
<b>Total income from activities</b>	<b>756,891</b>	<b>657,556</b>
<b>Of which:</b>		
Related to continuing operations	756,891	657,556
Related to discontinued operations	-	-

**Note 3.3 Overseas visitors (relating to patients charged directly by the provider)**

	2024/25	2023/24
	£000	£000
Income recognised this year	3,008	1,328
Cash payments received in-year	334	207
Amounts added to provision for impairment of receivables	1,557	1,418
Amounts written off in-year	1,080	1,111

**Note 4 Other operating income**

	2024/25			2023/24		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	2,184	-	<b>2,184</b>	2,525	-	2,525
Education and training	27,147	204	<b>27,351</b>	25,701	217	25,918
Non-patient care services to other bodies	9,824		<b>9,824</b>	7,504		7,504
Receipt of capital grants and donations and peppercorn leases		6,336	<b>6,336</b>		12,138	12,138
Charitable and other contributions to expenditure		-	-		160	160
Amortisation of PFI deferred income / credits		532	<b>532</b>		532	532
Other income*	14,682	-	<b>14,682</b>	19,726	-	19,726
<b>Total other operating income</b>	<b>53,837</b>	<b>7,072</b>	<b>60,909</b>	<b>55,456</b>	<b>13,047</b>	<b>68,503</b>
Of which:						
Related to continuing operations			60,909			68,503
Related to discontinued operations			-			-

\*Other income comprises

	2024/25			2023/24		
	Income	Income	Total	Income	Income	Total
Car Parking income	1		<b>1</b>	2		2
Catering		2,629	<b>2,629</b>		2,398	2,398
Staff accommodation rental	119		<b>119</b>	171		171
Toxicology		1,429	<b>1,429</b>		1,422	1,422
Distinction awards		427	<b>427</b>		389	389
Grants income		70	<b>70</b>		-	-
Taper Relief		-	-		7,653	7,653
Projects income		333	<b>333</b>		865	865
Other income		7,422	<b>7,422</b>		5,925	5,925
Other income generation schemes		2,252	<b>2,252</b>		901	901
<b>Total 'Other Income'</b>	<b>120</b>	<b>14,562</b>	<b>14,682</b>	<b>173</b>	<b>19,553</b>	<b>19,726</b>

**Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period**

	2024/25	2023/24
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	8,252	7,766
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods		

**Note 5.2 Transaction price allocated to remaining performance obligations**

	31 March 2025	31 March 2024
	£000	£000
<b>Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:</b>		
within one year	5,146	8,098
after one year, not later than five years	615	615
after five years	2,513	2,667
<b>Total revenue allocated to remaining performance obligations</b>	<b>8,274</b>	<b>11,380</b>

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

**Note 5.3 Fees and charges**

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2024/25	2023/24
	£000	£000
Income	2,629	2,398
Full cost	(2,318)	(2,100)
<b>Surplus / (deficit)</b>	<b>311</b>	<b>298</b>





Note 6.1 Operating expenses

	2024/25	2023/24
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	31,171	27,994
Purchase of healthcare from non-NHS and non-DHSC bodies	14,002	17,742
Staff and executive directors costs	508,064	465,651
Remuneration of non-executive directors	213	203
Supplies and services - clinical (excluding drugs costs)	47,670	40,590
Supplies and services - general	13,095	12,554
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	43,253	42,885
Inventories written down	135	-
Consultancy costs	391	491
Establishment	6,513	5,946
Premises	54,956	45,825
Transport (including patient travel)	2,208	2,093
Depreciation on property, plant and equipment	35,758	28,817
Amortisation on intangible assets	24	45
Net impairments	166,473	(25,988)
Movement in credit loss allowance: contract receivables / contract assets	1,585	2,423
Change in provisions discount rate(s)	10	(159)
<b>Fees payable to the external auditor</b>		
audit services- statutory audit*	221	229
Internal audit costs	292	233
Clinical negligence	19,638	17,143
Legal fees	1,219	1,058
Insurance	72	61
Research and development	2,232	2,209
Education and training	3,509	2,918
Expenditure on short term leases	176	138
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	3,545	2,965
Car parking & security	24	750
Losses, ex gratia & special payments	64	77
Other	2,018	2,018
<b>Total</b>	<b>958,531</b>	<b>696,911</b>
<b>Of which:</b>		
Related to continuing operations	958,531	696,911
Related to discontinued operations	-	-

\* The External Audit Fees presented in the table above, represent the Fees paid to the Auditor inclusive of irrecoverable VAT. The fees excluding VAT are £184k.

Note 7.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £1,000k (2023/24: £1,000k).

Note 8 Impairment of assets

	2024/25	2023/24
	£000	£000
<b>Net impairments charged to operating surplus / deficit resulting from:</b>		
Changes in market price	166,473	(25,988)
<b>Total net impairments charged to operating surplus / deficit</b>	<b>166,473</b>	<b>(25,988)</b>
Impairments charged to the revaluation reserve	(8,317)	609
<b>Total net impairments</b>	<b>158,156</b>	<b>(25,379)</b>

The impairment relating to Midland Metropolitan University Hospital of £89.1m is included within the total above.

Note 9 Employee benefits

	2024/25	2023/24
	Total £000	Total £000
Salaries and wages	384,937	358,235
Social security costs	41,940	39,575
Apprenticeship levy	1,953	1,928
Employer's contributions to NHS pensions	68,562	54,165
Temporary staff (including agency)	17,579	17,820
<b>Total gross staff costs</b>	<b>514,971</b>	<b>471,723</b>
Recoveries in respect of seconded staff	-	-
<b>Total staff costs</b>	<b>514,971</b>	<b>471,723</b>
<b>Of which</b>		
Costs capitalised as part of assets	3,246	2,810

Note 9.1 Retirements due to ill-health

During 2024/25 there were 8 early retirements from the trust agreed on the grounds of ill-health (8 in the year ended 31 March 2024). The estimated additional pension liabilities of these ill-health retirements is £662k (£644k in 2023/24).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.



Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions). Both the 1995/2008 and 2015 schemes are accounted for, and the schemes liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2025, is based on valuation data as at 31 March 2023, updated to 31 March 2025 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually - Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.



Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2024/25	2023/24
	£000	£000
Interest on bank accounts	2,655	3,414
<b>Total finance income</b>	<b>2,655</b>	<b>3,414</b>

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2024/25	2023/24
	£000	£000
Interest expense:		
Interest on lease obligations	164	111
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	1,944	3,302
Remeasurement of the liability resulting from change in index or rate	2,178	1,029
<b>Total interest expense</b>	<b>4,286</b>	<b>4,442</b>
Unwinding of discount on provisions	63	45
<b>Total finance costs</b>	<b>4,349</b>	<b>4,487</b>

Note 13 Other gains / (losses)

	2024/25	2023/24
	£000	£000
Gains on disposal of assets	-	241
Losses on disposal of assets	(386)	(237)
<b>Total gains / (losses) on disposal of assets</b>	<b>(386)</b>	<b>4</b>
Other gains / (losses)	-	-
<b>Total other gains / (losses)</b>	<b>(386)</b>	<b>4</b>

The above Loss on Disposal wholly represents the loss for disposals of property, plant and equipment.



Note 14.1 Intangible assets - 2024/25

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	443	43	486
Reclassifications	2,985	-	2,985
Valuation / gross cost at 31 March 2025	3,428	43	3,471
Amortisation at 1 April 2024 - brought forward	395	-	395
Provided during the year	24	-	24
Reclassifications	2,361	-	2,361
Amortisation at 31 March 2025	2,780	-	2,780
Net book value at 31 March 2025	648	43	691
Net book value at 1 April 2024	48	43	91

Note 14.2 Intangible assets - 2023/24

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	3,201	43	3,244
Disposals / derecognition	(2,758)	-	(2,758)
Valuation / gross cost at 31 March 2024	443	43	486
Amortisation at 1 April 2023 - as previously stated	3,108	-	3,108
Provided during the year	45	-	45
Disposals / derecognition	(2,758)	-	(2,758)
Amortisation at 31 March 2024	395	-	395
Net book value at 31 March 2024	48	43	91
Net book value at 1 April 2023	93	43	136

Note 15.1 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2024 - brought forward	21,015	173,217	621,260	64,508	130	68,866	2,724	951,720
Additions	-	56,420	39,264	21,740	-	4,751	-	122,175
Impairments	-	(33)	-	-	-	-	-	(33)
Reversals of impairments	-	8,350	-	-	-	-	-	8,350
Revaluations	(2)	(86,904)	(89,103)	-	-	-	-	(176,009)
Reclassifications	-	546,847	(552,856)	1,876	-	1,148	-	(2,985)
Disposals / derecognition	-	(3,295)	-	(4,499)	-	(4,670)	-	(12,464)
Valuation/gross cost at 31 March 2025	21,013	694,602	18,565	83,625	130	70,095	2,724	890,754
Accumulated depreciation at 1 April 2024 - brought forward	-	-	-	37,100	128	44,717	2,005	83,950
Provided during the year	-	15,414	-	7,621	2	9,568	100	32,705
Impairments	5	81,904	89,103	-	-	-	-	171,012
Reversals of impairments	-	(4,539)	-	-	-	-	-	(4,539)
Revaluations	(5)	(89,484)	(89,103)	-	-	-	-	(178,592)
Reclassifications	-	-	-	-	-	(2,361)	-	(2,361)
Disposals / derecognition	-	(3,295)	-	(4,134)	-	(4,659)	-	(12,088)
Accumulated depreciation at 31 March 2025	-	-	-	40,587	130	47,265	2,105	90,087
Net book value at 31 March 2025	21,013	694,602	18,565	43,038	-	22,830	619	800,667
Net book value at 1 April 2024	21,015	173,217	621,260	27,408	2	24,149	719	867,770

The Trust has analysed the method, data and assumptions used to derive the depreciation accounting estimate for equipment and IT assets. The range of useful lives applied in the depreciation calculation do not appear to be unreasonable for the assets in question, and our analysis suggests that the depreciation charge is not materially misstated.

Note 15.2 Property, plant and equipment - 2023/24

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - as previously stated	21,015	182,587	532,803	63,210	130	76,814	2,724	879,283
Additions	-	6,093	58,190	4,535	-	5,344	-	74,162
Impairments	-	(4,358)	-	-	-	-	-	(4,358)
Reversals of impairments	-	3,749	-	-	-	-	-	3,749
Revaluations	-	(17,692)	33,105	-	-	-	-	15,413
Reclassifications	-	2,838	(2,838)	-	-	-	-	-
Disposals / derecognition	-	-	-	(3,237)	-	(13,292)	-	(16,529)
Valuation/gross cost at 31 March 2024	21,015	173,217	621,260	64,508	130	68,866	2,724	951,720
Accumulated depreciation at 1 April 2023 - as previously stated	-	-	-	33,621	126	49,267	1,889	84,903
Provided during the year	-	10,589	-	6,716	2	8,742	116	26,165
Impairments	-	9,706	-	-	-	-	-	9,706
Reversals of impairments	-	(2,589)	(33,105)	-	-	-	-	(35,694)
Revaluations	-	(17,706)	33,105	-	-	-	-	15,399
Disposals / derecognition	-	-	-	(3,237)	-	(13,292)	-	(16,529)
Accumulated depreciation at 31 March 2024	-	-	-	37,100	128	44,717	2,005	83,950
Net book value at 31 March 2024	21,015	173,217	621,260	27,408	2	24,149	719	867,770
Net book value at 1 April 2023	21,015	182,587	532,803	29,589	4	27,547	835	794,380

Note 15.3 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,013	560,657	12,229	29,942	-	22,830	619	647,290
On-SoFP PFI contracts and other service concession arrangements	-	44,805	-	12,795	-	-	-	57,600
Owned - donated/granted	-	89,140	6,336	301	-	-	-	95,777
Total net book value at 31 March 2025	21,013	694,602	18,565	43,038	-	22,830	619	800,667

Note 15.4 Property, plant and equipment financing - 31 March 2024

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,015	128,040	517,099	22,829	2	24,149	719	713,853
On-SoFP PFI contracts and other service concession arrangements	-	44,155	-	4,102	-	-	-	48,257
Owned - donated/granted	-	1,022	104,161	477	-	-	-	105,660
Total net book value at 31 March 2024	21,015	173,217	621,260	27,408	2	24,149	719	867,770



Note 16 Revaluations of property, plant and equipment

The desktop valuation exercise was carried out with a valuation date of 31 March 2025. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 (‘Red Book’). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements and the Valuer continues to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The Trust owns non Operational Land assets of £914,250 which are currently held as surplus assets and are included within the Land Valuation in Note 15.1

These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

For classes of asset held at a revalued amounts, the effective date of the most recent valuation is 31 March 2025 and was carried out by an independent valuer. Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. Additionally, the valuers have adjusted the remaining useful lives for each element within a building to take account of the expected physical depreciation since the previous assessment. This has been undertaken on a desktop basis other than for significantly altered buildings and new additions which have been assessed through site inspection.

There have been no changes in accounting estimates related to the valuation of property, plant and equipment - including changes to residual values, useful lives, valuation methodology or depreciation methods.

The Trust holds no temporarily idle assets or assets not in active use but not classified as held for sale.

Note 17 Leases - Sandwell And West Birmingham Hospitals NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust is a Lessee for a number of properties held by NHS Property Services and Community Health Partnerships, in addition the Trust holds leases for fleet vehicles and medical equipment

The standard has been applied using a modified retrospective approach with the cumulative impact recognised in the income and expenditure reserve on 1 April 2022. Upon initial application, the provisions of IFRS 16 have only been applied to existing contracts where they were previously deemed to be a lease or contain a lease under IAS 17 and IFRIC 4. Where existing contracts were previously assessed not to be or contain a lease, these assessments have not been revisited.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate ( if applicable) and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust’s incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.72% applied to new leases commencing in 2024 and 4.81% to new leases commencing in 2025.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

As required by a HM Treasury , the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 17.1 Right of use assets - 2024/25

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	15,046	78	630	15,754	14,355
Additions	832	-	-	832	304
Remeasurements of the lease liability	1,166	22	13	1,201	1,050
Disposals / derecognition	(57)	-	-	(57)	(57)
Valuation/gross cost at 31 March 2025	16,987	100	643	17,730	15,652
Accumulated depreciation at 1 April 2024 - brought forward	4,571	50	365	4,986	4,249
Provided during the year	2,840	29	184	3,053	2,366
Disposals / derecognition	(47)	-	-	(47)	(47)
Accumulated depreciation at 31 March 2025	7,364	79	549	7,992	6,568
Net book value at 31 March 2025	9,623	21	94	9,738	9,084
Net book value at 1 April 2024	10,475	28	265	10,768	10,106
Net book value of right of use assets leased from other NHS providers					121
Net book value of right of use assets leased from other DHSC group bodies					8,963



Note 17.2 Right of use assets - 2023/24

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2023 - brought forward	13,220	46	630	13,896	12,818
Valuation / gross cost at 1 April 2023 - restated	13,220	46	630	13,896	12,818
Additions	1,498	21	-	1,519	1,270
Remeasurements of the lease liability	1,441	11	-	1,452	1,319
Disposals / derecognition	(1,113)	-	-	(1,113)	(1,052)
Valuation/gross cost at 31 March 2024	15,046	78	630	15,754	14,355
Accumulated depreciation at 1 April 2023 - brought forward	2,428	27	181	2,636	2,257
Provided during the year	2,445	23	184	2,652	2,233
Disposals / derecognition	(302)	-	-	(302)	(241)
Accumulated depreciation at 31 March 2024	4,571	50	365	4,986	4,249
Net book value at 31 March 2024	10,475	28	265	10,768	10,106
Net book value at 1 April 2023	10,792	19	449	11,260	10,561
Net book value of right of use assets leased from other NHS providers					120
Net book value of right of use assets leased from other DHSC group bodies					9,986

Note 17.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 23.1.

	2024/25	2023/24
	£000	£000
Carrying value at 1 April	10,901	11,327
Lease additions	832	1,519
Lease liability remeasurements	1,201	1,452
Interest charge arising in year	164	111
Early terminations	-	(815)
Lease payments (cash outflows)	(3,118)	(2,693)
Carrying value at 31 March	9,980	10,901

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.4 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2025	31 March 2025	31 March 2024	31 March 2024
	£000	£000	£000	£000
Undiscounted future lease payments payable in:				
- not later than one year;	2,980	2,406	2,662	2,265
- later than one year and not later than five years;	4,596	4,544	4,956	4,733
- later than five years.	3,465	3,465	4,449	4,449
Total gross future lease payments	11,041	10,415	12,067	11,447
Finance charges allocated to future periods	(1,061)	(1,051)	(1,166)	(1,160)
Net lease liabilities at 31 March 2025	9,980	9,364	10,901	10,287
Of which:				
Leased from other NHS providers		121		121
Leased from other DHSC group bodies		9,243		10,166





Note 18 Inventories

	31 March 2025	31 March 2024
	£000	£000
Drugs	2,910	1,999
Consumables	2,385	2,152
Energy	440	366
<b>Total inventories</b>	<b>5,735</b>	<b>4,517</b>
<b>of which:</b>		
Held at fair value less costs to sell	-	-

Inventories recognised in expenses for the year were £47,670k (2023/24: £43,070k). Write-down of inventories recognised as expenses for the year were £135k (2023/24: £0k).

In response to the COVID 19 pandemic, the Department of Health and Social Care centrally procured personal protective equipment and passed these to NHS providers free of charge. During 2023/24 the Trust received £160k of items purchased by DHSC. Distribution of inventory by the Department ceased in March 2024.

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 19.1 Receivables

	31 March 2025	31 March 2024
	£000	£000
<b>Current</b>		
Contract receivables	29,454	37,136
Allowance for impaired contract receivables / assets	(4,574)	(4,228)
Prepayments (non-PFI)	5,667	3,508
PFI lifecycle prepayments	89	5,147
PDC dividend receivable	1,247	715
VAT receivable	3,531	1,044
Other receivables	1	-
<b>Total current receivables</b>	<b>35,415</b>	<b>43,322</b>
<b>Non-current</b>		
Other receivables	529	507
<b>Total non-current receivables</b>	<b>529</b>	<b>507</b>
<b>Of which receivable from NHS and DHSC group bodies:</b>		
Current	10,469	13,202
Non-current	529	507

Note 19.2 Allowances for credit losses

	2024/25		2023/24	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 April - brought forward</b>	<b>4,228</b>	-	<b>5,336</b>	-
New allowances arising	1,585	-	2,423	-
Utilisation of allowances (write offs)	(1,239)	-	(3,531)	-
<b>Allowances as at 31 Mar 2025</b>	<b>4,574</b>	-	<b>4,228</b>	-

\* Increases in the allowances for credit losses is predominantly represented by a proportionate increase in the Trust's indebtedness with Overseas Patients, for which the Trust provides in full. Write offs in 2024/25 represent the impact of the Trust writing off debts due from prior years and not solely debts that relate to 2024/25 - see Note 27 of these Accounts.

During 2024/25 the Trust wrote off debts relating to Overseas Visitors following external NHSE/I instruction. This write off is 'ledger only' as per best practice guidance and included debt raised in both the current and previous financial years, since the Trust began invoicing for activity where the receiver does not have the right to NHS funded care. The Trust always provides in full for its Overseas debt each year, to limit financial risk and exposure. Once written off in the Trust ledger, the debt is referred to a specialist debt recovery agent to pursue to ensure the Trust achieves maximum possible recovery. Monthly debt recovery has been reported to the Chief Executive and during 2024/25.

Note 19.3 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2025 are in receivables from customers, as disclosed in the Trade receivables and other receivables note

Note 20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2024/25	2023/24
	£000	£000
<b>At 1 April</b>	<b>68,988</b>	<b>56,216</b>
Net change in year	(22,905)	12,772
<b>At 31 March</b>	<b>46,083</b>	<b>68,988</b>
Broken down into:		
Cash at commercial banks and in hand	30	30
Cash with the Government Banking Service	46,053	68,958
<b>Total cash and cash equivalents as in SoCF</b>	<b>46,083</b>	<b>68,988</b>



Note 20.2 Third party assets held by the trust

Sandwell And West Birmingham Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2025	31 March 2024
	£000	£000
Bank balances	10	8
<b>Total third party assets</b>	<b>10</b>	<b>8</b>

Note 21.1 Trade and other payables

	31 March 2025	31 March 2024
	£000	£000
<b>Current</b>		
Trade payables	44,260	49,383
Capital payables	6,355	23,128
Accruals	13,473	19,164
Receipts in advance and payments on account	473	528
Social security costs	5,163	5,520
Other taxes payable	5,602	5,906
Pension contributions payable	5,988	5,427
<b>Total current trade and other payables</b>	<b>81,314</b>	<b>109,056</b>
<b>Of which payables from NHS and DHSC group bodies:</b>		
Current	6,482	6,419

Note 21.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirement (2023-24 £0)



Note 22 Other liabilities

	31 March 2025	31 March 2024
	£000	£000
<b>Current</b>		
Deferred income: contract liabilities	5,146	8,098
Deferred PFI credits / income	532	532
<b>Total other current liabilities</b>	<b>5,678</b>	<b>8,630</b>
<b>Non-current</b>		
Deferred income: contract liabilities	3,128	3,282
Deferred PFI credits / income	13,828	14,360
<b>Total other non-current liabilities</b>	<b>16,956</b>	<b>17,642</b>

Note 23.1 Borrowings

	31 March 2025	31 March 2024
	£000	£000
<b>Current</b>		
Lease liabilities	2,856	<b>2,536</b>
Obligations under PFI, LIFT or other service concession contracts	4,023	<b>3,562</b>
<b>Total current borrowings</b>	<b>6,879</b>	<b>6,098</b>
<b>Non-current</b>		
Lease liabilities	7,124	<b>8,365</b>
Obligations under PFI, LIFT or other service concession contracts	38,886	36,548
<b>Total non-current borrowings</b>	<b>46,010</b>	<b>44,913</b>





Note 23.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2024	10,901	40,110	51,011
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,954)	(21)	(2,975)
Financing cash flows - payments of interest	(164)	(1,944)	(2,108)
Non-cash movements:			
Additions	832	630	1,462
Lease liability remeasurements	1,201	-	1,201
Remeasurement of PFI / other service concession liability resulting from change in index or rate		2,178	2,178
Application of effective interest rate	164	1,944	2,108
Other changes	-	12	12
Carrying value at 31 March 2025	9,980	42,909	52,889

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2023	11,327	23,545	34,872
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,582)	(1,991)	(4,573)
Financing cash flows - payments of interest	(111)	(3,302)	(3,413)
Non-cash movements:			
Application of IFRS 16 measurement principles to PFI liability on 1 April 2023		17,531	17,531
Additions	1,519	-	1,519
Lease liability remeasurements	1,452	-	1,452
Remeasurement of PFI / other service concession liability resulting from change in index or rate		1,029	1,029
Application of effective interest rate	111	3,302	3,413
Early terminations	(815)	-	(815)
Other changes	-	(4)	(4)
Carrying value at 31 March 2024	10,901	40,110	51,011

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2024	507	2,091	212	3,403	6,213
Change in the discount rate	1	9	-	(5)	5
Arising during the year	43	139	-	564	746
Utilised during the year	(82)	(137)	(23)	(148)	(390)
Reversed unused	-	-	-	(2,178)	(2,178)
Unwinding of discount	12	51	-	26	89
At 31 March 2025	481	2,153	189	1,662	4,485
Expected timing of cash flows:					
- not later than one year;	77	179	189	1,133	1,578
- later than one year and not later than five years;	306	717	-	31	1,054
- later than five years.	98	1,257	-	498	1,853
Total	481	2,153	189	1,662	4,485

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex-employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Clinician Pension Tax Provision £529k, Equal Value Pay Claims £586k and Water Management Provision £547k

Pensions: Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme

The timing and amount of the cash flows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.



Note 24.2 Clinical negligence liabilities

At 31 March 2025, £274,546k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2024: £271,697k).

Note 25 Contingent assets and liabilities

	31 March 2025	31 March 2024
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(60)	(105)
Other	(571)	(592)
Gross value of contingent liabilities	(631)	(697)
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	(631)	(697)
Net value of contingent assets	-	-

NHS Resolution Legal claims are informed by NHS Resolution. Other includes claims for Pension and Injury Benefit which are informed by the NHS Pensions Agency.

Note 26 Contractual capital commitments

	31 March 2025	31 March 2024
	£000	£000
Property, plant and equipment	16,437	33,924
Total	16,437	33,924

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

Birmingham Treatment Centre (BTC) Length of Contract is 30 Years: The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005.The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust. Multi Storey Car Parking Length of Contract is 25 Years, from March 2020 to March 2045: The purpose of the scheme is to provide car parks with an associated car parking service. The scheme has no unitary payment Managed Equipment Scheme (MES) Length of Contract is 15 Years: The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2031 at which point the Trust has the right to exercise an option to take ownership of the equipment.

Note 27.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2025	31 March 2024
	£000	£000
Gross PFI, LIFT or other service concession liabilities	54,151	54,102
Of which liabilities are due		
- not later than one year;	5,871	6,460
- later than one year and not later than five years;	20,950	19,372
- later than five years.	27,330	28,270
Finance charges allocated to future periods	(11,242)	(13,992)
Net PFI, LIFT or other service concession arrangement obligation	42,909	40,110
- not later than one year;	4,023	3,562
- later than one year and not later than five years;	14,989	12,644
- later than five years.	23,897	23,904

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2025	31 March 2024
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	99,489	80,128
Of which payments are due:		
- not later than one year;	11,478	10,641
- later than one year and not later than five years;	47,144	30,163
- later than five years.	40,867	39,324

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2024/25	2023/24
	£000	£000
Unitary payment payable to service concession operator	10,825	10,604
Consisting of:		
- Interest charge	1,944	3,302
- Repayment of balance sheet obligation	(664)	2,084
- Service element and other charges to operating expenditure	3,545	2,965
- Capital lifecycle maintenance	6,000	2,198
- Addition to lifecycle prepayment	-	55
Total amount paid to service concession operator	10,825	10,604





Note 28 Financial instruments

Note 28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCGs/ICB's and the way those CCGs/ICB's are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The treasury activity is subject to review by the Trusts internal auditors.

Credit Risk

As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposure as at 31st March 2025 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contract with Integrated Care Boards (ICB's) which are financed by resources voted annually by parliament. Liquidity risk for both Revenue and Capital funding is managed by the availability of Public Dividend Capital from the DHSC. The Trust is not therefore, exposed to significant liquidity risks.

Currency Risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust borrows from Government for capital expenditure, subject to affordability. Funding is provided as Public Dividend Capital, attracting a nationally set dividend payment of 3.5% on net relevant assets. The Trust therefore has low exposure to interest rate fluctuations.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	24,880	-	-	24,880
Cash and cash equivalents	46,083	-	-	46,083
Total at 31 March 2025	70,963	-	-	70,963

Carrying values of financial assets as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	32,908	-	-	32,908
Cash and cash equivalents	68,988	-	-	68,988
Total at 31 March 2024	101,896	-	-	101,896

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	9,980	-	9,980
Obligations under PFI, LIFT and other service concession contracts	42,909	-	42,909
Trade and other payables excluding non financial liabilities	64,088	-	64,088
Total at 31 March 2025	116,977	-	116,977

Carrying values of financial liabilities as at 31 March 2024	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	10,901	-	10,901
Obligations under PFI, LIFT and other service concession contracts	40,110	-	40,110
Trade and other payables excluding non financial liabilities	92,203	-	92,203
Total at 31 March 2024	143,214	-	143,214



Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2025	31 March 2024
	£000	£000
In one year or less	72,939	101,325
In more than one year but not more than five years	25,546	24,328
In more than five years	30,795	32,719
Total	129,280	158,372

Note 28.5 Fair values of financial assets and liabilities

All of the financial assets and all of the financial liabilities of the Trust are measured at fair value on recognition and subsequently amortised cost.

The carrying value is considered to be a reasonable approximation of fair value included in Note 28.2 & Note 28.3.

Note 29 Losses and special payments

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	-	-	3	-
Fruitless payments and constructive losses	5	-	-	-
Claims waived or abandoned (excluding cases between DHSC group bodies)	479	1,247	315	3,563
Stores losses and damage to property	15	137	13	132
Total losses	499	1,384	331	3,695
Special payments				
Ex-gratia payments	52	104	69	124
Total special payments	52	104	69	124
Total losses and special payments	551	1,488	400	3,819
Compensation payments received				

These amounts are reported on an accruals basis but excluding provisions for future losses.

The 23-24 write Offs for bad debt included charges raised to Birmingham City Council for delayed treatment of care, a charge made to represent the additional cost the Trust incurs as a result of the lack of Social Care beds which prevents patients being discharged from Hospital Beds. The Audit Committee considered the charges and the likelihood of repayment, determining that payment would not be received and the debt should be written off, the Debt had previously been provided for in full.

Note 29.1 Analysis of Material Cases

	2024/25		2023/24	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Claims waived or abandoned (excluding cases between DHSC group bodies)- Birmingham Council	0	0	1	1544

Note 30 Related parties

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

The Department of Health and Social Care is regarded as a related party as parent organisation of the Trust. During the year 2024/25 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These are NHS Black Country ICB, NHS Birmingham and Solihull ICB, The Royal Wolverhampton NHS Trust, NHS Resolution, NHS England (Central Specialised Commissioning Unit), Midlands Regional Office and NHS England Core, incorporating Health Education England from 1st Apr 23.

The Trust has also received income from Your City & Metropolitan Hospitals Charity, certain of the trustees for which are also members of the Trust board, the transactions in 2024-25 were material to the Charity and are disclosed below.

	Revenue	Expenditure
	£'000s	£'000s
Your City & Metropolitan Hospitals Charity	13	50

Note 31 Events after the reporting date

There were no events after the reporting date





Note 32 Better Payment Practice code

	2024/25	2024/25	2023/24	2023/24
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	91,393	514,872	92,516	408,724
Total non-NHS trade invoices paid within target	80,423	465,330	85,096	380,001
Percentage of non-NHS trade invoices paid within target	88.0%	90.4%	92.0%	93.0%
NHS Payables				
Total NHS trade invoices paid in the year	2,319	51,392	2,196	39,170
Total NHS trade invoices paid within target	1,692	41,855	1,737	34,285
Percentage of NHS trade invoices paid within target	73.0%	81.4%	79.1%	87.5%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later. **The NHS recommended target is 95%.**

Note 33 Capital Resource Limit

	2024/25	2023/24
	£000	£000
Gross capital expenditure	124,208	77,133
Less: Disposals	(386)	(811)
Less: Donated and granted capital additions	(6,336)	(12,138)
Charge against Capital Resource Limit	117,486	64,184
Capital Resource Limit	117,486	68,335
Under / (over) spend against CRL	-	4,151

Note 34 Breakeven duty financial performance

In 2024/25 the Trust revalued assets which resulted in a net impairment of £166.5m, the details for which can be found at Note 1.20 , Note 15.1 and Note 16.

	2024/25	2023/24
	£000	£000
(Deficit) / Surplus for the year	(155,821)	23,083
Remove net impairments scoring to the Departmental expenditure limit	166,473	(25,988)
Remove impact of IFRS 16 on IFRIC 12 schemes	730	692
Remove I&E impact of capital grants and donations	(5,431)	(11,866)
Adjusted financial performance surplus / (deficit) (control total basis)	5,951	(14,079)
Add back incremental impact of IFRS 16 on PFI revenue costs in 2023/24	-	(692)
Breakeven duty financial performance surplus / (deficit)	5,951	(14,771)

Note 35 Breakeven duty rolling assessment

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		7,260	2,193	1,863	6,523	6,751	4,653	3,857	(11,933)
Breakeven duty cumulative position	4,669	11,929	14,122	15,985	22,508	29,259	33,912	37,769	25,836
Operating income		384,774	387,870	424,144	433,007	439,022	446,590	443,698	460,197
Cumulative breakeven position as a percentage of operating income		3.1%	3.6%	3.8%	5.2%	6.7%	7.6%	8.5%	5.6%
Breakeven duty in-year financial performance		24,165	17,835	576	383	4,411	449	(14,771)	5,951
Breakeven duty cumulative position		50,001	67,836	68,412	68,795	73,206	73,655	58,884	64,835
Operating income		494,158	655,374	544,033	615,209	660,315	697,248	726,059	817,800
Cumulative breakeven position as a percentage of operating income		10.1%	10.4%	12.6%	11.2%	11.1%	10.6%	8.1%	7.9%



Material items that have added to the cumulative surplus position have been disclosed for each year where relevant.

The Trusts Financial Performance was materially different to the expected breakeven duty level in the following years:

In 2016-17 there were environmental factors that contributed to the underlying deficit which continued to impact the Trust. Manifestations of these included greater attendances at A&E, high levels of beds occupied by people medically fit for discharge as well as difficulties in the recruitment of certain staff groups. As a consequence of these factors elective income was below the level planned and agency spend continued at high levels.

In 2017-18 the Trust disposed of land at the City Hospital site in preparation for the completion of the new Midland Metropolitan University Hospital development. As a result, the Trust recorded a profit on disposal of £16,288k.

In 2018-19 the Trust began the year with a headline surplus, over-achieving against its control total by £5m, which attracted a “£2 for £1” Sustainability and Transformation Fund (STF) bonus payment from the Department of Health of £12,573k.

In 2023-24 the Trust began with a planned deficit position which was reviewed during the year and subject to reforecasting to ensure the Trust supported the overall financial position of the Healthcare System it is working in. The final SOCI surplus was £23,083k, this included non-performance/operational elements, including the reversal of past impairments on Assets of £25,988k and Income from Grants of £11,866k - after these are removed - the actual operational performance of the Trust was a £14,771k deficit.

In 2024-25 the Trust began with a planned deficit position which the Trust’s commissioners agreed to fund, sharing an amount of funding to bring the Trust to a reduced deficit financial position. The final SOCI deficit was £155,821k, this included non-performance/operational elements, including the impairments of fixed Assets of £166,473k, Income from Grants of £5,431k and adjustments for PFI schemes £730k - after these are removed - the actual operational performance of the Trust was a £5,951k surplus.



Triplets who were born at Midland Met the day after the new maternity unit opened.



# Independent auditor's report to the directors of Sandwell and West Birmingham NHS Trust

## Report on the audit of the financial statements

### Opinion on financial statements

We have audited the financial statements of Sandwell and West Birmingham NHS Trust (the 'Trust') for the year ended 31 March 2025, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and Notes to the Financial Statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2025 and its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2024-25 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10 Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570

Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

### Other information

The other information comprises the information included in the annual report, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

### Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2024-25 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

### Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2024-25; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.
- Matters on which we are required to report by exception



- Under the Code of Audit Practice, we are required to report to you if:
- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

**Responsibilities of directors**

As explained more fully in the Statement of Directors' Responsibilities in respect of the accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

**Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25).
- We enquired of management and the audit committee, concerning the Trust's policies and procedures relating to:
  - the identification, evaluation and compliance with laws and regulations;
  - the detection and response to the risks of fraud; and
  - the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, the risk of fraud in revenue recognition, and the risk of fraud in expenditure recognition We determined that the principal risks were in relation to:
  - Journal entries that altered the Trust's financial performance for the year;
  - Potential management bias in determining accounting estimates, especially in relation to the valuation of property, plant and equipment and the completeness and accuracy of accruals and provisions;
  - Variable income that has been manipulated for improving financial performance
  - Significant segregation of duties issues identified in the IT audit
- Our audit procedures involved:
  - evaluation of the design effectiveness of controls that management has in place to prevent and detect fraud;
  - journal entry testing, with a particular focus on significant journals at the end of the financial year which impacted on the Trust's financial performance, and those which were posted by officers who in our view had access and/or approval privileges in excess of the requirements of their role.
  - challenging assumptions and judgements made by management in its significant accounting estimates in respect of land and building valuations, accrual calculations and lease accounting.
  - testing variable income by reconciling the same from contracts and email communication from authorities under DHSC and sample testing expenditure to confirm the occurrence and accuracy of the recorded expenses.
  - assessing the extent of compliance with the relevant laws and regulations as part of our procedures on the related financial statement item.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the risk of management override of controls and the risk of fraud in revenue recognition We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.
- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates





- understanding of the legal and regulatory requirements specific to the Trust including:
  - the provisions of the applicable legislation
  - NHS England’s rules and related guidance
  - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust’s operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust’s control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council’s website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor’s report.

**Report on other legal and regulatory requirements – the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources**

**Matter on which we are required to report by exception – the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources**

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2025.

We have nothing to report in respect of the above matter except on 20 July 2021 we identified a significant weakness in how the Trust plans and manages its resources to ensure it can continue to deliver its services for the year ended 31 March 2021. This was in relation to the development of cost improvement plans. We recommended that:

- The Trust needs to prioritise the development of the revenue affordability plan.

Subsequently, on 14 November 2023, we raised further recommendations that:

- The Trust develop its recurrent CIP and vacancy hold programme.
- Financial, clinical and operational colleagues need to work together to identify and deliver transformation schemes, and work with system partners to identify wider opportunities to support financial goals.

As part of our assessment of the Trust’s arrangements for ensuring economy, efficiency, and effectiveness in its use of resources for the year ended 31 March 2025, we reviewed the Trust’s progress against these recommendations. Unfortunately, we found that only limited progress has been made, and as a result, the significant weakness in arrangements remains. On 18 June 2025 we made a further recommendation that the Trust implements management actions recommended by internal audit from their reviews of Consultant Job Planning, Allocate and E-Rostering project to support the delivery of workforce efficiency savings.

**Responsibilities of the Accountable Officer**

As explained in the statement of the chief executive’s responsibilities as the accountable officer of the Trust, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust’s resources.

**Auditor’s responsibilities for the review of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources**

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust’s arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in November 2024. This guidance sets out the arrangements that fall within the scope of ‘proper arrangements’. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor’s Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

**Report on other legal and regulatory requirements – Delay in certification of completion of the audit**

We cannot formally conclude the audit and issue an audit certificate for Sandwell and West Birmingham NHS Trust for the year ended 31 March 2025 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust’s consolidation schedules, and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2025. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2025.

**Use of our report**

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust’s directors those matters we are required to state to them in an auditor’s report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust’s directors as a body, for our audit work, for this report, or for the opinions we have formed.

**Andrew Smith**

For and on behalf of Grant Thornton UK LLP  
Birmingham  
27 June 2025



# Our year in pictures

APRIL 24



Members of Youth Space were welcomed to the Board meeting in April as part of a "Board takeover".

MAY 24



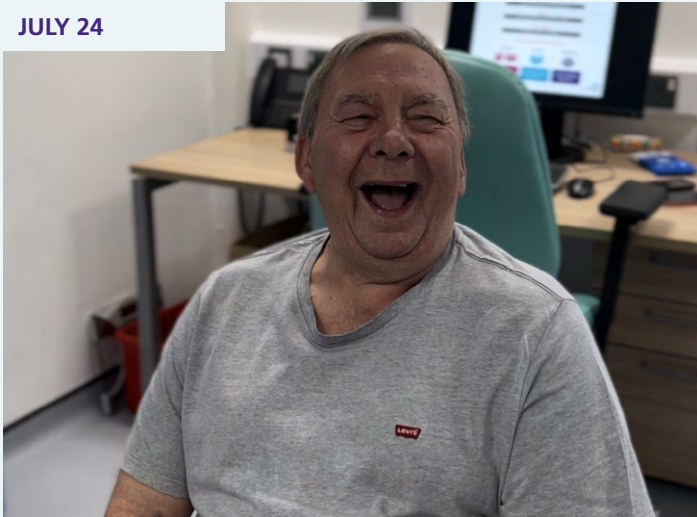
Nurses and Midwives gathered at City Hospital to host the first ever Nurses and Midwifery Awards at the Trust.

JUNE 24



Colleagues celebrate City Hospital and share their memories.

JULY 24



James Jenkins praised the care he's been receiving at the Richard Nugent Centre from the district nursing team.

AUGUST 24



Staff at Rowley Regis Hospital celebrated the facility's 30th anniversary.

SEPTEMBER 24



Our executive team host their first in person AGM since the COVID-19 Pandemic, focusing on the upcoming opening of Midland Metropolitan University Hospital.

OCTOBER 24



Harbans Kaur became the first patient to undergo surgery at the newly opened Midland Metropolitan University Hospital.

NOVEMBER 24



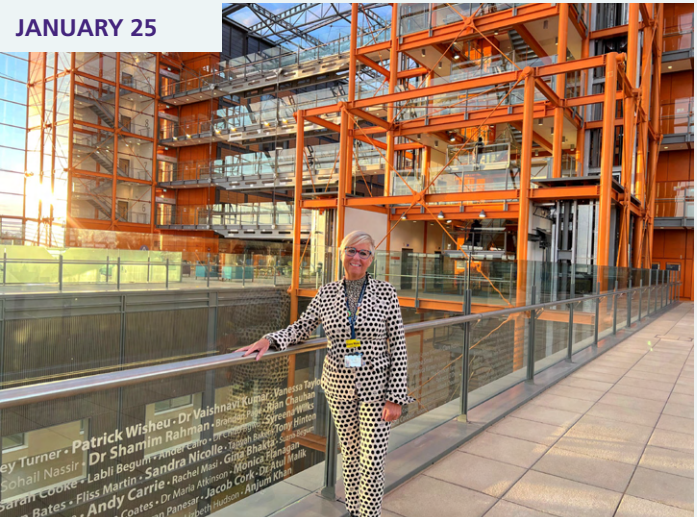
We saw our first triplets born at Midland Met just a day after the Maternity Department opened at the new hospital.

DECEMBER 24



The Trust was awarded Freedom of the Borough by Sandwell Council at a ceremony.

JANUARY 25



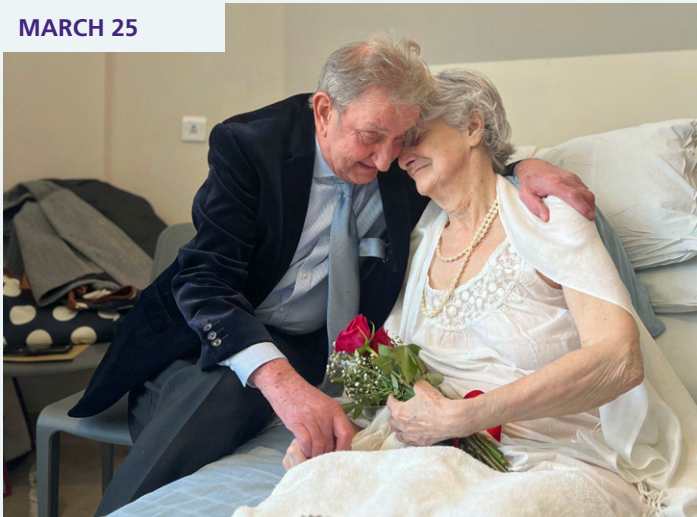
Diane Wake becomes Interim Group Chief Executive of Sandwell and West Birmingham NHS Trust.

FEBRUARY 25



Pet lover Amanda, introducing Flash the new Trust's therapy dog on ward A7 at the Midland Met.

MARCH 25



End-of-life patient Carol Elizabeth Lee said "I do" to her partner of 42 years Philip Stanley Pettit at Midland Metropolitan University Hospital.



# Further information about the Trust

## Car Parking

Car parks are situated near the main entrance of each site. Vehicles are parked at owners’ risk. Spaces for disabled badge holders are at various points around our sites.

For convenience patients and visitors can now tap in and out on their credit/debit card to save on taking a ticket. Alternatively, they can take a ticket and pay by credit/debit card at the exits of the car parks as well as by cash at the traditional pay stations around site.

The car parks operate a pay on foot facility except for one pay and display car park at City Health Campus next to Hearing Services.

City Health Campus (formerly City Hospital) also has a multi-storey car park available for use.

Please note: The multi-storey car park at Sandwell Health Campus (formerly Sandwell Hospital) is only available to staff.

Besides the car park outside the main and outpatient entrances, patients and visitors attending Sandwell Health Campus or the Lyndon Primary Care Centre are able to access the All Saints car park, situated on Little Lane, opposite the outpatients department.

## Midland Metropolitan University Hospital

The car park for the Midland Metropolitan University Hospital, in Grove Lane, Smethwick, is an underground facility. It is accessed via the A457 dual carriageway.

This will take you to Level 0.

Level 1 is accessed via London Street but this is strictly staff parking, and patients/visitors will not be able to enter this way.

## Visitor Charges

The visitor charges are:

<b>Standard tariff for City Health Campus, Midland Met and Sandwell Health Campus</b>	
Up to 15 minutes – free	
Up to 1 hour - £3.40	
Up to 2 hours - £4.50	
Up to 3 hours - £5	
Up to 5 hours – £5.40	
Up to 24 hours - £6.20	
<b>Tariff for Rowley Regis Hospital</b>	
Up to 15 minutes – free	
Up to 6 hours - £3.40	
Up to 24 hours - £6.20	
<b>Season tickets</b>	
3 days - £10.40	
7 days - £21.60	
3 months - £48.30	

## Disabled Parking

Parking for Blue Badge Scheme users is free and is located as close to main hospital buildings as possible. To qualify for free parking you must be parked in a blue badge bay with your blue badge clearly displayed while parked on site. Please take a paper ticket to enter. When you are ready to leave please press and hold the telephone symbol on the exit barrier machine and show your blue badge to the camera to leave.

## Patients on benefits

Patients on a low income who are entitled to qualifying benefits, or receive income support, can claim for reimbursement of bus fare or receive a ticket to allow free exit from hospital car parks. Bring proof of your benefits/income support to one of the following places:

- Birmingham and Midland Eye Centre general office
- Sandwell Health Campus main reception
- Rowley Regis Hospital main reception

## Frequent outpatient attenders

If you attend outpatient appointments three or more times per month for a period of at least three months (eg nine or more appointments per three month period) you can reclaim the cost of your parking. You must ensure that you ask for (and retain) a receipt at the pay station each time you pay for your parking. Once you have reached the nine appointments in three months please take your nine parking receipts and proof of your nine appointments (this might be appointment letters, cards or text messages) to one of the places below to claim your refund. You will be given a V5 parking application form to also fill out:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- Sandwell Health Campus main reception
- Rowley Regis Hospital main reception

## Parents of sick children staying in hospital overnight

We offer free parking for the parent or guardian of a child or young person, under 18 years of age, who is admitted as an inpatient at hospital overnight. The parent or guardian can receive free parking between the hours of 7.30pm and 8am while visiting the child. This applies to a maximum of two vehicles per child or young person. Please ask a member of staff on the Neonatal or Children’s Wards for your car park exit ticket.

## Parking Charge Notices

Parking Charge Notices (PCNs) may be issued if a vehicle causes an obstruction or if a permit or pay and display ticket isn’t displayed. Please note:

- Only vehicles displaying a valid blue disabled badge can be parked in a disabled bay.
- Vehicles must be parked in designated parking bays. Vehicles must not be parked on double red/double yellow lines or yellow hatched areas.
- Vehicles must not cause an obstruction, e.g. blocking building entrances, fire access/exit routes, cycle-ways, car park entrances, coned off areas and pavements/footpaths

If a vehicle breaches the Trust parking regulations a notice may be placed on it advising that an additional parking charge will be payable. The date, time, location, violation, vehicle make, model and registration will be recorded, and a photograph will be taken showing the position of the vehicle. The PCN will be attached to the windscreen. Payment of PCNs should be made to a third-party contractor by telephone or online. The appeals process and method of payment is detailed on the reverse of the PCN.

If you are not satisfied with the outcome, you can make a further appeal to Parking On Private Land Appeals (POPLA). Imperial may engage with the POPLA service at their discretion should further dispute arise over this charge in the future.

## Security at car parks

Security officers are on duty at the Midland Metropolitan University Hospital, City and Sandwell Health Campuses 24 hours per day, 365 days per year.

Intercoms are linked directly to Security from entry/exit barriers and the pay on foot machines. All car parks at these sites and Rowley Regis Hospital are illuminated at night, monitored by CCTV and patrolled regularly by security officers.



Electric Vehicle Charging

The Trust has installed electric vehicle charging points across our sites to allow patients, visitors and staff to charge their electric vehicles. This is part of our commitment to reduce our environmental impact and is aligned to our Green Strategic Plan. The charge points are located at:

- Midland Metropolitan University Hospital main patient and visitor car park, level zero
- City Health Campus (outside the Sheldon Block entrance, Birmingham and Midland Eye Centre car park, outside and inside of the multi-storey car park)
- Sandwell Health Campus (in the main entrance of the visitor car park and on the outpatients car park)
- Rowley Regis Hospital (in the main car park by the barriers)

Parking spaces and length of stay

Electrical charging points will be given an allocated parking space for vehicles recharging and are available on a first come, first served basis. These spaces must only be used for vehicles that are in charge. The charging point parking area must be vacated (and left empty) immediately once the vehicle has reached a serviceable charge (i.e. sufficient to complete their next journey), this is to ensure that using the charging point is not abused as a means of obtaining a parking space for the day. The maximum stay is three hours. Parking penalties apply.

Out of courtesy to other users, please clearly display your mobile phone number in the vehicle so other users can contact you should they need to.

Loss of power

The Trust runs regular generator tests at City Health Campus and Rowley Regis Hospital which may interrupt power to the charge points. When the power resumes, the charging session should also resume.

Faults and any issues

For any issues or faults, please contact GeniePoint support via the website, call or email: Tel: 020 3598 4087 Email: [geniesupport@chargepointservices.com](mailto:geniesupport@chargepointservices.com).

Compliments and Complaints

When we have not been able to resolve your concerns, you can make a complaint; we can investigate further and respond as soon as we can. We might ask you to meet with us to talk through your concerns and where we need to put things right, we will.

Who can complain?

Anyone who is receiving, or has received, NHS treatment or services can complain. You can complain for yourself, a friend or a relative, but you must have their permission to do so. If the patient is deceased, young or very ill, then you need consent from the next of kin.

How can I complain?

To make a complaint, you can;

- Send it in writing to: Complaints Department, Sandwell and West Birmingham NHS Trust, Sandwell Health Campus, Lyndon, West Bromwich, B71 4HJ
- Fill in the complaints form [here](#)(opens in a new tab) and send it to the above address.
- Phone: 0121 507 5892 10am – 4pm, Monday – Friday.
- Email: [swbh.patient-experience@nhs.net](mailto:swbh.patient-experience@nhs.net)

Further Information on Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator for all health and social care services in England. They can be contacted for information and advice. You can also give them feedback about your experiences of health and social care services, although CQC cannot investigate individual complaints. Telephone: 0300 616161 – Monday to Friday 8.30am – 5.30pm.







Sandwell and West Birmingham NHS Trust

Midland Metropolitan University Hospital  
Grove Lane,  
Smethwick  
B66 2QT

Sandwell Health Campus  
Lyndon  
West Bromwich  
West Midlands  
B71 4HJ  
Tel: 0121 553 1831

City Health Campus  
Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 0121 554 3801

Birmingham Treatment Centre  
Dudley Road  
Birmingham  
West Midlands  
B18 7QH  
Tel: 0121 507 6180

Leasowes Intermediate Care Centre  
Oldbury Rd  
Smethwick  
B66 1JE  
Tel: 0121 612 3444

Rowley Regis Hospital  
Moor Lane  
Rowley Regis  
West Midlands  
B65 8DA  
Tel: 0121 507 6300

[www.swbh.nhs.uk](http://www.swbh.nhs.uk)

Find out more



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