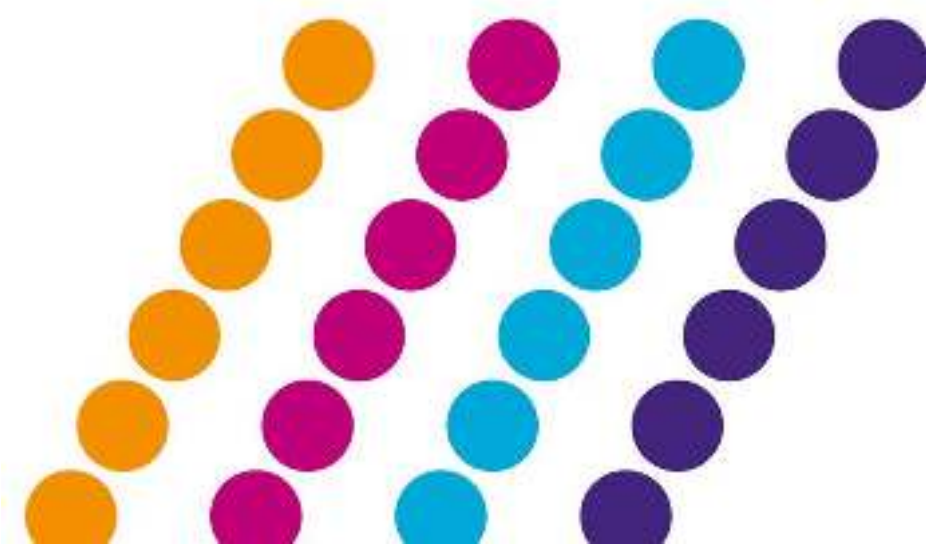
MIDLAND METROPOLITAN UNIVERSITY HOSPITAL

NHS Sandwell and West Birmingham NHS Trust

Annual Plan

2025/26



Annual Plan: 2025/26

Context

In 2022, The Trust Board signed off our five-year strategy. The strategy set out a clear purpose for the Trust: to "improve the life chances and health outcomes of our population". In doing so, it focused on the delivery of three strategic objectives:

1. **Our patients** – to be good or outstanding in everything we do.
2. **Our people** – to cultivate and sustain happy productive and engaged staff.
3. **Our population** – to work seamlessly with our partners to improve lives.

The strategy acknowledged the amount of effort that would be required by the whole organisation to prepare for and safely open our new hospital and to deliver the care models that underpin it. As such, it set priorities for before and after the opening of the new Midland Metropolitan University Hospital (MMUH), as shown in the diagram Below:

Trust Priorities Before and After Opening MMUH

Alt-Text (Accessibility):
A graphic displaying "Our Trust Priorities" for Midland Metropolitan University Hospital, divided into two sections: "Before Opening" and "After Opening." The **Before Opening** priorities include launching the strategy, developing a behavioural framework, preparing for the hospital opening, improving the staff journey, budget control, partnership development, and continuous improvement. The **After Opening** priorities focus on embedding new ways of working, improving board-level metrics and patient experience, developing a Learning Campus, and strengthening partnerships in the Integrated Care System. The hospital logo is centrally positioned between the two sections.

What have we achieved so far?

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 maternity, children, and inpatient adult 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.

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.

Strategic Vision for MMUH

As we progress, our commitment is to fully embed service efficiencies and optimise resource allocation, enabling the Midland Metropolitan University Hospital (MMUH) to operate at its full potential. This approach aims to enhance patient care and ensure financial sustainability.
We are dedicated to delivering the highest standards of care, adapting our services to meet the evolving needs of our communities. In alignment with the NHS Long Term Plan, our transformation strategy focuses on three pivotal shifts:

- **From Treatment to Prevention**: Emphasising proactive health measures to improve long-term outcomes and reduce the incidence of chronic diseases.
- **From Analogue to Digital:** Accelerating the adoption of digital technologies to enhance operational efficiency and patient experience.
- **From Hospital to Community:** Transitioning care delivery closer to home to provide more integrated and accessible services.

These strategic priorities underpin our mission to provide safe, effective, and sustainable healthcare, ensuring MMUH remains responsive to the needs of our population and resilient in the face of future challenges.

Looking ahead into 2025/26

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

Alt-Text (Accessibility):
A pyramid-style graphic representing the purpose, vision, values, and strategic objectives of a healthcare organisation. At the top, the purpose is stated as "Improve Life Chances and Health Outcomes." Below it, the vision describes the goal of becoming the most integrated care organisation in the NHS. The values listed are "Ambition, Respect, Compassion," followed by the Improvement System, labelled "Improving Together."At the base, the Strategic Objectives: The 3 P's are shown in three coloured sections:
Patients (Pink): "To be Good or Outstanding in everything we Do," with key aspects like Safe, Effective, Caring, Responsive, Well-Led, and Use of Resources.
People (Blue): "To Cultivate and Sustain Happy Productive Staff," focusing on Culture, Technology, and Physical Environment.
Population (Purple): "To Work Seamlessly with Our Partners to Improve Care and Lives," emphasising Community First, Integration in the Care System, Social and Economic Regeneration, and the Green Plan.

Alignment to Local and National Frameworks

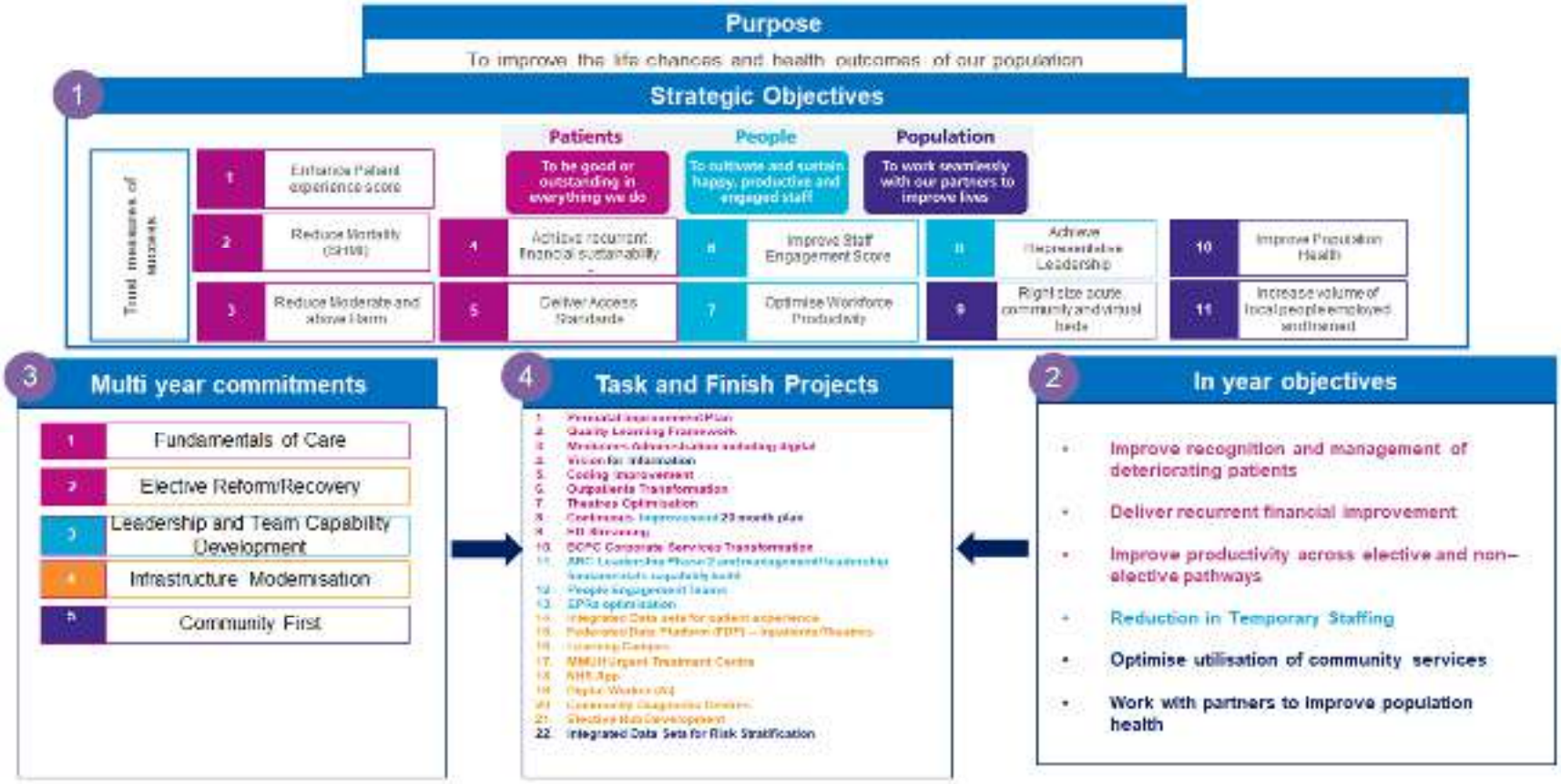
In developing this plan, we have aligned with national frameworks including:

- **NHS England operational planning guidance 20 and NHS Oversight Framework.** This sets out targets to be achieved by all types of services and organisations in the NHS to improve quality and access.
- **Care Quality Commission (CQC).** The standards set out by NHS England align with and inform the Care Quality Commission quality standards. Our Patient strategic objective is to be Good or Outstanding in everything we do, therefore our annual objectives address key areas to improve our overall CQC rating.
- **NHS Staff Survey.** Our People annual objectives, like our overall People plan, directly aligns to the national People plan.
- As with our five-year strategy, we have considered other long-term frameworks such as the **NHS Long Term Plan, NHS IMPACT (Improving Patient Care Together)** and the **Five-Year Joint Forward Plan** in our Black Country Integrated Care System.

Strategic Planning Framework

This annual plan sets out what we need to deliver in the next 12 months to continue to improve and ultimately achieve our five-year strategy. Our annual plan for 2025/26 is set out in the Strategic Planning Framework (SPF), which acts as a plan on a page and sets both long term , in-year improvements and short-term task and finish projects, aligned to our 2022-27 strategy.

SWBT Strategic Planning Framework 2025/26 Final



Alt-Text (Accessibility): A structured strategic framework for SWBT (Sandwell and West Birmingham Trust) for 2025/26, focusing on improving health outcomes for the population. The framework is divided into four main sections:
Strategic Objectives (Top Section)
Patients: Enhance patient experience, reduce mortality (SHMI), reduce moderate and above harm, achieve financial sustainability, and deliver access standards.
People: Improve staff engagement, optimise workforce productivity, and achieve representative leadership.
Population: Right-size acute, community, and virtual beds, improve population health, and increase local employment and training.
In-Year Objectives (Right Section) Key goals include better management of deteriorating patients, financial improvements, increased productivity across elective and non-elective pathways, reduction in temporary staffing, optimising community service utilisation, and working with partners to improve population health.
Multi-Year Commitments (Left Section) Focus areas include Fundamentals of Care, Elective Reform/Recovery, Leadership and Team Capability Development, Infrastructure Modernisation, and Community First.
Task and Finish Projects (Bottom Section)
A list of specific improvement initiatives, including perinatal care, quality learning framework, workforce projects, leadership programs, and digital data integrations. Logos for NHS and Sandwell and West Birmingham NHS Trust are positioned in the top right, and the "Patients, People, Population" branding is in the top left. The color-coded sections differentiate between priorities for clarity.

Our measures of success

The Strategic Planning Framework (SPF) sets out how we drive improvement against our long-term goals (measures of success), which we will track over multiple years. These are the key metrics that show if our strategy is working, and we are improving life chances and health outcomes.

	Measures of success	Why is this important?
Patients	**Enhance Patient experience score**	Measuring patient experience helps make sure we are meeting the needs and expectations of patients, building trust, satisfaction and continually improving services.
	Reduce Moderate and above Harm	Reducing harm is crucial for patient safety, ensuring that healthcare practices minimise risks and adverse outcomes, thereby improving overall quality of care.
	Achieve recurrent financial stability	Removing our underlying financial deficit and getting a financial surplus is essential for keeping services running smoothly, allowing us to invest in resources, infrastructure, innovations to better serve patients and communities. In 2025/26 the focus is meeting the targets within our deficit plan and achieving national standards on productivity and reducing reliance on the use of temporary staffing.
	Deliver Access Standards	Making sure we consistently meet access standards required nationally means patients get the care they need when they need it, leading to better health outcomes and happier patients. These will be updated annually in line with national guidance. In 2025/26, key targets include: • Reduce the time people wait for elective care, improving the percentage of patients waiting no longer than 18 weeks for elective treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement. • Improve performance against the cancer 62-day and 28-day Faster Diagnosis Standard (FDS) to 75% and 80% respectively by March 2026 • improve A&E waiting times and ambulance response times compared to 2024/25, with a minimum of 78% of patients seen within 4 hours in March 2026. Category 2 ambulance response times should average no more than 30 minutes across 2025/26. • improve patients' access to general practice, improving patient experience. • improve patient flow through mental health and acute pathways, reducing average length of stay in adult acute beds, and improve access to children and young people's (CYP) mental health services, to achieve the national ambition for 345,000 additional CYP aged 0 to 25 compared to 2019. *source: NHS England*

	Reduce Mortality	Reducing avoidable mortality is a fundamental indicator of care quality and safety. Higher-than-expected mortality rates highlight potential issues in clinical pathways, responsiveness, or system reliability, and addressing them is essential to delivering safe, effective care for our patients.
People	**Improve Staff Engagement score**	If staff are happier, we are more likely to retain them and be more productive, which ultimately leads to better care for patients.
	Optimise Workforce Productivity	Monitoring and optimising workforce capacity ensures that teams have the right number of skilled staff to deliver high-quality care, improving resilience and maintaining service levels.
	Achieve Representative Leadership	Ensuring there is diversity in leadership helps us make better decisions, it reflects the people we serve and ensures everyone's voice is heard.
Population	**Right size acute, community and virtual beds.**	The Trust has successfully improved patient flow and reduced bed use through innovative models like Frailty at the Front Door and Virtual Wards. However, some physical and virtual services are not yet fully utilised, which could lead to extra pressure on acute services if not addressed. The focus this year is on maximising the use of existing services to enhance patient care.
	Improve population health	Facilitating more preventative care in long-term conditions stops the exacerbation of clinical conditions and avoidable use of health and care services. Through a targeted approach, this ultimately helps to narrow the gap in health outcomes between different population groups. This is part of our commitment to the NHS Core20plus5 framework and reducing health inequalities.
	Increase volume of Local People employed and trained	Employing and training local people helps us to connect with our community, creates jobs, and it means we can provide healthcare that's tailored to local needs.

To impact these measures of success, we have three areas of improvement:

- **In-year objectives**, which are our most impactful improvement areas this year. Everyone in the Trust can contribute in some way to achieving these.
- **Multi-year commitments**, which are our long-term strategic changes.
- **Task and finish projects**, which are the key changes to be delivered this year. These either support a multi-year commitment or an in-year objective.

Our in-year objectives for 2025/2026

The table below sets out the 6 in-year objectives to be achieved by 1 April 2026. These have been identified through data analysis, problem solving tools and stakeholder engagement to determine the most impactful areas to focus on.

By focusing on these 6 indicators, we can use the power of everyone in the organisation working together. These in-year objectives drive multiple strategic objectives. Our Clinical Groups and their teams will be the driving force behind these objectives.

In-year objective	Illustrative Performance Measures	Why is this important?
Improve Recognition and management of deteriorating patients	Improve compliance against NEWS scores: • Compliance with recording of NEWS2 scores (e.g. % of patients with complete and timely NEWS2 observations). • Timely escalation based on NEWS2 trigger (e.g. % of cases where escalation occurred within policy timeframes). • Use of structured response tools (e.g. % of cases where SBAR or structured communication was used during escalation).	Ensuring early recognition and intervention for patients who are getting worse keeps them safe, allows us to catch problems early, and helps us avoid serious complications, which means better care and outcomes for everyone.
Deliver recurrent financial improvement	Deliver against recurrent cost improvement in line with our deficit plan.	Achieving recurrent financial improvement means we can keep providing services, spend money on what's needed, and ensure we're using our resources wisely while still providing the best care possible.
Improve Productivity across Elective and Non-Elective pathways	Achieve production plan as agreed in the 25/26 financial plan and National targets: • Production Plan Delivered (Elective & Non-Elective) • Theatre Utilisation Rate • RTT Performance • Income vs Activity Plan (Elective & Non-Elective)	Doing more during each session of care and sticking to our plan helps us use our time and resources well, reduces waiting times for patients, and makes sure as many patients as possible get the care they need when they need it.
Reduction in Temporary Staffing	Deliver against the whole time equivalent (WTE) budget and Pay cost budget: • Pay Cost vs Budget. • WTE vs Budgeted Establishment • Agency Spend • Bank spend. • % of Rostered Hours Covered by Agency / Bank	Effective workforce control ensures that staffing levels align with patient demand, optimising productivity, building resilience, maintaining quality of care, and promoting a positive work environment.

Optimise utilisation of Community services	Model for Virtual and Community Beds: • Virtual Ward Occupancy Rate • Referrals to Virtual Wards/ admission avoidance. Seamless Criteria-Led Transfer from Acute to Community Beds • % of Acute Patients Discharged to Community Beds via Criteria-Led Pathway	Optimising the use of community bed capacity — both virtual and physical — is essential to reducing unnecessary hospital stays, improving patient flow, and ensuring people receive care closer to their homes and communities. Despite investment in high-quality services, underutilisation reflects missed opportunities to relieve acute pressure and deliver more personalised, localised care. Gaps in daily operational processes and clarity around post-hospital care pathways, particularly in areas like West Birmingham, contribute to inefficiencies, delays, and avoidable strain on acute services. Unlocking the full potential of community capacity is critical to building a sustainable, integrated system that supports patients in the right place, at the right time.
Work with Partners to improve population Health	Strategic Shift to Prevention. Delivery of Prevention strategy • Proportion of spend on prevention vs reactive care (per place) Integrated, Place-Based Working • Population satisfaction with co-ordinated care. Infrastructure for Collaboration and Intelligence • Reduction in duplicated contacts, assessments or referrals	Improving population health is critical to creating a sustainable health and care system that supports people to live longer, healthier lives. Without a strong focus on prevention, the system faces rising levels of long-term conditions, late diagnoses, and widening health inequalities — all of which lead to increased demand for intensive and reactive care.

Annex 1 shows how these objectives align into our governance structure, including alignment to the Board committees.

Multi-year Commitments

The table below sets out the Multi-year Commitments which will drive the organisation forward in achieving our 3 P's (Patients, People, population) strategy. These are the central pillars of transformational work that will take several years to complete. Within these, a series of Task and Finish Projects are identified each year to be delivered.

	Multi-year Commitment	Why is this important?
Patients	Fundamentals of Care	Focusing on getting the basics of care right keeps patients safe, respects their dignity, and ensures they get good care every time they need it.
	Elective Reform/Recovery	Elective reform and recovery is vital to restoring timely access to planned care, reducing waiting lists, and improving patient outcomes and experience. Delays in elective treatment can lead to avoidable deterioration in health, reduced quality of life, and greater demand on urgent and emergency services. Recovery alone is not enough — sustained reform is needed to build a more resilient and responsive system that offers flexible capacity, streamlined pathways, and personalised care. By transforming how elective care is delivered — including through digital tools, high-volume hubs, and pathway redesign — we can better meet rising demand, reduce inequalities in access, and ensure long-term sustainability for patients and the health and care system.
People	Leadership and Team Capability development	Looking after our people well means we can create a good working environment, help staff develop and feel valued, which helps them do their jobs better and make sure patients get the best care possible.
	Infrastructure Modernisation	Modernising our infrastructure is essential to delivering safe, effective, and sustainable care in the 21st century. Ageing estates and outdated digital systems limit our ability to provide high-quality services, constrain productivity, and increase operational risk. By investing in fit-for-purpose buildings, digitally enabled care environments, and interoperable IT systems, we can create a more agile, efficient, and patient-centred health and care system.
Population	Community First	We are host and lead of the Sandwell Health and Care Partnership and West Birmingham Locality Partnership, respectively. These partnerships support residents with their health, social care and community needs. They have been formed to improve health and wellbeing and reduce health inequalities for all people who live and work within our rich, diverse and multicultural communities. The partnerships will refocus care towards more preventative, primary and community models of care. Elements of our Strategic Planning Framework will be delivered together with our Placed Based Partnerships.

Task & Finish Projects

The table below sets out the projects that we need to deliver by 1 April 2026. These have been identified as the 'must do's' this year through development of our in-year objectives and multi-year commitments.

		Task & Finish Project	Why is this important?	Link to In Year Objective/ Multi-Year Commitment/ Trust Measure of Success	How will we measure this?
Patients	1	**Perinatal Improvement Plan**	Improving perinatal care reduces avoidable harm, improves outcomes for mothers and babies, and addresses known inequalities in access and experience. It supports delivery of national priorities and ensures safer, more personalised care.	**Fundamentals of Care**	Stillbirth and neonatal mortality rates. Compliance with the Saving Babies' Lives Care Bundle Patient experience and feedback (e.g. FFT, surveys)
	2	**Quality Learning Framework**	A strong quality learning framework helps the organisation learn from incidents, feedback, and data to continuously improve care, reduce harm, and support a culture of openness and improvement.	**Fundamentals of Care** **Improve Recognition and management of deteriorating patients**	% of incidents with completed learning and actions. Staff survey scores on learning culture and psychological safety. Evidence of learning themes driving quality improvements
	3	**Medicines Administration including digital.**	Safe and effective medicines administration reduces harm, supports clinical outcomes, and ensures patients receive the right treatment at the right time. Digitally enabled systems improve safety, accuracy, and efficiency.	**Fundamentals of Care**	Medication administration error rates (including severity).
	4	**Vision for Information**	A clear, shared vision for information enables better decision-making, improved patient care, and stronger system integration through timely, accurate, and accessible data.	**Infrastructure Modernisation**	Adoption of the agreed information strategy across partners. % of services using shared data platforms or dashboards Evidence of data driving service improvements or clinical decisions
	5	**Coding Improvement**	Accurate clinical coding ensures correct income, supports performance monitoring, and enables reliable data for planning and improvement.	**Deliver recurrent financial improvement**	Clinical coding accuracy rate (audited). % of coded activity completed within agreed timeframe. Improvement in income linked to coding quality

	6	Outpatients Transformation	Transforming outpatient services improves access, reduces unnecessary appointments, and ensures patients receive the right care, in the right setting, at the right time. It also helps manage rising demand and supports long-term sustainability.	Improve Productivity across Elective and Non-Elective pathways. Optimise utilisation of Community services	% of outpatient appointments delivered virtually or via PIFU New-to-follow-up ratio. Utilisation of Community services Outpatient DNA rate
	7	Theatres Optimisation	Optimising theatre use increases elective capacity, reduces cancellations and delays, and ensures we make best use of our most resource-intensive clinical space. It is critical to meeting demand, reducing waiting lists, and improving patient flow.	Improve Productivity across Elective and Non-Elective pathways.	Theatre utilisation rate (% of scheduled time used for operating) Theatre productivity: Number of cases per session or per list (adjusted for case mix)
	8	Continuous Improvement 20-month plan	A structured improvement plan builds the capability, culture, and infrastructure needed to drive sustainable change. It ensures that improvement is not ad hoc but embedded and aligned to strategic priorities across the organisation.	Leadership and Team Capability development	% of staff trained in improvement methodology Number of active improvement projects aligned to Trust priorities. Evidence of measurable impact from completed improvement work (e.g. cost savings, quality gains, outcome shifts)
	9	ED Streaming	Effective ED streaming ensures patients are quickly directed to the most appropriate service, reducing pressure on emergency departments, shortening wait times, and improving safety and experience for both patients and staff.	Community First Deliver Access Standards Right size acute, community and virtual beds.	Emergency Access Standards.
	10	BCPC Corporate Services Transformation	Transforming corporate services within the BCPC (Black Country Provider Collaborative) enables more efficient, standardised, and collaborative corporate functions improving value across the system.	Deliver recurrent financial improvement. Optimise Workforce Capacity	Efficiency in Corporate services
People	11	ARC Leadership Phase 2 and management/leadership	Developing and retaining compassionate and skilled leaders and colleagues is essential to an effective organisation. This year will see the development of module two of the programme after the success of module 1 on compassionate leadership.	Leadership and Team Capability development	% of leaders completing ARC Phase 2 or equivalent development Improvement in staff survey scores related to leadership and management. Evidence of leadership-led improvement projects delivering measurable impact

	12	People Engagement Teams	People Engagement Teams help build a more inclusive, responsive, and supportive workplace by strengthening the connection between staff and the organisation. They play a vital role in improving morale, retention, and the overall staff experience.	Leadership and Team Capability development	Improvement in staff survey scores related to engagement and inclusion. % of teams with active People Engagement Team involvement or champions Retention or turnover rates in areas supported by the teams
	13	EPR's optimisation	Optimising the EPR ensures clinicians can access and document information efficiently, improving patient safety, reducing duplication, and enabling better decision-making across the system. This improves the quality, safety, and coordination of patient care by ensuring that clinical information is accurate, timely, and accessible at the point of care.	Infrastructure Modernisation	% of medications reconciled and prescribed electronically on admission and discharge Time to access and complete key clinical documentation (e.g. discharge summaries, handovers) Reduction in clinical incidents related to documentation, prescribing, or information access.
Infrastructure Modernisation	14	Integrated Data sets for patient experience	Integrating patient experience data from multiple sources provides a richer, real-time understanding of what matters to patients. It enables faster, more targeted improvements in care quality, equity, and experience across pathways and settings.	Enhance Patient experience score	Use of integrated insights to inform service changes or quality improvements Increase in response rates and representation across patient groups (e.g. by age, ethnicity, condition) Improvement in patient experience scores in targeted areas following action based on integrated data.
	15	Federated Data Platform (FDP) – Inpatients/Theatres	A Federated Data Platform enables real-time, joined-up insight across inpatient and theatre settings, improving patient flow, surgical planning, and resource use. It supports safer, more efficient care by helping staff make faster, data-driven decisions.	Infrastructure Modernisation	Reduction in elective cancellations due to flow or planning issues Improvement in theatre scheduling efficiency (e.g. reduced late starts, improved utilisation) Faster discharge planning decisions enabled by real-time inpatient data access
	16	Learning Campus	The Learning Campus will develop a skilled, confident, and future-ready workforce by providing accessible, high-quality education and training. It supports better patient	Infrastructure Modernisation	Improvement in patient care indicators linked to trained competencies.

			care by ensuring staff have the knowledge and capability to deliver safe, effective, and compassionate services.	**Leadership and Team Capability development**	% of staff completing mandatory and role-specific clinical training Staff-reported confidence and preparedness to deliver safe care (linked to training impact)
	17	**MMUH Urgent Treatment Centre**	The MMUH UTC will improve access to timely urgent care, reduce pressure on the emergency department, and ensure patients are seen and treated in the most appropriate setting. This supports safer, faster care and better patient flow across the hospital.	**Infrastructure Modernisation** **Deliver Access Standards**	% of patients seen, treated, and discharged from UTC within 2 hours Reduction in non-urgent attendances to ED Patient satisfaction with timeliness and appropriateness of care received in UTC.
	18	**NHS App**	The NHS App empowers patients to manage their health more proactively by providing access to appointments, records, and test results. It improves communication, supports self-management, and reduces avoidable contact with services.	**Infrastructure Modernisation**	Increase in patients accessing their health information via the app (e.g. test results, appointments) Reduction in missed appointments (DNAs) linked to app use. Patient-reported experience of using the NHS App to manage care
	19	**Digital Worker**	Digital workers (automation tools like RPA – robotic process automation) free up clinical and administrative time by handling repetitive tasks, allowing staff to focus more on direct patient care and improving service responsiveness and efficiency.	**Infrastructure Modernisation**	Reduction in administrative delays affecting patient care (e.g. faster discharge letters, referrals processed) Staff time released and redirected to patient-facing activities. Improvement in turnaround times for key patient processes (e.g. test result entries, booking updates)
	20	**Community Diagnostic Centres**	Community Diagnostic Centres bring vital tests closer to where people live, improving early diagnosis, reducing hospital footfall, and speeding up access to treatment. They support faster, more equitable care and help reduce pressure on acute diagnostic services.	**Infrastructure Modernisation**	Time from referral to diagnostic test (for key pathways) % of diagnostics delivered in community settings vs acute

					Patient satisfaction with access, location, and timeliness of CDC services
	21	Elective Hub Development	Developing a dedicated Elective Hub increases protected capacity for planned care, reduces waiting times, and minimises cancellations caused by emergency pressures. It supports timely treatment, better outcomes, and a more resilient elective recovery.	Infrastructure Modernisation	Reduction in waiting times for key elective procedures (e.g. RTT performance) Number of elective cancellations due to lack of capacity or flow issues Utilisation rate of elective hub theatres and beds
Population	22	Integrated Data sets for Risk Stratification	Integrating data for risk stratification helps identify patients most at risk of deterioration, admission, or poor outcomes. It enables earlier intervention, targeted care, and better use of resources to improve patient safety and population health	Infrastructure Modernisation	Number of high-risk patients identified and proactively managed. Reduction in unplanned admissions or ED attendances among stratified cohorts Timeliness and completeness of data feeding into risk stratification tools.

Annex 2 shows how these task & finish projects align into our governance structure, including Executive Sponsors.

Risks and Mitigations

The following risks to the delivery of the plan have been identified.

	Risk	Risk Rating	Mitigation
ERF	There is a risk that due to both the ERF cap and the volume of activity required to hit constitutional targets, the income gap drives a further increase in the trusts CIP target.	**16- High**	
Workforce	There is a risk that due to the scale of the transformation, delivery of the wte reduction is not achieved.	**16- High**	
	There is a risk that due to the volume of wte reduction there is a potential negative impact on delivery of Clinical Services.	**16- High**	
	There is a risk of additional non-recurrent expenditure due to MARS and voluntary/ compulsory redundancy schemes.	**20- High**	
	There is a risk of reduced productivity due to the uncertainty and change around workforce transformation.	**16- High**	
	There is a risk of delays in decision making at a system and central level due to the reductions in workforce at the ICS and NHS England.	**20- High**	
Digital Infrastructure	There is a risk that due to restricted capital and revenue funding the organisation misses the opportunity to implement digital options for increased clinical and operational productivity.	**12- Moderate**	Rephasing of works and prioritisation of projects. Seek external funding from national bids such as Frontline Capability.
	There is a risk that due to a variety of digital infrastructure, the corporate transformation programme is delayed or requires significant funding to implement.	**16- High**	Conduct an audit, standardise systems, develop a phased roadmap and allocate funding to prevent delays and excessive costs.
	There is a risk that due to the corporate services transformation programme and a reduction in staff morale, the digital and informatics delivery programme is adversely impacted.	**9- Moderate**	Implement proactive engagement, clear communication, staff support initiatives, workload prioritisation, and resource optimisation.

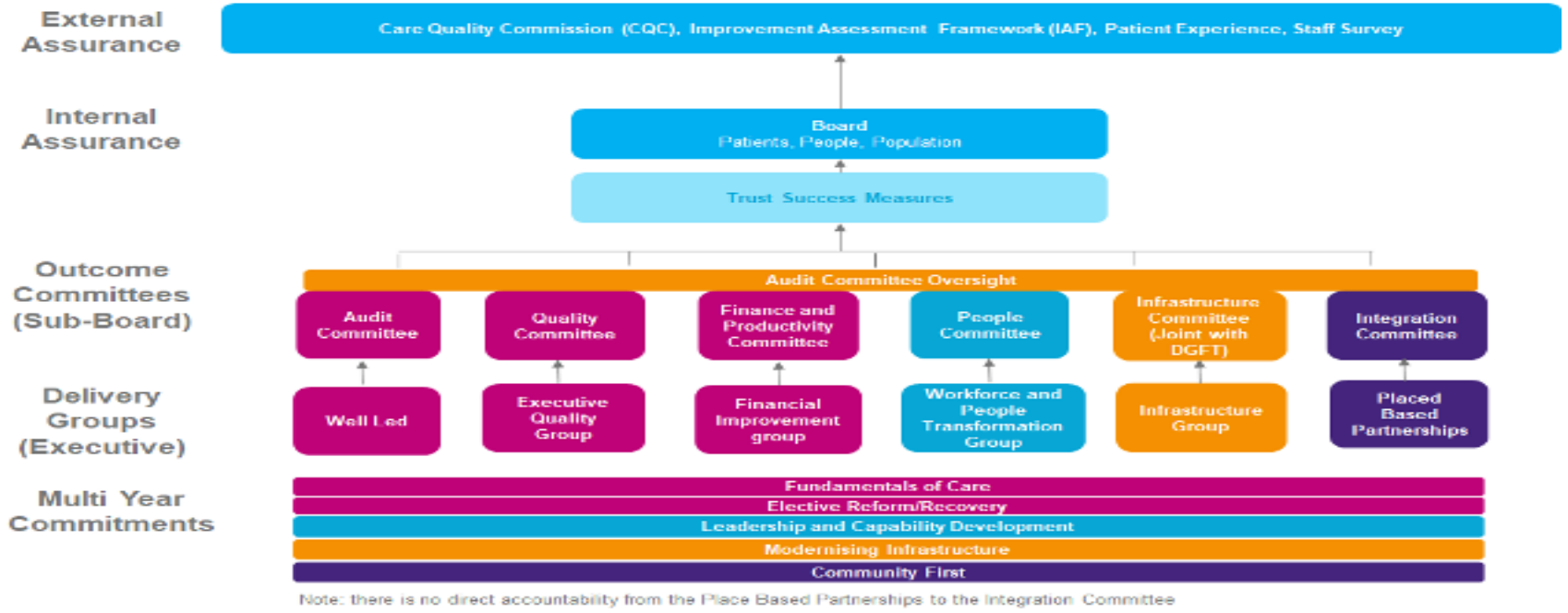
	Risk	Risk Rating	Mitigation
Estates	There is a risk of delay to delivery of the Elective Hub at Sandwell due to unforeseen estates implications.	**6- Low**	EQUANS completing assessment of works in advance of capital approval to improve timeline.
	There is a risk of pressure to the trust's capital budget due to high levels of estates backlog maintenance.	**16- High**	Priority projects £24m, trust total £18m, estates total tbc. Rephasing of works and reprioritisation.
	There is a risk that we do not undertake the opportunity to reduce estate footprint due to a low appetite for significant estates change.	**12- Moderate**	Working through estates strategy plans, deliverability likely in subsequent years
	There is a risk of unforeseen additional capital spend due to the required RAAC works.	**6-Low**	External funding, currently in design stage

Governance

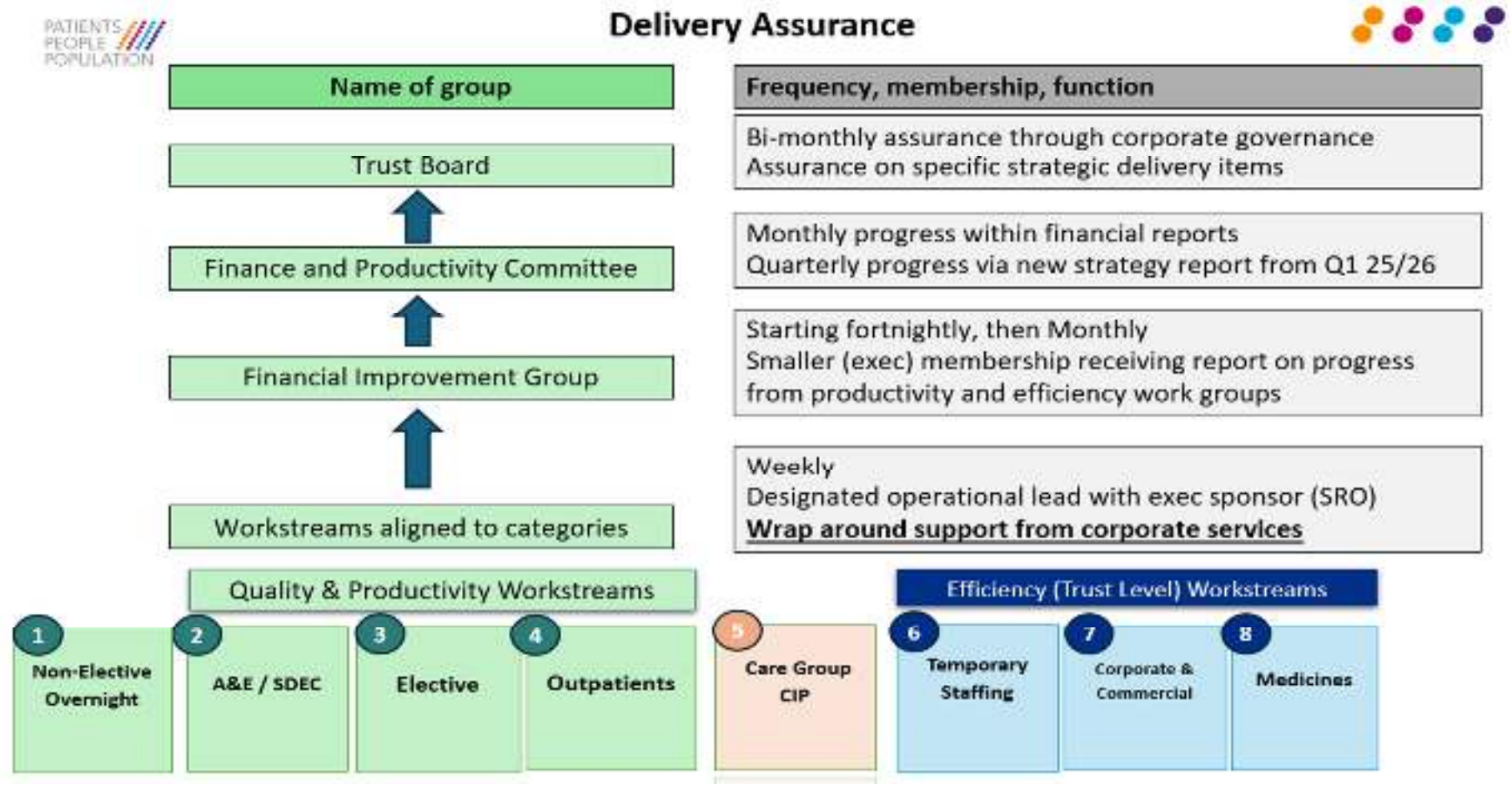
Our priorities for 2025/26 make it clear what we are trying to achieve. To deliver the plan, we must embed this focus and accountability throughout the organisation by creating a delivery rhythm.

Annex 1 overviews how the annual plan aligns to our governance structure.

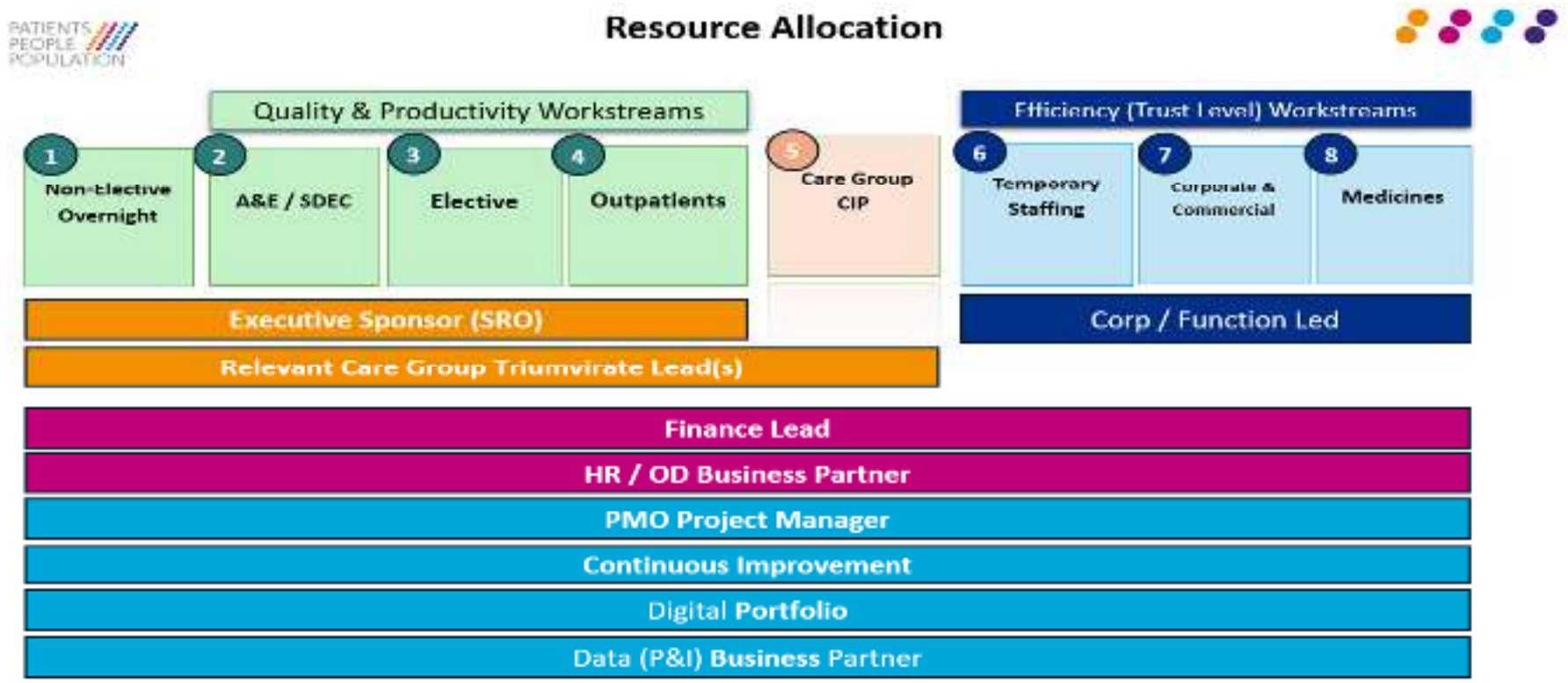
Annex 1: Governance of Annual Plan



Annex 1.1 Delivery Assurance of Delivery of Operational Plan (In Year Objectives : Deliver Recurrent Financial Improvement and Reduction in Temporary staffing)



Annex 1.2 Resource Allocation to underpin delivery of the Operational Plan (In Year Objectives : Deliver Recurrent Financial Improvement and Reduction in Temporary staffing)



Annex 2: Governance of Task & Finish Projects

	Committee	Task & Finish Project	Executive Sponsor
Patients	Quality	1.Perinatal Improvement Plan	Chief Nursing Officer / Chief Medical Officer
	Quality	2.Quality Learning Framework	Chief Nursing Officer / Chief Medical Officer
	Quality	3.Medicines Administration including digital.	Chief Nursing Officer / Chief Medical Officer
	Finance and Productivity	4.Vision For Information	Executive Director for IT & Digital
	Finance and Productivity	5. Coding Improvement	Executive Director for IT & Digital
	Finance & Productivity	6. Outpatient Transformation	Chief Operating Officer
	Finance & Productivity	7. Theatres Optimisation	Chief Operating Officer
	Quality	8. Continuous Improvement 20-month plan	Executive Director for IT & Digital
	Finance & Productivity	9. ED Streaming	Chief Integration Officer
People	People	10. BCPC Corporate Services Transformation	Chief People Officer
	People	11. ARC Leadership Phase 2 and management/leadership	Chief People Officer
	People	12. People Engagement Teams	Chief People Officer
	People	13. EPR's optimisation	Executive Director for IT & Digital / Digital Director
Infrastructure Modernisation	Quality Committee/ Infrastructure Committee	14.Integrated Data sets for patient experience	Chief Nursing Officer/ Executive Director for IT & Digital
	Infrastructure Committee/ Finance and Productivity	15.Federated Data Platform (FDP) – Inpatients/Theatres	Chief Operating Officer/ Executive Director for IT & Digital
	Infrastructure Committee/ People Committee	16.Learning Campus	Chief People Officer
	Infrastructure Committee	17.MMUH Urgent Treatment Centre	Chief Integration Officer
	Infrastructure Committee	18.NHS App	Executive Director for IT & Digital/ Digital Director
	Infrastructure Committee	19.Digital Worker	Executive Director for IT & Digital / Digital Director
	Infrastructure Committee	20.Community Diagnostic Centres	Chief Integration Officer/ Chief Operating Officer
	Infrastructure Committee	21. Elective Hub Development	Chief Operating Officer
Population	Integration	Integrated Data sets for Risk Stratification	Chief Integration Officer

Annex 3 : Financial Plan 2025-2026

Sandwell And West Birmingham Hospitals NHS Trust (SANDWELL / RXK)

Statement of comprehensive income	Expected Sign	04FCTYTY	04PLANM01	04PLANM02	04PLANM03	04PLANM04	04PLANM05	04PLANM06	04PLANM07	04PLANM08	04PLANM09	04PLANM10	04PLANM11	04PLANM12	04PLANCY
		Forecast Outturn 31/03/2025 Year Ending £'000	Plan 30/04/2025 Month 1 £'000	Plan 31/05/2025 Month 2 £'000	Plan 30/06/2025 Month 3 £'000	Plan 31/07/2025 Month 4 £'000	Plan 31/08/2025 Month 5 £'000	Plan 30/09/2025 Month 6 £'000	Plan 31/10/2025 Month 7 £'000	Plan 30/11/2025 Month 8 £'000	Plan 31/12/2025 Month 9 £'000	Plan 31/01/2026 Month 10 £'000	Plan 28/02/2026 Month 11 £'000	Plan 31/03/2026 Month 12 £'000	Plan 31/03/2026 Year Ending £'000
Operating income from patient care activities	+	715,592	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,021	60,020	720,251
Other operating income	+	53,253	5,326	5,326	5,578	5,578	5,578	5,578	5,578	5,578	5,578	5,578	5,578	6,002	71,638
Employee expenses	-	-497,262	-41,111	-41,111	-41,140	-40,717	-40,647	-40,200	-39,736	-39,644	-39,620	-39,495	-39,280	-39,364	-482,509
Operating expenses excluding employee expenses	-	-253,957	-25,555	-25,554	-25,541	-24,803	-24,615	-24,258	-24,043	-23,897	-23,524	-23,332	-23,154	-22,820	-291,290
OPERATING SURPLUS/(DEFICIT)	+/-	27,654	-1,019	-1,019	-784	442	731	1,489	2,219	2,606	2,933	3,120	3,413	3,848	18,030
FINANCE COSTS															
Finance income	+	2,712	241	241	241	241	241	241	241	241	241	241	241	262	2,880
Finance expense	+/-	-2,999	-233	-233	-233	-208	-206	-205	-208	-208	-209	-236	-205	-215	-2,509
PDC dividend expense	+/-	-14,220	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-1,692	-20,304
NET FINANCE COSTS	+/-	14,511	1,680	1,680	1,680	1,650	1,650	1,660	1,650	1,650	1,660	1,653	1,660	1,665	19,920
Other gains/(losses) including disposal of assets	+/-	210	0	0	0	0	0	0	0	0	0	0	0	0	0
Share of profit/(loss) of associates/joint ventures	+/-	0													0
Gains/(losses) from transfers by absorption	+/-	0													0
Movements in fair value of investments, investment property, financial liabilities and finance lease receivables	+/-	0													0
Corporation tax expense	-	0													0
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	+/-	12,925	-2,679	-2,678	-2,444	-1,217	-598	-171	560	997	1,273	1,461	1,753	2,185	-1,890

Adjusted financial performance	Expected Sign	04FCTYTY	04PLANM01	04PLANM02	04PLANM03	04PLANM04	04PLANM05	04PLANM06	04PLANM07	04PLANM08	04PLANM09	04PLANM10	04PLANM11	04PLANM12	04PLANCY
		Forecast Outturn 31/03/2025 Year Ending £'000	Plan 30/04/2025 Month 1 £'000	Plan 31/05/2025 Month 2 £'000	Plan 30/06/2025 Month 3 £'000	Plan 31/07/2025 Month 4 £'000	Plan 31/08/2025 Month 5 £'000	Plan 30/09/2025 Month 6 £'000	Plan 31/10/2025 Month 7 £'000	Plan 30/11/2025 Month 8 £'000	Plan 31/12/2025 Month 9 £'000	Plan 31/01/2026 Month 10 £'000	Plan 28/02/2026 Month 11 £'000	Plan 31/03/2026 Month 12 £'000	Plan 31/03/2026 Year Ending £'000
Surplus/(deficit) for the period/year	+/-	12,925	-2,679	-2,678	-2,444	-1,217	-598	-171	560	997	1,273	1,461	1,753	2,185	1,890
Add back all I&E impairments/(reversals)	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Adjust (gains)/losses on transfers by absorption	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Surplus/(deficit) before impairments and transfers	+/-	12,925	-2,679	-2,678	-2,444	-1,217	-598	-171	560	997	1,273	1,461	1,753	2,185	-1,890
Remove impact of DEL I&E impairments/reversals	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Remove capital donations/grants/peppercorn lease I&E impact	+/-	6,640	212	211	211	210	210	208	209	216	205	209	207	211	2,515
Prior period adjustments to correct errors and other performance adjustments	+/-	0													
Remove net impact of consumables donated from other DHSC bodies	+/-	0													
Remove loss recognised on peppercorn lease disposals	+/-	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Remove PFI revenue costs on an IFRS 16 basis	+/-	7,366	717	717	718	719	719	718	718	719	719	718	717	715	8,600
Add back PFI revenue costs on a UK GAAP basis	+/-	-8,290	-770	-769	-770	-763	-768	-770	-769	-763	-772	-769	-763	-767	-9,225
Adjusted financial performance surplus/(deficit)	+/-	2,651	-2,528	-2,516	-2,286	-1,054	-428	-16	717	1,154	1,428	1,618	1,908	2,342	0
Adjusted financial performance excluding Non Recurrent Deficit Funding															
Adjusted financial performance surplus/(deficit)	+/-	2,651	-2,528	-2,516	-2,286	-1,054	-428	-16	717	1,154	1,428	1,618	1,908	2,342	0
Less Non-Recurrent Deficit Funding	-	-41,292	-3,046	-3,046	-3,046	-2,340	-3,046	-3,046	-3,046	-2,340	-3,046	-3,046	-3,046	-3,042	-35,549
Adjusted financial performance surplus (deficit) excluding Non-Recurrent Deficit Funding	+/-	-38,641	-5,555	-5,565	-5,331	-4,135	-3,818	-3,061	-2,329	-1,883	-1,818	-1,428	-1,138	-700	-35,549

Annex 4 : Workforce Plan 2025-2026

Planned Monthly Staff in Post 2025/26

	Baseline		Planned Staff in Post (SIP)												Plan
	SIP Outturn	Establishment													Establishment
	Year End Mar - 25	Year End Mar-25	Month End Apr-25	Month end May-25	Month End Jun-25	Month End Jul-25	Month End Aug-25	Month End Sep-25	Month End Oct-25	Month End Nov-25	Month End Dec-25	Month End Jan-26	Month End Feb-26	Year End Mar-26	Year End Mar - 26
Total Workforce	8,411.51	8,040.35	8,243.28	8,220.21	8,237.09	8,125.74	8,104.60	8,064.47	7,895.32	7,739.13	7,711.97	7,843.74	7,864.58	7,693.35	7,693.15
Total Substantive	7,335.38	8,040.35	7,353.18	7,370.97	7,397.89	7,418.64	7,439.48	7,460.31	7,433.15	7,405.97	7,378.81	7,419.64	7,440.48	7,441.40	7,693.15
Total Bank	948.28		805.07	764.21	764.21	642.09	600.11	550.18	415.17	300.15	300.15	398.10	398.10	240.12	
Total Agency	127.85		85.03	85.03	74.99	65.01	65.01	53.98	47.00	33.01	33.01	26.00	26.00	11.83	

Annex 5 : Activity Plan 2025-2026

25/26 Planning Elective Activity- SWBH

Outpatient Activity

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Outpatient procedures - ERF definition		15,787	15,787	16,577	16,155	15,787	17,388	16,155	15,787	16,577	16,577	15,787	17,388
Outpatient first attendances without a procedure - ERF definition		19,741	19,741	20,726	22,703	19,741	21,716	22,703	19,741	20,726	20,726	19,741	21,716
Outpatient follow up attendances without procedure - ERF definition		26,454	26,454	27,776	30,422	26,454	29,099	30,422	26,454	27,776	27,776	26,454	29,099
Percentage outpatients follow-up without a procedure		42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68	42.68
Consultant-led first outpatient attendances (Spec		20,063	20,063	21,066	23,072	20,063	22,069	23,072	20,063	21,066	21,066	20,063	22,069
Consultant led follow up outpatient attendances (Spec acute)		24,079	24,079	25,283	27,691	24,079	26,487	27,691	24,079	25,283	25,283	24,079	26,487

Elective Spells

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total number of specific acute elective spells in the period		3,426	3,426	3,597	3,939	3,426	3,769	3,939	3,426	3,597	3,597	3,426	3,769
Total number of specific acute elective day case spells in the period		2,939	2,939	3,086	3,379	2,939	3,233	3,379	2,939	3,086	3,086	2,939	3,233
Total number of specific acute elective ordinary spells in the period		487	487	511	560	487	536	560	487	511	511	487	536
Total number of specific acute elective day case spells in the period of which children under 18 years of age		310	310	325	356	310	341	356	310	325	325	310	341
Total number of specific acute elective ordinary spells in the period of which children under 18 years of age		52	52	54	60	52	57	60	52	54	54	52	57

Diagnositics

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Diagnostic Tests - Magnetic Resonance Imaging		3,534	3,700	3,034	3,059	2,902	3,046	3,208	3,892	3,198	3,659	3,116	3,525
Diagnostic Tests - Computed Tomography		5,286	5,491	5,401	5,620	5,315	5,511	5,324	5,285	4,901	5,204	4,524	4,963
Diagnostic Tests - Non-Obstetric Ultrasound		5,720	5,793	6,846	7,526	6,262	6,633	6,231	6,307	5,319	6,522	5,980	6,606
Diagnostic Tests - Colonoscopy		312	272	241	265	289	264	259	293	298	362	298	312
Diagnostic Tests - Flexi Sigmoidoscopy		66	62	76	99	66	64	69	75	67	101	67	66
Diagnostic Tests - Gastroscopy		324	315	314	283	401	326	288	314	270	329	294	324
Diagnostic Tests - Cardiology - Echocardiography		1,170	1,163	1,019	1,102	909	963	943	791	703	1,075	911	1,132
Diagnostic Tests - DEXA Scan		116	157	191	155	157	165	195	91	119	158	174	102
Diagnostics Tests - Audiology		978	1,022	1,128	1,031	950	860	910	843	820	867	1,018	878

25/26 Planning Access Targets- SWBH Trajectories

Cancer 31 day performance

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Booked in Target		165	173	159	161	172	147	181	165	144	156	150	161
Total		171	179	165	167	178	153	187	171	149	162	156	167
% Performance Trajectory		96.49%	96.65%	96.96%	96.41%	96.63%	96.08%	96.79%	96.49%	96.64%	96.30%	96.15%	96.41%
Actual Performance	92.75%												

Cancer 62-day pathways.

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Booked in Target		110	117	99	108	111	96	124	110	95	104	105	101
Total		150	163	137	149	144	131	169	154	132	143	141	134
% Performance Trajectory		73.33%	71.78%	72.26%	72.97%	77.08%	73.28%	73.61%	71.43%	71.97%	72.73%	74.47%	75.37%
Actual Performance	68.61%												

Cancer 28 day waits (faster diagnosis standard)

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Informed In Target		1328	1250	1210	1400	1340	1285	1342	1289	1219	1358	1354	1325
Total		1730	1607	1561	1795	1723	1635	1693	1642	1538	1718	1702	1655
% Performance Trajectory		76.76%	77.78%	77.51%	77.95%	77.77%	78.55%	79.27%	78.50%	79.30%	79.05%	79.55%	80.06%
Actual Performance	79.30%												

Time to first attendance, waiting for first event and of those waiting less than 18 weeks.

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Seen in Target		16572	16572	16572	16572	16572	16572	16572	16572	16572	16572	16572	16572
Total		29946	29472	28999	28525	28051	27577	27103	26629	26156	25682	25208	24734
% Performance Trajectory		55.34%	56.23%	57.15%	58.10%	59.08%	60.09%	61.14%	62.23%	63.36%	64.53%	65.74%	67.00%
Actual Performance	58.79%												

% of Patients on a PIFU pathway

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Total outpatient attendances (all TFC; consultant and non consultant led)		71,388	71,388	74,957	82,096	71,388	78,526	82,096	71,388	74,957	74,957	71,388	78,526
Number of patients moved or discharged to a PIFU pathway		928	1,142	1,424	1,806	1,785	2,199	2,545	2,427	2,773	2,998	3,212	3,926
% Performance Trajectory		1.30%	1.60%	1.90%	2.20%	2.50%	2.80%	3.10%	3.40%	3.70%	4.00%	4.50%	5.00%
Actual Performance	1.29%												

Referral to Treatment Time

	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
RTT waiting list - total		67,811	67,083	66,355	65,627	64,899	64,171	63,443	62,715	61,987	61,259	60,531	59,803
RTT waiting list - total children under 18		6,418	6,325	6,396	6,030	6,046	5,961	5,580	5,457	5,635	5,352	5,273	5,266
RTT waiting list - less than 18 weeks		35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888	35,888
RTT waiting list - less than 18 weeks children under 18		3,562	3,542	3,613	3,437	3,476	3,469	3,264	3,203	3,319	3,174	3,149	3,153
% Performance Trajectory		52.92%	53.50%	54.08%	54.66%	55.30%	55.93%	56.57%	57.22%	57.90%	58.58%	59.29%	60.01%
Actual Performance	55.30%												