Our Trust Strategy 2022-2027

Background

In April 2022 the Sandwell and West Birmingham Trust Board signed off the 2022-2027 organisational strategy. Key to this strategy was recognising that we couldn't achieve everything at once, that we needed to set ourselves up to succeed, and that the safe and effective opening of the new Midland Metropolitan University Hospital (MMUH) would take an enormous amount of effort. On this basis our strategy set out what we wanted to achieve before opening MMUH and what we would then focus on afterwards.

In the last 3 years we have delivered much of what we set out to do before opening the new hospital. We have further work to do on cost control and will continue to improve the staff journey from recruit to retire, reflected in staff engagement and involvement scores. Whilst we have agreed our approach to implementing Continuous Improvement we now need to implement and embed it systematically.

In October and November of 2024 we opened the new hospital, communicated the change to our whole population and moved our patients and the majority of our people into it. MMUH provides maternity, children's and inpatient adult services to half a million people in a state of the art facility. MMUH's location in Smethwick was a blank canvas for social and economic regeneration in our communities, which should now drive improved life chances and ultimately, health outcomes. MMUH is a once in a generation opportunity to transform care delivery and our workforce.

Whilst this move may seem like the end of a 17 year journey it is really just the beginning. The building is an enabler, that has already, and will continue to deliver the benefits that will be the Return on Investment for the significant investment made. It underpins who we are as an organisation and the ambition that we have for our patients, our people and our population. It sits alongside other major improvements that the organisation has made which include:

- the implementation of a new electronic patient record (Unity) in 2019;
- the huge shift to providing services closer to home through integrated working with local care partners in Sandwell and in West Birmingham (our Places);
- the collaborative working relationships we have formed with our partner Trusts in the Black Country Integrated Care System (ICS).

On the whole we now have an infrastructure to be proud of**, one that separates acute care from the majority of elective care**. We have begun to transform our care model, delivering more in the community ourselves, and have reduced our rate of admissions to hospital by working with partners in the community – a direction of travel we can very much anticipate in the new 10-year NHS Plan. We have begun to consolidate services across the Black Country where it is better, faster and safer for patients, to do so. Working with partners we have made strides in providing apprenticeships, accommodation and support to young people in our community, they have, in turn, become valuable members of our workforce. We have learned what a Continuous Improvement System truly is and what it takes to implement it.

With a strong infrastructure in place we will now increase our improvement focus on our philosophy, our processes, our people and our partnerships. These areas will play the biggest part in us delivering the MMUH benefits case and ultimately our purpose, to improve the life chances and health outcomes of our population.

This document is a refresh to the strategy agreed by the Board in April 2022. Its core purpose is to provide clarity around what is most important over the remaining part of the strategy's five-year term.

Context

We are excited about the journey ahead and our ability to improve in the four core external assurances that we set out in our original strategy.

1. Patient Satisfaction, measured by the Friends and Family Test results
2. Staff Experience, measured by the Annual Staff survey and quarterly Pulse surveys
3. Our Care Quality Commission (CQC) rating – CQC regulate whether our services are Safe, Caring, Responsive, Effective, and Well Led. **They also assess whether we are using our resources well**. The CQC assess primary, community and acute services.

   For us to be good or outstanding in all that we do we would need to be in the top half of Trusts for patient satisfaction and staff experience whilst achieving a good or outstanding rating across every service line and every point of delivery. At present we have patient satisfaction scores and staff experience scores in the bottom half of trusts and, although most of our services are rated good or outstanding we are rated "Requires Improvement" overall.

4. The NHS Oversight Framework – this is how NHS England assess the effectiveness of system working in the Black Country Integrated Care System (ICS) and in turn how our Trust is ranked. The NHS Oversight Framework and its measures go beyond the provision of physical care including, in addition, mental health and ambulance services in pursuit of:

- Improving population health and healthcare;
- Tackling inequalities in outcomes, experience and access;
- Enhancing productivity and value for money;
- Supporting broader social and economic development.

For us to be good or outstanding in all that we do we would need to achieve an NHS Oversight Framework score of 1 or 2. At present we are at an NHS Oversight Framework score of 3.

In addition to our current position against the four external assurances:

- the financial position of our Trust and the ICS that we are part of has worsened. We are now one of thirteen Integrated Care Systems under NHS England's Investigation and Intervention (I&I) process.
- we continue the recovery and restoration of our services, in particular our planned care waiting lists;
- we have worsening health in our population, exacerbated further through inequalities of health access and economic opportunity;
- there are high demands on our workforce and, although reducing, we have a high number of vacancies;
- there is a new government, with new ideas and priorities which we will need to consider and where it is valuable to our purpose to do so, implement. Whilst we await a new ten year plan we have received Lord Ara Darzi's summary of the state of the NHS – he points to seven main themes:

    1. **Re-engage staff and re-empower patients** – harness the passion of the staff by a relentless focus on the patient and empowering them;
    2. **Lock in the shift closer to home by hardwiring financial flows** – the money must be put into Primary, Community and Mental Health services to support people with long term conditions;
    3. **Simplify and innovate care delivery for a neighbourhood NHS** – working in integrated teams;
    4. **Drive productivity in hospitals** – through optimisation of workflows and the assets that support them;
    5. **Tilt towards technology** – to support productivity;
    6. **Contribute to the nation's prosperity** – including the reduction of sickness;
    7. **Reform to make the structure clearer** – shift National and Regional management capacity closer to the provision of care.

These themes are not new, we are already working on them:

- For ten years our vision has been around integrated care and we feel that we have made great progress in shifting care closer to home, but with 75% of health outcomes related to the wider determinants of health we still have far to go.
- In 2024/25 we have prioritised building our capability and routines in areas such as rostering, job planning, sickness management, bed census, theatres and outpatients. The

capability and disciplines surrounding these areas are operational fundamentals that we must embed and achieve excellence at so that we can innovate alongside them.

- In 2019 we implemented our new hospital based electronic patient record (EPR) and have since been working to harness its full capability.
- In 2024/25 our people plan has helped us to improve our response rate and scores.

As we look forward we do want to **make a step change in putting the patient at the very heart of everything we do** – our evolving Improvement system, does precisely that. Our ability to continue to evolve in this way will be helped by any National reform that shifts National NHS workforce capacity closer to us, thus directly helping us to deliver our strategy.

As the world around us continues to change we must stay focussed on why we do what we do, where we are heading, how we will work and what we want to deliver.

Strategic Framework

To deliver our strategy we need to be clear about six areas: our purpose, our vision, our values, our continuous improvement system; our strategic objectives and our success measures. These six fundamentals are underpinned by five multi-year commitments – the areas that will support the achievement of our strategy over the next few years.

A visual representation of our strategic framework is set out below:

Purpose

Improve Life Chances and Health Outcomes

Vision

To be the most Integrated care organisation in the NHS and to be part of the most integrated Care system in the NHS

Values

Ambition Respect Compassion

Our Improvement System

Improving Together/ The SWB Way

Our Strategic Objectives: The 3 P's

Patients

To be Good or Oustanding in Everything we Do

- Safe
- Effective
- Caring
- Responsive
- Well-Led
- Use of Resources

People

To Cultivate and Sustain Happy Productive Staff

- Culture
- Technology
- Physical Environment

Population

To Work Seamlessly with Our Partners to Improve Care and Lives

- Community First
- Growing Together in the Integrated Care System
- Social and Economic Regeneration
- Green Plan

Our Trust Success Measures

Enhance Patient Experience Score	Achieve Financial Surplus	Improve Staff Engagement Score	Achieve Representative Leadership	Improve Population Health
Reduce Mortality Reduce Moderate and Above Harm	Deliver Access Standards	Optimise Workforce Capacity	Right Size Acute, Community and Virtual Beds	Increase volume of local people employed and trained

Multi Year Commitments

Fundamentals of Care	Elective Recovery	Leadership and Capability Development	Infrastructure Modernisation	Community First

Purpose

Our Trust has always aspired to be more than a hospital. In fact, we have always aspired to be more than a healthcare provider. This is because we have always believed that by working seamlessly with our population, our people, and our partners we can **"Improve the Life Chances and Health Outcomes of our Population".** This is our purpose.

Vision

Our Vision is to be "the most integrated care organisation in the NHS….**and to be part of the most integrated care system in the NHS**".

We have added "and to be part of the most integrated care system in the NHS" in recognition of the key roles that partnerships within the Black Country and within Birmingham and Solihull have to play and the recognition that our next operating model will be as part of a new **system(s)** operating model.

Our vision remains underpinned by the National Voices (2013) definition for person-centred coordinated care:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me"

Values

In 2022 the Trust Board agreed our three new organisational values.

- **A**mbition - We're ambitious for our communities. We want to make a difference, improving life chances and health outcomes
- **R**espect - We are a place of inclusivity. We value, celebrate and draw strength from the diversity among us, and in our communities
- **C**ompassion – We're a welcoming friendly Trust. We have care, kindness and compassion at our heart.

Our Continuous Improvement System

In 2023 The Trust Board agreed to implement a Continuous Improvement System as the way that we deliver everything. This will take time and effort to embed, in fact the two best practice examples of successful organisations in health internationally are 24 years into their journeys. Our approach is underpinned by the component parts of the NHS Impact Framework, namely:

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours for Improvement
4. Building Improvement capability and capacity

5. Embedding improvement into management systems and processes

Having completed some preliminary work we will launch our Improvement System working with an external partner through the first two years. Implementing this system effectively will be a critical part of our journey if we, and the rest of the NHS are "to become the fastest improving healthcare system in the world".

In the first two years our key priorities will be:

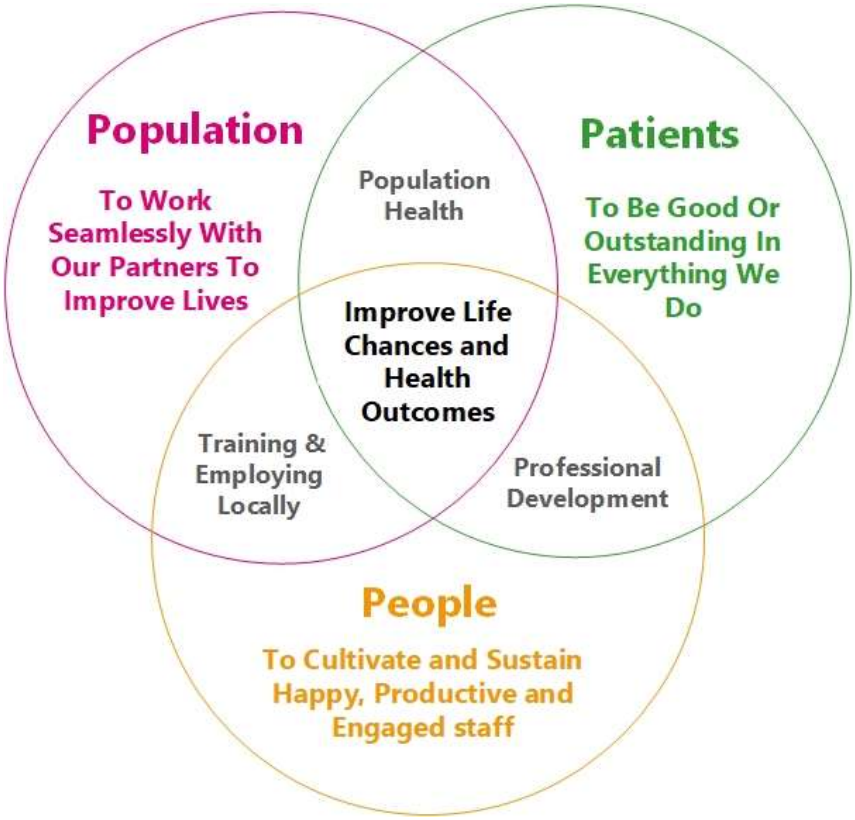
- The formation of our academy and the development of our Improvement hub;
- The development of our Board, our Executive and our Trust Management Committee so that we lead using the Improvement System;
- Successful delivery in key strategic areas through understanding the root cause of issues, the resolution of the root cause and the creation of standard work and leadership behaviours to embed the change.
- The development of our management system that cascades our strategic priorities right through the organisation so that everyone is clear what is most important and can consider how they can best contribute.
- The roll out of capability so that we everyone is aware and increasing numbers are experimenting with tests of change.

Strategic Objectives

The Trust has three strategic objectives:

1. Our **P**atients – to be good or outstanding in everything we do
2. Our **P**eople – to cultivate and sustain happy, productive and engaged staff
3. Our **P**opulation – to work seamlessly with our partners to improve lives

In setting our strategic objectives we have considered how they are linked together. We must deliver improvements in all three objectives if we are to be successful in delivering our purpose. This is shown in the diagram below.



Our Patients – Fundamentals of Care (FoC)

Covering primary care, community care and acute care our **external** assurance measure for the quality of care comes from the Care Quality Commission (CQC). At present the CQC score the Trust as a whole, by site and by area against four levels: Outstanding; Good; Requires Improvement; Inadequate.

Our approach to improving the quality of care that we provide is through our Fundamentals of Care (FOC) framework of which there are 3 core dimensions: relationships, integration of care and the context of care. This framework outlines what is involved in the delivery of safe, effective, high quality fundamentals of care and what this should look like. It is core to our internal approach to assurance.

We have established a plan with 3 elements to deliver this framework:

1. 7 Core Standards - this looks to improve 7 core standards across all areas in a manner that is consistent with our values to: improve patient experience; provide safe care; and achieve the best possible outcomes.

2. 3 methods of assessment –

    a. the **fundamentals of care dashboard** provides a constant, quantitative view of quality performance from ward to trust level by consolidating key performance indicators (KPIs) and metrics. By providing timely data, it supports informed decision making, accountability and continuous improvement to enhance patient care and align services with quality standards

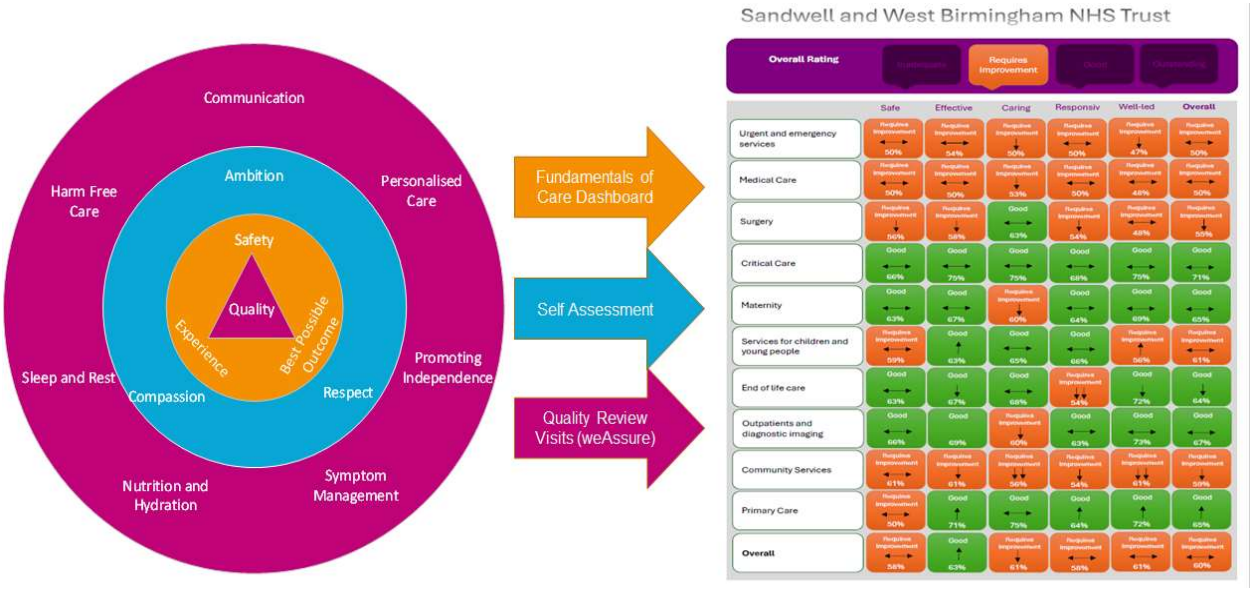
    b. **self-assessment** is a reflective process for the team/service to evaluate and rate themselves on their performance against clinical standards, encouraging

continuous learning, and accountability to improve patient care quality, and align with regulatory and safety standards

c. **quality review visits** combine the analysis of dashboard metrics and the self-assessment results with an internal site visit to conduct a comprehensive evaluation of the service and assign a final rating.

3. The ratings from all services are consolidated to assess the trust's overall internal performance.

The diagram below shows how the these components interact.



Improvements to the fundamentals of care will be driven by three methods:

1. **Ongoing daily improvement** made by local teams. We expect that this method will grow pace as the organisation is developed in our Continuous Improvement approach.

2. A centrally led approach to **improving two** of the Fundamentals of Care Standards, for example "communication" and "harm free care" each year.

3. A specific **intervention** to support a service or ward to make a step change. This would start with a diagnosis of the areas for improvement and then be supported by teams such as the Organisational Development team and/or the Continuous Improvement Academy.

The aim of the fundamentals of care is to elevate each service to a good or outstanding level, which the Care Quality Commission can then validate.

Our Patients – Research and Development

Research advances all aspects of the care and wellbeing of our population, be it by: identifying gaps in treatment options; testing new services, models of care or new treatments; collecting samples for future use; or bringing evidence informed practice into everything that we do.

Evidence shows that research active organisations have better patient outcomes and that patients want to be active contributors to improving care by taking part. Increasing research

knowledge and experience across all staff groups will help to expand this opportunity to more of our patients and local population, provide opportunities for individual staff development, enable clinical role and service development and improve staff experience.

We will continue to embed research into our organisation, working closely with our clinical groups. In doing so we will focus on 4 key areas:

Our Patients – Innovation

Innovation sits at the heart of our evolving improvement system, targeted at eliminating activities that do not add value to our patients. It is the foundation of using resources well by making sure we "**do the right work**".

"Doing the right work" is the starting point for the seven levels of change (Smith, 1997) which is used by the world famous Virginia Mason Institute:

As we look to build everything we do around those we care for whilst improving the use of our resources we use this model to test what we do and how we can best do it.

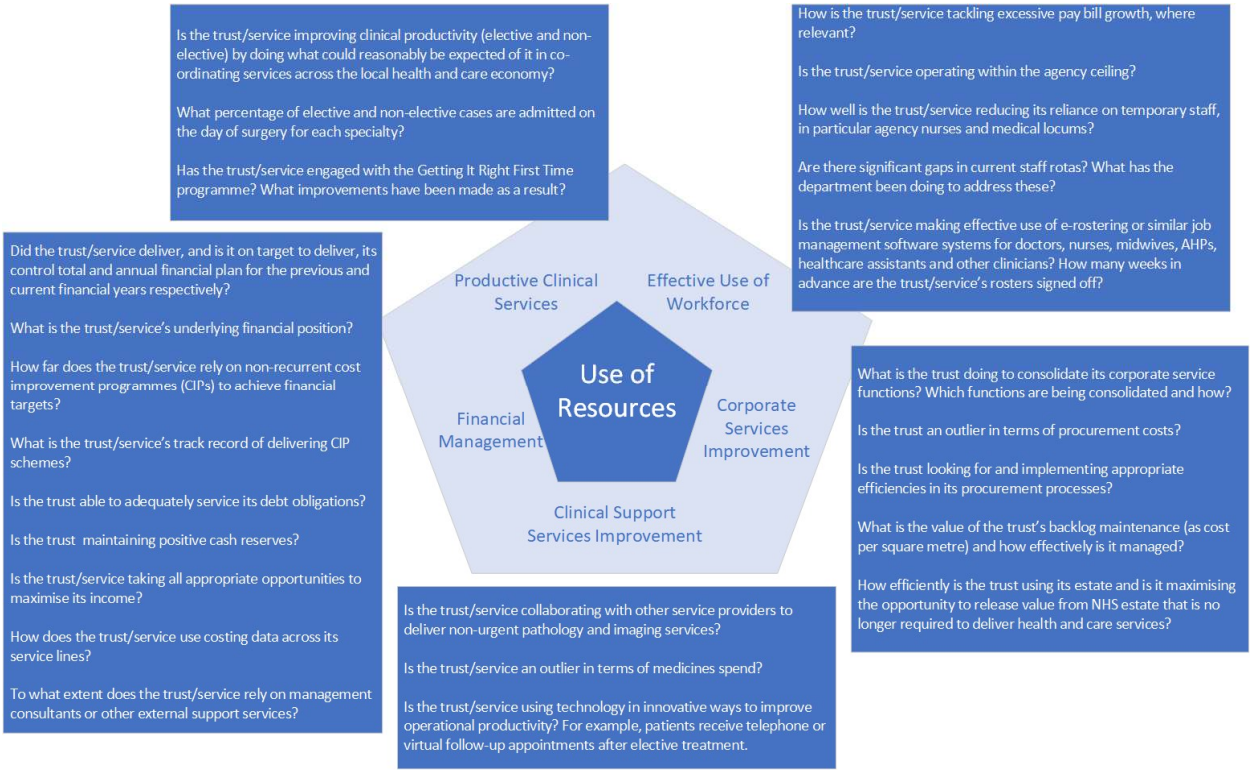
Our Patients - Use of Resources (UoR)

Being good or outstanding at everything we do also includes using our resources well. High quality care can cost less when patients are treated in the right place at the right time and with the right intervention. The inability to do this creates "failure demand" (Seddon, 2008) i.e. additional interventions that, however efficiently they are delivered, should not have been necessary in the first place.

Strategically, the increase in "value demand" and the reduction in failure demand sits at the heart of our desire to be known as a community organisation that also provides hospital services.

In a similar manner to how we have developed a framework for assessing quality using the fundamentals of care framework we will develop an approach to assessing a service's use of resources.

The CQC provides us with a framework to build this on at a local level:



We will use **National data sets**, such as, Getting it Right First Time (GIRFT) and Model Hospital along with **local data sets** such as Service Line Reporting (SLR), Patient Level costings (PLICS), Theatres and Outpatients data, and Rostering and Job Planning to create a quantitative approach to this framework.

Our People – Well Led

In January 2024 the Cara Quality Commission introduced a new Well Led Framework. It has a strong fit with our three strategic objectives. Arguably, becoming Good or Outstanding at Well Led is the very first step to being Good or Outstanding at everything we do.

As a Board we will act on the Well Led self-assessments, triangulating them with feedback from our patients, our staff and our partners to identify improvements that we can make to improve. The delivery of our improvement plan to the Well Led framework will be overseen by our Audit Committee.

Our People - Fundamentals of People

Delivering great care starts with great people; people who are happy, productive and engaged in their work.

Our Employee Value Proposition (EVP) “With you all the way” is the promise we make to our current and future employees. It is built on our strategic objective of cultivating and sustaining happy, productive and engaged staff and is aligned with our values, behaviours, and the core components of our People Plan that create positive staff experience namely Culture, Technology and Physical Environment. We will continue to work in partnership with our trade unions and our Staff Inclusion Networks to deliver these important commitments.

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, motivated 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. These values 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.

During the past 12 months we have:

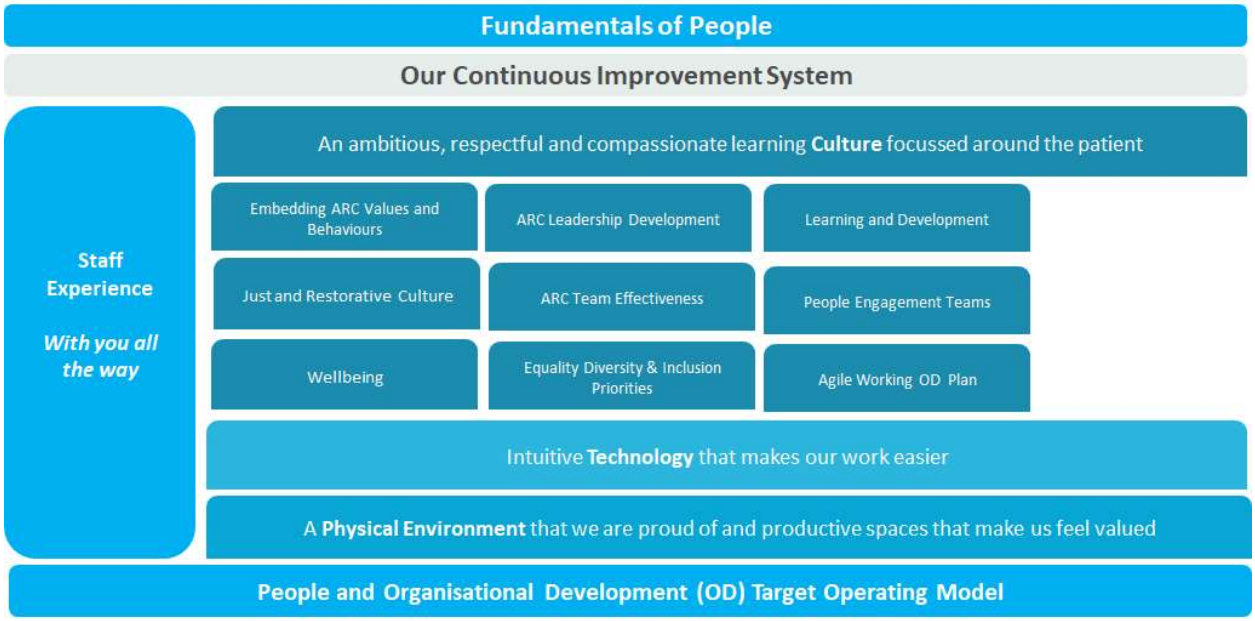
- Delivered our values-based ARC leadership development offer to 458 leaders and over 500 staff.
- Implemented our ARC Team Effectiveness approach (focussed on achieving optimal team performance) to 36 teams initially.
- Launched our new SWB Learning prospectus as the centre point for all our learning and development opportunities.
- Deployed a 'Just and Restorative Culture' which has a focus on creating a safe environment where people have the confidence to raise issues, and enable learning from things that go wrong.
- Launched our Equality Diversity and Inclusion (EDI) Plan 2023-2027 with a focus on empowering staff networks, optimising the EDI team's role, delivering an inclusive recruitment framework, and launching an inclusive talent management programme.
- Established and embedded our People Engagement Teams (PETs) to boost staff engagement and experience within Clinical Groups and Corporate Directorates.
- Implemented an enhanced well-being offer for our staff.

As a result of the work to implement the current SWB People Plan commitments we have already seen improvements across a number of key people performance indicators, specifically:

- The Trust's rolling sickness absence rate has decreased to its lowest comparative position, with a year-on-year (2023-2024) comparison showing a reduction in absence days, to the equivalent of 36.5 FTEs.
- The Trust's vacancy rate has decreased from 13% to 12%.
- The Trust's time to hire for new employees has improved significantly and has overachieved against the target (actual of 61 days v target of 64 days).
- The Trust's rolling 12-month turnover rate has continued to demonstrate a downward trajectory, reaching 11% in September 2024 from a high of 15%.
- The Trust has used no off-framework agency since May 2024.
- The Trust's staff engagement score has improved to its highest level ever in 2024.
- The Trust has seen a reduction in the disproportionate impact of formal HR processes on our Black and Minority Ethnic (BME) Staff, which is a key Workforce Race Equality Scheme duty.

We are committed to driving further improvements across these and the wider portfolio of people performance measures, with robust governance, challenge and support from the Trust's People Committee. We will retain our ambition to be in the top 25% of NHS Trusts, as measured by the annual staff survey.

To achieve this, we are implementing our Fundamentals of People approach, which is summarised below:



We will continue to embed the work to improve staff engagement, experience and productivity, which we know will support improved organisational performance, most importantly the implementation of our Fundamentals of Care and work to continually improve the experiences of our patients and populations, through the following actions:

- Improving the physical environment for our people, to enhance their day-to-day working experience, through our Future Estate (programme), as well as developments in technology and digital skills.
- Creating a supportive, compassionate and inclusive culture, through the 9 major strands of culture programme, delivered at three levels:

  (a) **Individual level**:

  - Strengthening the technical training and development that is provided to our leaders across the organisation, particularly in key technical management and leadership skills. This will be supported by targeted interventions with individual leaders and staff e.g. coaching, mentoring and development in core people leadership skills.
  - Strengthening our systems and approach to supporting healthy attendance at work. This will include launching a transformational app-based platform for absence reporting and management, underpinned by improved access to healthcare interventions, immediate access to self-help support and guidance, as well as the timely and consistent application of policies and processes.
  - Reducing the incidence of staff being subject to formal employment case work, through quicker informal resolution of issues, based on the principles of 'Just Culture'.
  - A refreshed organisation wide training needs analysis (TNA), underpinned by all staff having timely and meaningful appraisals. The Trust is committed to

utilising available training budgets to best effect, to support the professional and personal development of our people.

- Increasingly harness the opportunities that emergent people technology interventions offer for reducing bureaucratic and labour-intensive processes and systems.

(b) Team Level

- Targeted interventions delivered through the ARC Team Effectiveness Programme for teams that require the most support, as captured within the Trust's core people and Organisational Development (OD) performance metrics, as well as within the MMUH people metrics and benefits case.

- Greater flexibility in team structures, ways of working, job and role design. We are committed to supporting our people to work to the "top of their license" and beyond.

(c) **Trust Level**

- Trust wide support to nurture, build and sustain a positive culture of compassion and inclusion e.g. accelerating and further developing the ARC values-based leadership programme to enhance leadership capability throughout the organisation.

- Building on the work we have initiated with the staff networks to support equality, diversity and inclusion; improving representation through our inclusive talent management and recruitment approach.

- Continuing our work with people engagement teams (PETS) to make improvements to our working lives and enhancing our efforts to developing a just and restorative culture.

- Simplifying our processes to help our staff and digitising to embed best practice.

The Learning Campus

We will optimise the unique opportunity that the Learning Campus and our excellent employability programme provides for widening the participation of the local community in training and development for employment within our services and the wider health and care system, thereby supporting longer-term employability, sustainability and prosperity. This will include closer working with our higher and further education partners to deliver our long-term workforce capacity and planning requirements, providing clear, accessible and transparent career pathways for all clinical and non-clinical workforce groups.

Intuitive Technology

We will work to develop our people with great digital and data skills along with ease of access to digital systems and technology that improve care and add value to their work. We will do this by optimising existing systems, automating processes, and integrating systems to provide a more seamless view of the patient pathway.

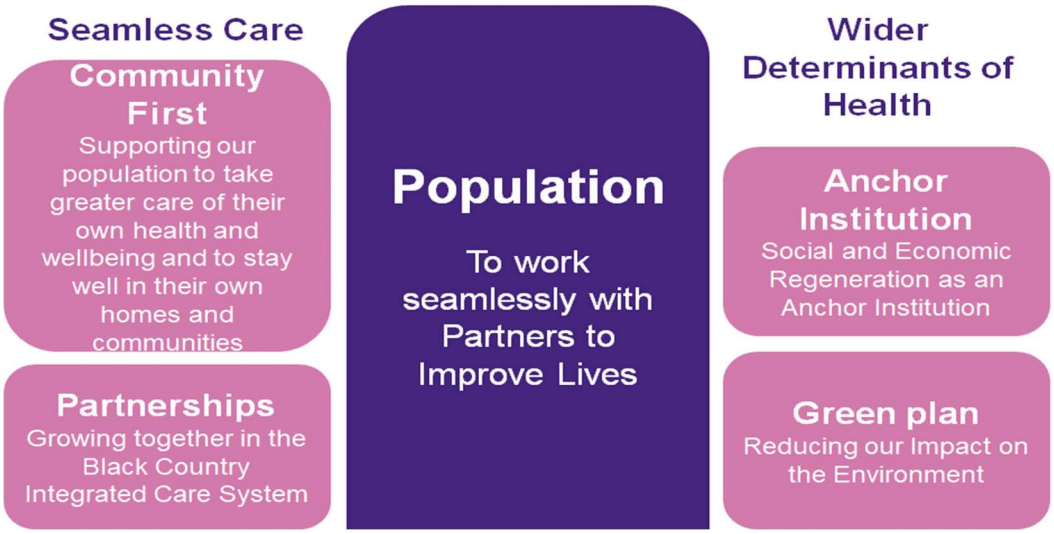
Physical Environment:

Our move to the new hospital will undoubtedly improve the physical environment for those staff that provide acute care. However, it is not our only move: many of our Primary Care, Community and Therapies team have moved to excellent facilities at the Council House in Sandwell; we have consolidated our Corporate Services teams into Trinity House on the Sandwell site; and the health campuses at City and Sandwell will continue to be developed through our Future Estate and our Agile Working Programme which includes supporting our people to work in an agile way across our estate. Our Improvement hub will provide a welcoming forum for staff to think, and to be coached in problem solving whilst providing a venue to run large scale Improvement events.

Our Population

Throughout the last 20 years, life expectancy in the population we serve has remained lower than the national average. As an organisation with primary, secondary and community care services, we are in a unique position to affect the health of our Population.

There are two areas of focus in our Population strategic objective: Seamless Care, and the Wider Determinants of Health.



Seamless Care

As an organization we provide healthcare across the life course through our primary, community and acute services. We are one of the few Trusts in the country to be vertically integrated and this presents opportunities to innovate in the delivery of seamless care for our patients.

This opportunity has been further enhanced by policy changes in the way the health and care sector is structured. This means that we are encouraged to collaborate more with other partners in health and care so that we can deliver services in a more seamless and impactful way. The policy creates three formal collaborative structures:

- The Place Based Partnerships (PBPs) which bring health and social care organisations together a level citizens would recognise as a “Place where they live”. Locally we are part of two Places, the Sandwell Health and Care Partnership and the West Birmingham Locality Delivery Partnership;

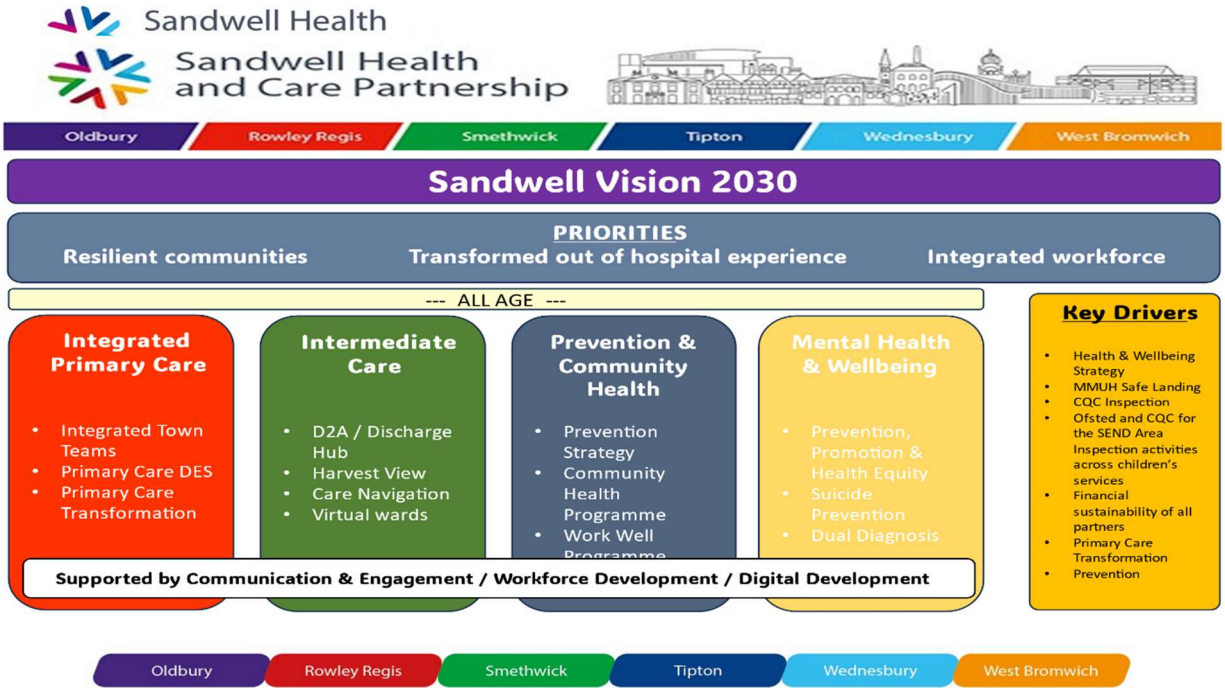
- The Provider Collaboratives (PCs) which bring together two or more NHS Trusts. We are a member of two Trust based provider collaboratives, one in the Black Country Integrated Care System, and the other in Birmingham and Solihull Integrated Care System. In addition, through the General Practice (GP) practices that we run we are a member of the Black Country Primary Care Collaborative (BCPCC).
- The Integrated Care Systems (ICSs), which coordinate working across systems. We are a member of two ICSs: The Black Country; and Birmingham and Solihull.

At Place level (town and neighbourhood**), the focus is upon supporting our population to take greater are of their own health and wellbeing and to stay well in their own homes and communities.**

At a System level focus is upon solving inequalities in service capacity and workforce challenges through collaboration. Together these approaches **will focus on the shift from treatment to prevention and from hospital to community. We refer to this as "Community First".**

We are the host organisation for Sandwell PBP as part of our ICS which covers the Black Country as well as being the host for the West Birmingham Locality, which is part of the Birmingham and Solihull ICS.

Working closer with other providers will bring many benefits to our People, Patients and Population. The **Sandwell Health and Care Partnership** has selected 3 areas of focus over the coming years: Resilient Communities; a Transformed out of Hospital experience; and an Integrated Workforce.



The West Birmingham Local Delivery Partnership is a delivery vehicle of the Birmingham and Solihull Community Care Collaborative. The Collaborative has identified 5 key programmes of work that the Delivery Partnership will contribute to and benefit from.

In West Birmingham the partners are now looking to redefine their priorities as what was previously referred to as the Ladywood and Perry Barr "Place" becomes the West Birmingham Local Delivery Partnership

As we work with partners to improve life chances and health outcomes we will monitor our rate of improvement as well as how we compare to other systems like us.

Wider Determinants of Health

Research tells us that the care that healthcare organisations give only accounts for up to 25% of health outcomes, and other factors such as living and working conditions have a greater impact. As a large organisation that will always be rooted in Sandwell and West Birmingham, we have purchasing and employing power. We can choose to spend our budget and employ locally, which will positively impact our community and its economy. This is known as being an **'Anchor Institution'**. We will use our economic power locally to positively affect the lives of our population.

Through our two places, we will enhance our focus on the wider determinants of health and our role as an anchor institution building on: initiatives such as our Live and Work scheme through St Basil's charity that provides jobs for homeless young people; and harnessing our award winning sustainability team who have developed a Green Plan which will tackle our impact on the environment as part of the national NHS objective to deliver net zero emissions by 2040.

Accountability Framework

Our Well Led, Fundamentals of Care, Fundamentals of People Use of Resources, Research, Development and Innovation and Community First form the basis of our accountability framework.

Through the development of this model and our annual plans and strategic planning framework we can agree areas for improvement with our Clinical Groups and help them to cascade the model deeper in to the organisation through our Personal Development Review (PDR) process.

This approach will also provide the Trust and its service areas with an opportunity to create a single improvement plan, consolidating the findings from internal work with any further external reviews that have been carried out. This will provide local leaders with a level of clarity as to what is most important, connecting operational improvement with strategic vision.

Trust Success Measures

In 2021/22, we started the journey to make our way of measuring and managing our performance simpler and more focused. The first step saw us reduce the volume of targets we monitor at Board Level by 80% to focus on the top 25 metrics which matter the most, known as our 'Board Level Metrics'.

We made sure to align these to national requirements such as the Care Quality Commission and national targets, as well as local targets that we need to improve. We adopted Statistical Process Control (SPC) charts to monitor whether we are making a meaningful difference and we benchmark our performance against other NHS Trusts.

In line with the development of Continuous Improvement System we have further refined this number to just 11 measures. These measures link to our strategic objectives. We refer to them as our Trust success measures.

These success measures are:

	Measures of success	Why is this important?

Patients	**Enhance Patient experience score**	Understanding our patients priorities and measuring patient experience helps make sure our services are meeting the needs and expectations of patients, building trust and satisfaction.
	Reduce Mortality	We cannot eliminate mortality but we can work to ensure that our hospital mortality rates are not any higher than would be expected based on of average England figures, given the characteristics of the patients that we treat.
	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. Whilst aiming to reduce harm it is important that we encourage our staff to report harm when it does happen, this is crucial for learning.
	Achieve financial surplus	Removing our underlying financial deficit and getting a financial surplus is essential for keeping services running smoothly, allowing us to make long term investments into resources, infrastructure, innovations to better serve patients and communities
	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.
People	**Improve staff engagement score**	If staff are happier, they're more likely to stay in their jobs, run services better, which ultimately leads to better care for patients.
	Optimise Workforce Capacity	Monitoring and optimising workforce capacity ensures that teams have the right number of skilled staff to deliver high-quality care, preventing burnout and maintaining service levels.
	Achieve representative leadership	Making sure our leadership mirrors that of our population increases our connectivity to the people that we serve whilst ensuring that there is diversity in thinking.
Population	**Right size acute, community and virtual beds**	Minimising unnecessary hospital stays and maximising appropriate out-of-hospital care uses our resources better, helps patients get the care they need closer to or at home, and keeps services running smoothly.
	Improve Population Health and Inequalities	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. Facilitating more preventative care in long-term conditions stops the exacerbation of clinical conditions and avoidable use of health and care services.
	Increase the 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.

Multi Year Commitments

Our strategy is underpinned by five multi-year commitments – these are long term programmes of work aimed at putting in the new capabilities required for the organisation to develop and to achieve its objectives. As we continue to prioritise and focus these multi-year commitments supercede the six enablers that we outlined in our initial five year strategy and the eight multi-year commitments that we set out in our 2024/25 strategic planning framework (SPF). They are:

1) **The Fundamentals of Care**

Through our systematic approach to the delivery of the Fundamentals of Care we will continue to pursue an end goal of achieving a Good or Outstanding CQC rating across the six domains and in all areas of the Trust along with patient experience scores in the top 25% of NHS Trusts.

2) **Elective Recovery**

Now that we have consolidated our acute care at MMUH and separated it from the majority of our elective care we expect to make huge strides in our elective throughput from our Sandwell and City health campuses. This will help us to accelerate the pace at which we reduce our waiting times and improve the care that we provide to our planned care patients. Further improvements will be driven through vertically integrated working in our Places and horizontally integrated working with our Collaboratives.

Five key initiatives underpin how we will enhance elective productivity and reduce waiting times:

1) In line with the Getting it Right First Time programme (GIRFT) working with our partners in the Black Country ICS the development of **Elective hubs** in the North and the South to streamline and standardise the delivery of elective services. We anticipate that the Sandwell Health Campus is a prime opportunity to support for the South, adhering to the GIRFT principles of 6 day operating, 48 weeks per year, 2.5 sessions per day and 85% theatre utilisation.

2) As our elective and non-elective care increases and shifts from hospital to community we must be able to match the demand with our diagnostic capacity and capability. We will look to develop **Community Diagnostic Centres** that provide all patients with a co-ordinated set of diagnostic tests in the community and in as few visits as possible, enabling a fast diagnosis on a range of clinical pathways.

3) **Transforming Outpatients services** so that patients can be seen more quickly and access and interact with our services in a way that better suits them.

4) Enhancing our processes and technology around scheduling to optimise what we do when our patients do need an outpatient or theatre appointment. This will include the move from locally built scheduling tools to Nationally mandated systems such as the **Federated Data Platform.**

5) Specific interventions to find new models of care where we simply don't have the capacity to deal with the current demand. This could include partnering across the Black Country or broader, working with the private sector or harnessing National programmes such as NHS Emeritus Consultants that draws on retired Consultants to provide additional capacity.

Each of these initiatives help us to provide better, faster and safer care in line with the vision of the Black Country Provider Collaborative.

Elective recovery will be further driven through the creation of Community Diagnostic Centres and through Outpatients transformation initiatives

3) Leadership and Capability Development

We will set a tone of compassionate, inclusive and competent leadership. Whilst the Board and the Executive are our formal leaders, we need leaders at all levels of the organisation. We will develop all our leaders: clinical and corporate; junior and senior; aspiring and established. Our leadership improvement journey includes embedding management fundamentals such as demand and capacity planning and effective rostering. Leadership development is an essential component in making our strategy a reality in our everyday work.

The best healthcare organisations have been shown to have a culture of continuous quality improvement. This means that our People, as well as our Patients and Population, have the time, ability, and the means to make positive changes in our services. We will adopt a clear and inclusive approach to continuous quality improvement. Staff across all levels of the organisation will be trained in quality improvement skills so that we have a shared way of doing things, making it easier to work together and have a positive impact on care delivery.

Alongside our Improvement system we must improve how we deliver programmes and projects so that we set up to succeed, do what we say we are going to do in the time that we set out to do it and deliver the value that we set out to deliver. Alongside our delivery we will develop an approach to evaluation to support our learning and to potentially reverse investments where they do not deliver the intended outcomes.

4) Infrastructure Modernisation (Digital and Estates)

Lord Darzi's report set out the importance of accelerating the NHS digital journey from its current foothills in order to harness the true opportunity that **the shift from analogue to digital** presents. The investment to and delivery of our Digital Plan will support this vision and the strategic objectives of our Trust:

- For patients to have ease of access to and use of digital tools to the information they need to manage their health and ill-health and more easily navigate and interact with our services, and ensuring **we reduce digital inequalities** through supporting an increase in provision of tools and knowledge.

- For our people to have great digital skills and ease of access to digital systems and technology that **improve care, enhance productivity** and add value to their work, through optimising systems, automating processes, and integrating systems to provide a more seamless view of the patient pathway.

- For our population to be supported to live within a community in which their health and well-being needs are understood and supported through greater access to health data, to receive care out of hospital as much as possible using digital tools and when requiring an intervention **for their care to be coordinated**.

- Our **technology will be secure, resilient, and accessible** for our staff and patients, while continuously embracing innovation. As the digital landscape evolves, we will leverage cutting-edge advancements in **Artificial Intelligence (AI), robotics, and automation to enhance patient care**, streamline operations, and improve the overall healthcare experience in our newly built hospital and the wider organisation.

Examples of developments planned over the next two years included:

- Continuing the Wayfinder programme to harness **the NHS App** as the front door of the NHS;

- Harnessing the benefits of workforce technology in areas such as job planning, rostering, **sickness management** and vacancy management.

- Continued optimisation of our each of Electronic Patient Records: Unity (Hospital Care); SystmOne (Primary and Community Care), Medisight (Ophthalmology), Badgernet (Maternity) and other key systems such as PACS ((Imaging) and Omnicell (Pharmacy).

- Implementing the initial tools available through the **NHS Federated Data Platform** that cover: inpatients/theatres, outpatients, referral to treatment; and discharges and looking for further productivity opportunities using artificial intelligence (AI) and automation.

- Reducing paper-based processes by digitising consent (eConsent) and staff records

- The implementation of our Vision for Information which will consolidate all of our data from being in nearly 200 different systems to being in a single data lake. This will help our analysts to work quicker, improve our data quality, help us to triangulate information and ultimately produce an improved level of descriptive, predictive and prescriptive analysis.

- Enhancing remote monitoring through the procurement and deployment of a new system.

We will continue to develop our estate to create something that our staff can be proud of and which constantly helps to improve productivity. Core improvements will include:

- The continued development of accommodation to support our partnership **with St Basil's** at Hallam House, offering apprenticeships and affordable rents with support to any young person whether they have been homeless or not.

- Completing and opening **the Learning Campus** on the MMUH site, developed in conjunction with local education partners as a facility to develop the learning opportunities, skills and new career opportunities for our local population;

- Development of the **Sandwell elective hub**, enabling us to treat more patients requiring planned treatments and surgery.

- Develop a strategic case for the future City site redevelopment which is one of the largest redevelopment zones in Birmingham, inclusive future facilities to support the growth of the Birmingham and Midland Eye Centre (BMEC) originally built in 1996.

- To continue reducing our carbon omissions as part of our Green Strategy and commitment to net zero by 2030.

- To work with partners to further improve transport and connectivity for the local community.

- Completing and opening the **Urgent Treatment Centre** at the Midland Metropolitan University Health Campus.

- Develop Trinity House as a Corporate Services centre for the Trust and establish **an Improvement hub** to act as a central point for our Improvement system development.

5) Community First

At the heart of our move to Community First will be a clinical strategy that identifies new pathways based on **"community by default, hospital by design".** Moving to these new pathways will need to be underpinned by digital innovation and a resource shift to ensure that the opportunities, experience, and clinical and financial benefits achievable through these changes are delivered.

We know that **our Primary Care colleagues are stretched**. The number of General Practitioners (GPs) in the NHS has not grown much since 2015 whilst the population has grown considerably. Nationally, it is projected shortfall of GPs will rise to 8800 by 2030/31. We must continue to work with and support our GPs to keep our citizens well at home, to make sure that our GPs can spend their time doing the most important work and to reduce urgent demand. Our work on the Primary and Secondary Care interface will be important to support this so that we feel like "one team" working to improve the care that we provide together.

We also know that there are **significant challenges facing social care** where jobs are typically low pay, with limited career progression and a shortage of training and qualification standardisation. Nationally vacancy rates are calculated at around 8.3% in 2023/24.

Through our commitment to Community First we will increase the volume of activity that moves from **hospital to community** by working with our own Community Services team, the team in West Birmingham and our Place Based partners.

Our work with partners to fit into MMUH saw us reverse the trend around increasing hospital admissions and begin to make strides into shortening our length of stay, particular through the introduction of our bed census approach. This was only possible because of the new pathways and enhanced capability created in the community.

As we further develop our planning in this area, we are conscious of the huge improvements made by organisations such as Buurtzorg in the Netherlands and Canterbury in New Zealand. We are working with the findings of the Darzi report and will add more detail when the NHS 10-year plan is released in 2025.

As we continue to move towards our vision we will embed our desire to be seen as a community organisation that also runs a hospital.

Our Future Operating Model – Partnerships

The development of our Primary Care and Community services alongside the implementation of our new Electronic Patient Record (Unity) and the opening of MMUH has helped us to move more care into the community and to separate acute care from elective care. These changes signal a new operating model for the Trust.

Our future operating model will be based around our **partnership working**. We have already developed and host our two Place Based Partnerships within Sandwell and West Birmingham and work closely within other organisations in Collaboratives. As our vision states we are now looking to go beyond being the most integrated care organisation in the NHS to become part of the most integrated care system in the NHS. By working together to achieve this we can:

- Reduce differences in access, experience and outcomes by working together;
- Improve population health;
- Enhance productivity and value for money;
- Help the NHS to support broader social and economic development.

Collaborating means that we can bring more benefits to our People, Patients and Population, including how we might bolster our specialised services by bringing them into one team, or improve our poorer services by learning from where it is working well elsewhere. Any proposed changes to service, workforce or organisational form, will be tested against our strategic objectives to establish whether they will help us to achieve them faster or more easily.

One major partnership that will accelerate in the remaining term of this strategy is our relationship with the **Dudley Group NHS Foundation Trust,** a trust that is only 6.3 miles from the Sandwell site. In the North of the Black Country we have seen the Royal Wolverhampton and Walsall Healthcare Trusts working more closely over the last 2 years. We will adopt a similar approach with Dudley. This provides opportunity for improvements, or synergies which include:

- The Dudley Group harnessing the great progress that Sandwell has made in the Community.
- Sandwell and West Birmingham harnessing the great progress that the Dudley Group have made around elective care, enhanced grip and its improvement system.
- The continued progress towards the separation of acute care from elective care and the opportunity to develop shared facilities and services to deliver better, faster and safer care.

Another key partnership development is the **Black Country Corporate Services Transformation Programme**. The members of the Collaborative have set up a programme in response to both national planning guidance and local pressures aimed at supporting financial recovery through the key benefits of improvement, resilience and efficiency.

Our work to commission and open the new hospital has greatly expanded our partnership working. This has enhanced our ability to impact the life chances and health outcomes of our population in the mid/long term.

The Trust is an active member of the Sandwell Anchor Institution Network and has a strong collaborative partnership with Sandwell Council and Birmingham City Council, the West Midlands Combined Authority and the Canal & River Trust based on the foundations of the Smethwick to Birmingham Corridor (development) Framework, inclusive of the Grove Lane area which directly surrounds the MMUH.

The Vision of the Smethwick to Birmingham corridor is **“Making a Healthy Community”**

- The corridor will be a place that people want to live in now and into the future, a place that is aspirational, where people feel proud to live, work, visit and be educated, that is well connected and provides sustainable transport choices, where access to the area's heritage and natural beauty is maximised and a place that forms and bolsters new and existing communities.

The Framework established six principles to guide the delivery of the vision and the corridor's contribution to net zero and inclusive growth. With MMUH now open, the Trust will continue to collaborate and work with partners on the delivery of these principles.

Healthy centres	
Framework We want to protect and enhance Dudley Road and Smethwick High Street local centres as the heart of the communities around them. We want to ensure that commercial or retail development elsewhere does not undermine their function.	**Trust** The Trust's Retail Strategy plans include local employment. MMUH offers indoor and outdoor community space, inclusive of an active arts programme and new community garden. The Trust will look to work with the local community through the Near Neighbours forum to develop the opportunities of MMUH as a community asset.
An active travel exemplar	
With thriving local centres, mixed land uses and public transport links, the corridor has many of the ingredients for 15-minute neighbourhoods in which residents can access most of the facilities they need within 15 minutes' walk. The missing elements currently are walkability and cycling infrastructure. This framework sets the way forward to addressing that.	Working with Sandwell and City Councils who hold primary responsibility for travel plans, the land at MMUH will include bike lanes, connecting Sandwell and routes to Birmingham City Centre through MMUH. The Trust is also delivering extensive bike parking facilities at MMUH and is working with Transport for West Midlands (TfWM) on the extension of the West Midlands Cycle Hire scheme to the site, as well as a Mobility Hub. The Trust is proactive in promoting the use of bikes and carsharing and has e-charging facilities on all of its Health Campus's.
A new hospital as an anchor institution	
We want to integrate the hospital with its surroundings and maximise the improvements it brings to the local area. Benefits include employment, a catalyst for further regeneration, raising the aspirations of the community, and bringing new people into the area.	In collaboration with Sandwell College, Aston and Wolverhampton Universities and the Trust Learning Works, the new Learning Campus will open in 2025. This facility will bring over 1280 new learning opportunities to the local community from entry level to level 7 learning. Ahead of the Learning Campus opening, the Sector Wide Academy Partnership between Sandwell College and the Trust has

	focussed on widening participation and has successfully enabled 200 local residents into employment.
Green new neighbourhoods	
With some of the largest redevelopment sites in the Midlands, most in public ownership, the corridor is an opportunity to demonstrate best practice in design and sustainability. A range of new housing should be provided, while retaining the corridor's character as a family neighbourhood.	The Trusts Estate Strategy includes a desire to increase key worker accommodation and affordable housing for staff. The Trust will work in collaboration with partners to incorporate that into the Corridors strategy, as an enabler to the Trust's People Plan and full staffing aspirations.
A green corridor	
The corridor is defined by its historic arterial transport routes linking Birmingham and the Black Country. The framework sets out how, through new and improved green spaces connected by the canals, the corridor can become a green artery contributing to improving biodiversity and our response to climate change.	The Trust is working in partnership with Sandwell Council on the use of a district heating scheme. The Trust has invested in creating a campus at MMUH which prioritises green space with a bio-diverse and mature landscape open to all. Alongside this the Trust continue to lobby with stakeholders for opportunities to improve the access to and amenity of the adjacent redundant Cape Arm canal spur and its connectivity into the wider blue/green network.
Healthy sense of place	
We want to make the most of and enhance the things that make the corridor distinctive, including its heritage and diversity. This will give people a sense of pride and belonging in the area they live.	The Trust in collaboration with Your City and Metropolitan Hospitals Charity has actively sought to protect and archive the legacy of the old City Hospital and through arts grants, will be able to display artifacts from City Hospital in 2025. The design of MMUH and external art works respect the sites original history and its part in the industrial revolution.

Financial Improvement

The level of Financial Improvement that the Trust and the ICS face is on a scale that we have never seen before. In 2023/24 we have worked hard to re-introduce some of the grip and control that we lost during the pandemic. This will continue to improve into 2024/25. Whilst this work is necessary it is not sufficient.

We will need to deliver improvement and step change at a scale that we have never done before and require a combination of strategic, tactical and operational solutions over a period beyond the life of this strategy.

We must not panic and need to rely on the philosophy of our Improvement system thinking which is underpinned by a focus on the long term. We know that we have plenty of opportunities to improve. These include:

- **The delivery of the MMUH benefits case.** Key areas include: living within our planned bed base, improving elective productivity and optimising our human and digital workforce;
- Working with our partners to deliver services that support people to stay well and take increased responsibility for their own health and wellbeing;
- The development of primary and community services to support people in community based settings and provide ongoing continuity, which for most people will be provided by general practice;
- The freeing up of hospital based specialist resources to be responsive to episodic events and providing specialist advice to primary care;
- **Harnessing our elective hubs to become a provider of choice, delivering more procedures at a lower cost;**
- Consolidating clinical and corporate services across the Black Country to build resilience, enhance value and where appropriate reduce cost;
- Triangulating data in our finance and costing systems, our people systems and our main information systems **to identify where service lines can make a step change in performance and financial improvement;**
- The elimination of activities if they are neither mandatory nor value adding to our patients;
- The removal of waste from supporting processes and once done, the consideration of whether the refined process can be digitised;
- The use of digital for tasks previous done by people so our people can learn new skills and add enhanced value.
- Harnessing the development plots created by our move to MMUH, to redevelop our estate, exploring developer led models to accelerate change where capital funds are not available.

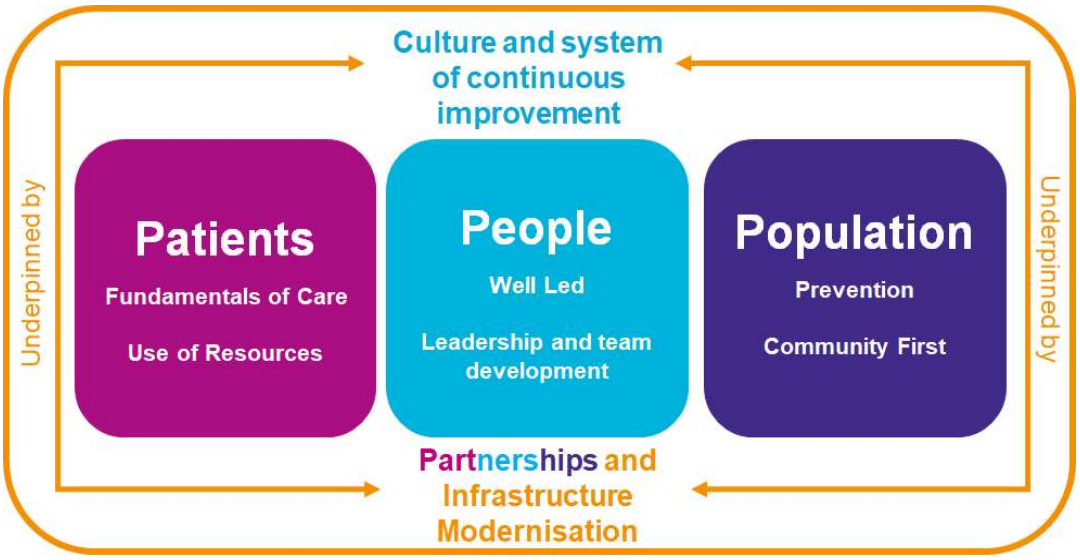
Prioritisation

We cannot do everything at once, so if we are to make meaningful progress on what is most important we must prioritise our key actions. We will therefore use two methods to prioritise what we do:

1) We will make our decisions in line with our strategic anchors that underpin our strategic objectives –
    - For our Patients: improvement based on our Fundamentals of Care Framework, constantly eliminating waste from processes so that we provide high quality care whilst using our resources well.

- For our People: leadership and technical development so that everyone can do their job and improve their job every day helping the creation of a well led organisation and well led service lines.

- For our Population: Community wherever possible ensuring that we can afford the shift by either redirecting resources from elsewhere or seeking suitable incentives.



2) Our Strategic Planning Framework – In 2023/24, as part of our work on our evolving improvement system we introduced a Strategic Planning Framework. This tool helps us to limit and communicate the number of priorities that we put additional effort into in any one year over and above the day to day work so that we increase the chances of successful delivery at the right depth to make a difference. Four components underpin the delivery of our purpose and strategic objectives:

   - Trust Success Measures - our most important long term outcome measures;

   - In Year objectives – the "lead" measures that we most want to improve in any given year as a means to positively impacting our Trust success measures;

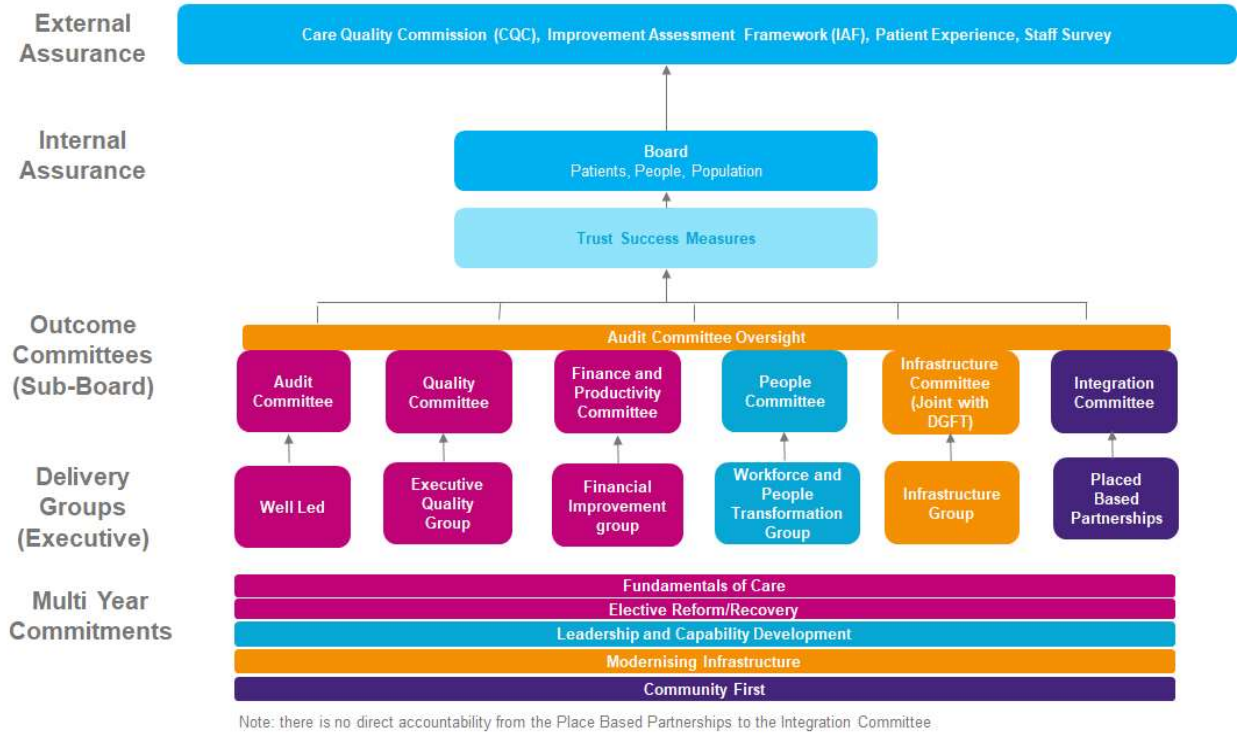
   - Multi Year Commitments – long term programmes of work that move us towards our future vision and operating model;

   - Task and Finish projects – those projects that we will focus on in a particular year to underpin the delivery of an in year objective or the delivery of a new capability as part of the multi-year commitments that moves us towards out future operating model.

   Our Strategic Planning Framework is underpinned by our Improvement system, in particular our approach to doing the right work using structured A3 problem solving. This approach seeks to establish the root cause of issues before investing time and resources into their improvement. It underpins a shift to building our solutions around those we care for and a shift towards logical and deliberate delivery from intuitive and emotional delivery (Kahneman,2011).

Governance

It is our governance that sets out and underpins ‘how’ we will deliver the strategy. Our governance flows from the external assurance mechanisms, such as the Care Quality Commission reviews and the NHS Oversight Framework, to our internal assurance mechanisms such as our Trust Measures of Success. It is the role of our Board Committees to scrutinise our progress against our strategy, and our annual plans which will include the SPF. This structure will drive our improvement against our Patient, People and Population objectives.



Note: there is no direct accountability from the Place Based Partnerships to the Integration Committee