NHS
Sandwell and
West Birmingham
NHS Trust

INTEGRATED ANNUAL REPORT AND ACCOUNTS 2025/26

PATIENTS
PEOPLE
POPULATION

Contents

Foreword

The year 2025/26 has been one of reflection, learning, and renewed focus for Sandwell and West Birmingham NHS Trust.

This marks our first full year of operation at the Midland Metropolitan University Hospital (MMUH), a significant milestone for the Trust and the communities we serve. Over the winter period, as pressures across the system intensified, we saw clear evidence of the benefits of the new hospital model, alongside the strength and resilience of our community services. Together, these have enabled us to better support patient flow and deliver more integrated care.

A particular highlight of the year was the official Royal opening of the MMUH by His Majesty King Charles III. This was a proud and memorable occasion for our organisation, recognising the significance of MMUH not only as a state-of-the-art healthcare facility, but as a symbol of long-term investment in the health and wellbeing of our communities. The visit provided an opportunity to showcase the dedication of our staff, the innovation within our services, and the important role the hospital plays in improving outcomes and reducing inequalities across Sandwell and West Birmingham.

It has also been a pleasure to see the completion of the Learning Campus, a powerful symbol of our ongoing commitment to the #MoreThanAHospital pledge. This continues to play a vital role in creating better life chances for local people, reinforcing the broader impact of MMUH beyond healthcare alone. The MMUH benefits case further illustrates why this new hospital is so important for improving health outcomes and reducing inequalities across our communities.

Our performance throughout the year has been variable, reflecting the complexity of the environment in which we operate. While we have seen areas of strong delivery, we recognise that consistency remains a key challenge. Delivering high-quality care reliably, every day, for every patient is our priority, and we are committed to ensuring that the right processes, behaviours, and standards are embedded across all our services.

The year has also been shaped by important external review and internal learning. The Baroness Amos review into maternity services has been a significant moment for the Trust. We have fully engaged in the investigation and await the final recommendations, and we are committed to delivering meaningful and sustained improvements, particularly in reducing perinatal mortality and strengthening safety, governance, and culture within our maternity services.

At the same time, we are proud of the progress we have made through our improvement initiatives. The launch of our improvement approach marks an important step forward in how we systematically address challenges and drive change. In this, we have benefited greatly from learning and collaboration with colleagues at The Dudley Group NHS Foundation Trust, whose experience has helped inform our journey.

Like many NHS organisations, we have also been impacted by industrial action during the year. I would like to thank our staff for their continued professionalism and dedication to patient care during these periods of disruption. Across the Trust, colleagues have demonstrated our core values of Ambition, Respect and Compassion, which remain central to how we work and how we improve.

Our staff survey results provide valuable insight into the experience of our workforce. While there are areas of positivity, particularly around commitment to patient care, we recognise the need to improve staff experience, engagement, and wellbeing. We are committed to acting on this feedback and creating an environment where our people can thrive.

Financially, we did not achieve our planned position this year. As custodians of public money, we recognise the seriousness of this and our responsibility to improve. However, we end the year with a much clearer understanding of the factors driving our underlying financial challenges, providing a stronger foundation for recovery and more sustainable financial management going forward.

We have a clear plan to focus on community first, invest in our people and culture, make the best use of our resources, lead with prevention and continue enhancing patient care. Central to this is the opportunity presented by our developing Group model with The Dudley Group NHS Foundation Trust. By working more closely together, we can unlock efficiencies, share best practice, and deliver broader transformation that benefits our patients and communities.

As we move into 2026/27, our focus is clear: improving consistency, embedding learning, and delivering safe, high-quality care for all. I would like to close by thanking all our staff for their continued hard work and commitment. With the foundations now in place, and guided by our values, we are well positioned to make meaningful progress in the year ahead.

We would like to take this opportunity to thank our patients, families and carers for their continued trust and engagement with our services. Our sincere gratitude goes to our staff for their dedication and the care they provide every day. We are proud to serve our diverse population and remain committed to improving outcomes and reducing inequalities across our communities. We also thank our partners across health, social care, education and the voluntary sector, whose support and collaboration are vital as we work together to deliver lasting improvement and create better life chances for all.

Thank you

Diane Wake, Chief Executive

Sir David Nicholson, Chair

Performance Report

Overview

This overview provides a concise summary of Sandwell and West Birmingham NHS Trust's performance, key developments, principal risks and priorities during 2025/26. It is intended to help patients, staff, partners, regulators and other stakeholders understand the Trust's operating context, how we have performed against our strategic objectives, and the main factors that have influenced delivery during the year. More detailed information is provided in the Performance Analysis, Accountability Report, Annual Governance Statement and Annual Accounts, and standards are embedded across all our services.

Dr Julian Chavez

Risks and risk management during the year

During 2025/26, the Trust managed a number of significant risks affecting delivery of its strategic objectives and operational performance. These included sustained pressure on urgent and emergency care pathways and elective recovery, financial sustainability and delivery of recurrent efficiency programmes, workforce capacity and productivity requirements, maintaining safe and high-quality services, and risks associated with major organisational change, including the developing Group governance model with The Dudley Group NHS Foundation Trust.

These risks were managed through the Trust's established risk management and assurance arrangements, including the Board Assurance Framework, Corporate Risk Register, Integrated Performance Report, executive management oversight and scrutiny through Board committees. Risks were reviewed during the year by the Executive Team, relevant Board committees and the Trust Board, with escalation and mitigating action agreed where required. Assurance was obtained through routine performance reporting, internal audit, regulatory feedback, CQC inspection outcomes, quality governance processes and committee assurance reports.

The risk profile changed during the year as the Trust moved from the opening of Midland Metropolitan University Hospital into the phase of embedding benefits, stabilising operational delivery and strengthening financial recovery. Quality and safety risks continued to require close oversight, particularly in maternity, urgent and emergency care and patient safety learning. Financial risk remained significant due to the Trust's deficit position and the requirement to deliver recurrent productivity improvements. Workforce risk was affected by national workforce reduction requirements, sickness absence, staff wellbeing and the need to maintain safe staffing. The transition to the Group model introduced additional governance and delivery risks, which were managed through joint governance development, assurance mapping and clearer escalation arrangements.

Further detail on the Trust's principal risks, controls, assurance arrangements and the effectiveness of the system of internal control is set out in the Accountability Report and Annual Governance Statement. Further analysis of operational, quality, workforce and financial performance is provided in the Performance Analysis section of this Annual Report.

The Learning Campus

Our year in review

April 2025

Vaisakhi event

Ambition

The High Sheriff of the West Midlands officially opened what is thought to be one of the longest art galleries in a UK hospital.

The People's Gallery, based at the Midland Metropolitan University Hospital, in Smethwick, measures 288-feet-long and features artwork by local photographers and community organisations. It's funded by Your City and Metropolitan Hospitals Charity.

The Commons, a garden and nature installation, was also opened by Steve Allen, chair and trustee of Your City and Metropolitan Hospitals Charity, the registered charity for the Trust.

The community garden features creations from local people including mosaics, flags and painted stones, with places for the public to sit and rest.

Respect

We celebrated Vaisakhi and Rama Navami at the Trust by holding an event at the Midland Met's Spiritual Centre.

Vaisakhi is one of the most important dates in the Sikh calendar as it commemorates the birth of Khalsa in 1699.

Rama Navami is a Hindu festival that commemorates the birth of Rama, also known as the seventh avatar of Vishnu and one of the revered deities in Hinduism. Rama is the symbol of righteousness, good conduct and virtue among Hindus.

Our Chaplaincy team welcomed Smethwick MP Gurinder Josan to the event where he was able to meet with staff and patients.

Compassion

Sporty NHS staff get moving for charity

A team of 18, which included trainees, consultants, managers, occupational therapists, and a specialist asthma nurse took on the Stratford Sprint Triathlon and raised nearly £2,000 for equipment that will be used by patients.

Leading the charge was consultant Dr Maria Atkinson. She said: "I think we all found the course tough but all enjoyed the experience and team spirit.

"It was great to meet colleagues outside work and do something different and raise money for the department through Your City and Metropolitan Hospitals Charity."

Maria added: "The charitable funds raised will be spent on a sensory chair, which allows our children with additional needs to access the sensory room at Midland Met without using their wheelchair.

"It will also pay for an exercise bike which will aid recovery, rehabilitation or even just a daily dose of exercise which is vital for both physical and mental health.

May 2025

Nurse and midwifery awards

Ambition

Gold-standard prostate surgery now available at the Trust

An innovative treatment for enlarged prostates is now being offered to NHS patients in Sandwell and West Birmingham for the first time with improved recovery times and long-term benefits.

Holmium Laser Enucleation of the Prostate, or HoLEP, is a minimally invasive procedure performed under general anaesthetic and involves using a laser to remove parts of the prostate.

It is now being performed by urologists at Sandwell and West Birmingham NHS Trust, at the Midland Metropolitan University Hospital.

Patients who undergo HoLEP will spend less time recovering in hospital and will need to wear a catheter for a shorter amount of time than those who undergo a transurethral resection of the prostate (TURP).

Respect

Members from Youth Space – a group of young people who are dedicated to enhancing the experience of our patients, spent a few days at the Midland Met playing games with inpatients.

Members spent time with both adult and paediatric patients as part of the Games Box initiative - and all those taking part thoroughly enjoyed the experience!

Compassion

Nurses and midwives commended for outstanding contributions at Trust awards

Nurses and midwives at Sandwell and West Birmingham NHS Trust were highlighted for their dedication and compassionate care during an awards ceremony.

The event, held at Midland Metropolitan University Hospital, saw colleagues across nursing and midwifery shortlisted for various accolades which included awards reflecting the Trust values ambition, respect and compassion (ARC), Acute Midwife of the Year and Healthcare Assistant Award.

Mel Roberts, Chief Nursing Officer and Deputy Chief Executive, introduced the event reminding colleagues of the impact that nurses and midwives have on our patients.

She added: "As nurses and midwives, we are often the first face patients see and the last voice they hear. The compassion we show, the respect we give, the integrity we uphold, and the excellence we strive for through being ambitious – these are all reflections of our values in action.

June 2025

TAMIS surgery

Ambition

First robotic TAMIS surgery performed in Birmingham and Black Country

Surgeons at the Midland Metropolitan University Hospital successfully performed a robotic-TAMIS surgery, the first robotic colorectal surgery of its kind to be performed in Birmingham and the Black Country.

Transanal minimally invasive surgery (TAMIS) is a technique to remove polyps and early-stage cancers from the rectum.

It removes potentially cancerous tissue and decreases the chances of patients requiring major surgery or permanent stomas in the future.

Colorectal surgeons at Sandwell and West Birmingham NHS Trust have been performing TAMIS since 2024 but have now used a da Vinci surgical robot to carry out the procedure.

Respect

The Trust held a Perinatal Health Partnership Workshop with colleagues from across the Trust, general practice, local authorities, family hubs, and voluntary and community-based organisations.

The aim of the workshop was to discuss how we could work together to improve perinatal care.

Following introductions from Group Chief Nursing Officer Melanie Roberts, the group looked at what is already working well, such as shared learning and peer support, and identified areas of improvement.

Compassion

Our widening participation team were honoured to attend The King's Trust Awards, which recognises young people who have overcome adversity in life and made a positive impact on their community.

The team were invited for the work they've been delivering with their #MoreThanAJob programme, which partnered with The King's Trust earlier this year.

The programme supports local young people with training, education and employment opportunities and has already delivered training to their first cohort of young people, helping some of them to find employment or receive offers of work.

July 2025

Cancer wellbeing event

Ambition

Local students learn life-saving skills

Hundreds of students from two secondary schools in Birmingham and the Black Country were taught life-saving skills thanks to front-line emergency care staff from the Trust.

Around 500 students aged 12 to 14 received hands-on training delivered by healthcare staff from the Midland Metropolitan University Hospital as they visited local high schools in the area.

Students from Holly Lodge High School in Smethwick and George Dixon Academy in Edgbaston were able to take part in realistic emergency scenarios whilst practicing their newly learnt life-saving skills.

Katharine Parker-Abreu, associate leader of George Dixon Academy, said: "We are incredibly grateful to the medical professionals from Sandwell and West Birmingham NHS Trust for giving their time to teach our students these vital, life-saving skills.

"By learning CPR and how to respond to choking and bleeding emergencies, our Year 9 pupils are not only gaining confidence but also becoming responsible, empowered young citizens who can act quickly and effectively in critical situations.

"These are skills they can carry for life and share within their families and communities."

Respect

Midland Met Hospital wins award for addressing health inequalities

The Midland Metropolitan University Hospital has been recognised for its innovative efforts to improve access to care and address health inequalities, at an awards ceremony celebrating excellent patient care.

The hospital won The Alliance Medical Health Inequalities Award at the Royal College of Physicians' Excellence in Patient Care Awards.

Several members of staff who worked on the development and opening of the new site represented the Trust at the awards ceremony, held in Liverpool on 10 July.

The acute hospital has ensured local communities were involved in the early stages of planning and designing patient pathways, such as engaging sickle cell patients in preparation of the move of the Sickle Cell and Thalassemia Centre from City Hospital to the new building.

The Midland Met has also focused on regenerating the local area, creating employment opportunities for local people through Sector-Based Work Academy Programmes.

Compassion

Cancer patients pampered at wellbeing fair

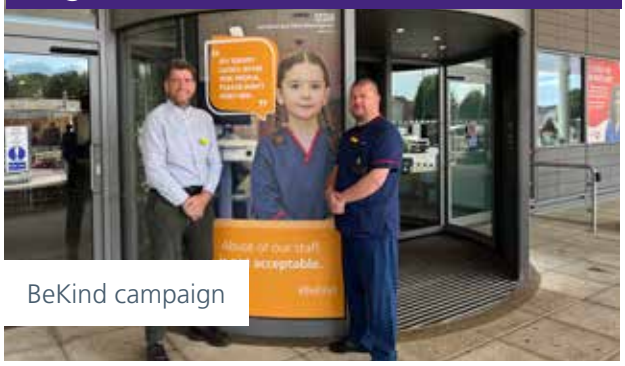
Over 300 cancer patients and carers enjoyed a day of positivity, peer support and pampering alongside live music at the Trust's 10th Cancer Wellbeing Fair.

The event, organised by the Cancer Services team, gave local people living with a cancer diagnosis the chance to experience a range of relaxation therapies to support their physical and mental wellbeing, such as yoga, Tai Chi, acupressure, floristry and art therapy.

Lorraine Sibson, 76, has attended several Cancer Wellbeing Fairs throughout the years. She said: "I was diagnosed with cancer in 2012, which shook me to my foundations. But I've met the most incredible people at this wellbeing event.

"It's a day when people can come together and enjoy themselves and meet others who are on a similar journey to them."

August 2025



BeKind campaign

Ambition

Research team celebrates 20 years of revolutionary studies

An NHS research team celebrated 20 years of haematology clinical trials and their impact on clinical practice around the world.

The haematology research team gathered staff to celebrate the milestone and recognise the contributions the team have made to clinical practice over two decades.

The Trust has participated in several successful studies focused on finding new treatments for blood disorders and diseases such as sickle cell disease, leukaemia, lymphoma, myeloma and myeloproliferative disorders.

The clinical and laboratory work of Trust staff has played a significant part in prolonging the survival of those diagnosed with such disorders.

One such trial, Myeloma XI, was the largest international trial open at the Trust for those newly diagnosed with myeloma, a type of blood cancer.

The research conducted by staff at the Trust contributed to recommendations by the National Institute for Health and Care Excellence (NICE) to use the drug lenalidomide as maintenance treatment, keeping myeloma in remission and preventing relapse.

Respect

Anti-violence campaign launched at the Midland Met

An anti-violence campaign featuring children of NHS staff was launched at the Trust.

The #BeKind campaign aims to tackle threats of physical and verbal abuse towards staff who work at the Trust, particularly within the Emergency Department at the Midland Metropolitan University Hospital.

Several young children of staff who work within the adult and paediatric A&Es were photographed at various locations within the hospital, including the paediatric emergency department.

One such child featured in the campaign is four-year-old Bella, daughter of Emergency Department Matron Michael Brennan. He said: "We are frontline staff who work incredibly hard to provide care for patients who come through our doors in need of life-saving care, and those who work here should not have to tolerate violence of any kind.

"I've been subjected to physical and verbal abuse several times, including one recent incident where the perpetrator was arrested and charged with common assault. He was found guilty and sentenced to 20 weeks in prison.

"This campaign should hopefully remind everyone that we are not just healthcare workers, we are people with lives and families that are negatively impacted by abuse that we receive."

Compassion

A number of teams were shortlisted for national awards at the HSJ Awards and HSJ Patient Safety Awards.

The Trust's Frailty Intervention Team were recognised in the Transforming Care for Older People category at the national HSJ Awards, for creating a sustainable model of care that has reduced hospital admissions of older people by 67 per cent and significantly improved outcomes for patients.

The Trust was also shortlisted for NHS Communications Initiative of the Year, after preparing 750,000 people in the local area for the opening of the Midland Metropolitan University Hospital.

At the HSJ Patient Safety Awards, the Trust were nominated within the Advancing Patient Safety with Data and Analytics Award, which celebrates initiatives that have successfully leveraged data and analytics to make meaningful improvements in patient care.

The Medicines Length of Stay Programme, made up of a multi-disciplinary team, was recognised for their work in identifying opportunities to use data to improve the patient transfer process.

September 2025

Sabrina Ffrench

Ambition

Innovative HIT list tackles surgery waiting lists

The first robotic-assisted HIT list was carried out, as an innovative way to reduce the number of patients waiting for treatment.

The high intensity theatre list, or HIT list, took place on 6 September, for patients waiting for hernia and gallbladder surgery.

Of the eight patients operated on, five underwent robotic-assisted surgery, which is more than double the average number of robotic surgeries that are usually performed in a day.

HIT lists are usually held on weekends, focusing on one particular procedure, in order to safely and efficiently maximise the number of patients that can be treated in one day.

Respect

National Fitness Day

The Trust marked National Fitness Day by offering local people a chance to try different physical activities for free.

Organised by Sandwell Health and Care Partnership, the Midland Met hosted a celebration of National Fitness Day on 24 September, with a day filled with fun activities for patients, staff and visitors to take part in.

Free group fitness classes such as spin, yoga and chair-based exercises took place throughout the day, to help people find a physical activity that they enjoy and to show the benefits of being active.

Along with the all-day activities, a range of local organisations and health experts were on hand at a Healthy Information Marketplace to provide advice and guidance, signpost to local support, and provide information on how to improve health and wellbeing.

Compassion

Staff nurse Sabrina Ffrench, won the Great Neighbour Award at BBC Radio WM's Make a Difference Awards.

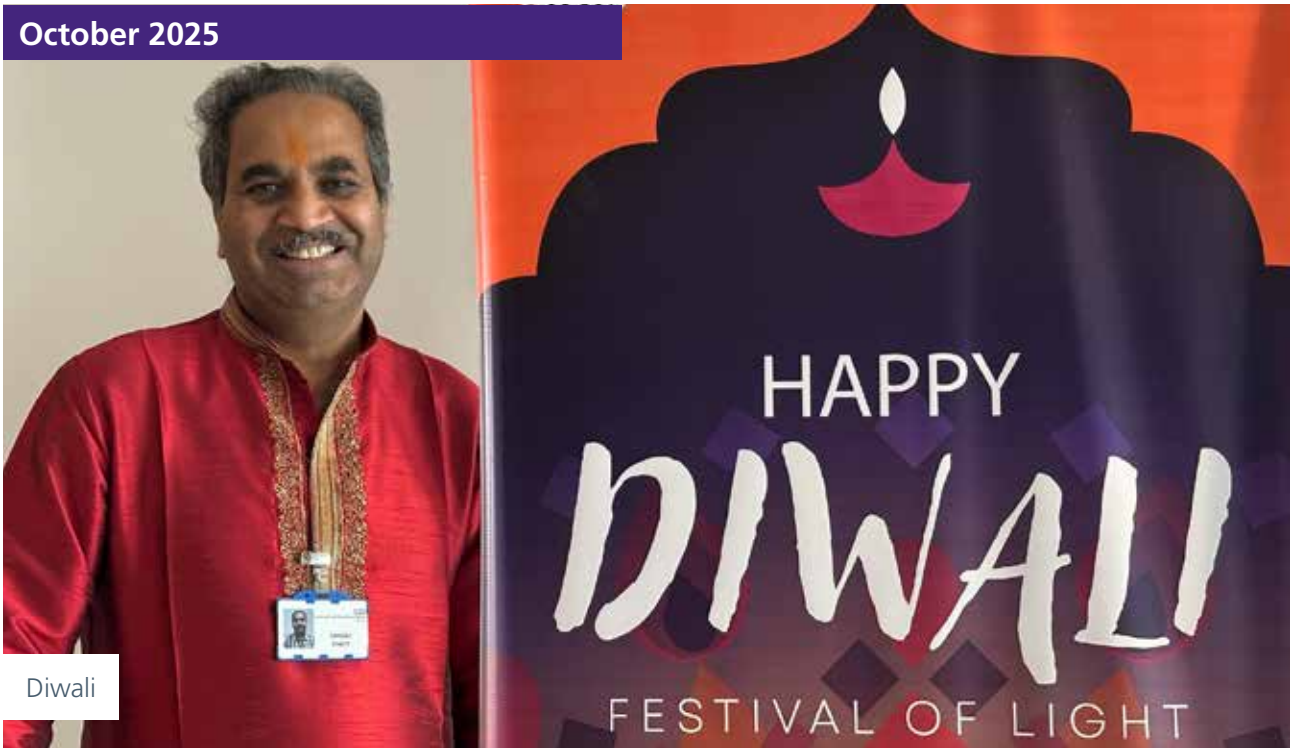
The awards celebrated local people who are making a difference within their community.

Sabrina was nominated for going above and beyond for her patients and other staff, mentoring nursing students and looking after the wellbeing of her colleagues as a nursing advocate.

Sabrina also spends her time volunteering for several charities, including Cavell, a charity that supports nursing and midwifery professionals during times of hardship and Dreamflight, who give children with a serious illness or disability the opportunity to experience a once-in-a-lifetime holiday in Orlando, Florida.

We are so pleased to see Sabrina's contributions both at work and within the local community recognised.

October 2025



Diwali

Ambition

West Birmingham Hub launched

The West Birmingham Hub, located at Summerfield Primary Care Centre, was launched on 13 October, bringing together triage nurses, early intervention community team coordinators, district nursing, primary care, clinical practitioners and admin support.

Locality Hubs, sometimes referred to as Neighbourhood Hubs, are part of the Government's health strategy to provide better integrated, localised health and social care services with the aim of shifting care from hospitals to the community, preventing ill-health, and improving patient access to multidisciplinary teams and a range of support services like housing and debt advice.

These Hubs are described as 'one-stop shops' and central to creating a future 'neighbourhood health service' by offering community-based care. This new model will help to reduce hospital admissions and enable speedier discharges for some of our West Birmingham patients.

Respect

We held a celebration for Diwali and Bandi Chhor Divas in our Spiritual Care Centre at the Midland Met, with prayers led by our Hindu and Sikh Chaplains.

It was an opportunity for staff, patients and visitors to come together as a community and reflect.

Diwali celebrates the triumph of light over darkness and Bandi Chhor Divas is a Sikh celebration commemorating the release of Guru Hargobind, the sixth Guru of Sikhism, from prison.

Following the prayers, those attending enjoyed refreshments, thanks to the kind donation of a patient's family member who had been supported by the chaplaincy team during a difficult time.

Compassion

The Trust marked Baby Loss Awareness Week in October.

The Midland Metropolitan University Hospital was lit up pink and blue to commemorate the week.

A special memorial service was also held in the Courtyard Gardens at Sandwell Health Campus, for families and staff to come together, reflect and remember.

November 2025

Fibroscan

Ambition

First awake oncoplastic breast surgery

Surgical teams performed their first awake oncoplastic breast surgery in November, which is when a mastectomy and reconstruction is performed during the same operation.

Patients are given a series of local nerve blocks instead of general anaesthetic, which means they are awake during the surgery.

This highly specialised procedure can reduce the time patients need to stay in hospital and can lead to faster recovery and a quicker return to normal activity.

The first awake breast oncoplasty was led by the Trust's anaesthetic team, and consultant oncoplastic breast surgeon Ms Geeta Shetty.

Consultant Anaesthetist Dr Viraj Shah said: "This technique offers a safer alternative for patients at higher risk from general anaesthesia, or those who prefer to avoid it, while providing excellent pain control during and after surgery.

"Feedback has been positive, and patients have been very satisfied with their level of comfort during surgery.

"This approach delivers clear benefits to both the Trust and patients, who are less likely to require monitoring in hospital. Not only does this reduce bed occupancy, but it also has a positive impact on our patients' overall wellbeing, who can safely and comfortably recover at home."

Respect

Free liver health checks offered by Alcohol Care Team

Eligible patients in Sandwell and West Birmingham are now able to refer themselves for a scan checking the health of their liver.

A Fibroscan is a type of ultrasound that measures the amount of inflammation in the liver. It can detect scarring, otherwise known as fibrosis or cirrhosis, which can occur as a result of heavy drinking.

The scans are offered by the Trust's Alcohol Care Team, who have won numerous awards for their innovative care of patients with alcohol use disorders.

Quick and non-invasive, the scans can lead to faster diagnosis and improved treatment of liver damage and liver cancer.

The Alcohol Care Team has a dedicated Fibroscan nurse, who has been employed by the Trust since 2023. Since then, 1200 people have been scanned, with 14 per cent found to have liver cirrhosis and 16 per cent having signs of fibrosis.

Compassion

Porter Kevin Johnson was recognised as November's ARC Star award, for consistently demonstrating dedication and professionalism.

During his time in the role, he has taken time to learn basic greetings and key phrases in various languages, so that he can connect with patients from diverse backgrounds.

Kevin approaches every task with care, regardless of the nature of the job and is a strong advocate for patients, always prioritising their needs and wellbeing.

December 2025

Long Service awards

Ambition

One hundred robotic-arm assisted joint replacements performed

A patient became the 100th person to have a robotic-arm assisted arthroplasty at Midland Metropolitan University Hospital.

Sixty-one-year-old Rhona Johnston from Winson Green underwent a left knee replacement, which was carried out using a Stryker Mako robot.

She said: "I was asked if I was happy to have robotic-arm assisted surgery and I was more than happy, as I think the more experience surgeons can get with new techniques the better.

"The atmosphere was quite relaxed when I came in and the care in the hospital has been fantastic.

"Since the surgery, I've had a lot less pain and I'm already able to get around a lot easier."

The major milestone was reached after theatre teams at Sandwell and West Birmingham NHS Trust, led by Consultant Trauma and Orthopaedics Surgeon Vishal Paringe, successfully carried out five robotic-arm assisted joint replacements in one day.

Respect

Dedication of NHS staff recognised at Long Service Awards

Over 100 healthcare workers who have reached major milestones in their NHS career were honoured at an awards ceremony celebrating their long service.

The Trust's Long Service Awards were held in December, recognising staff who reached 10, 20, 30, 40 and 50 years of service in 2025.

Staff at the Trust who have received their Long Service Award this year have a combined total of over 7000 years of service within the NHS.

The event was held at the Midland Met and hosted by Chair Sir David Nicholson and Chief Executive Diane Wake, who said: "Long Service Awards celebrate the commitment of staff who have dedicated many years of their career to the NHS.

"I would like to express my heartfelt thanks to these exceptional members of staff for all their years of hard work."

Compassion

Baggies team pay special visit to young patients at Christmas

West Bromwich Albion players brought festive cheer to the Midland Metropolitan University Hospital, after visiting poorly young patients on the Children's Ward.

Footballers Jed Wallace, Alex Mowatt, Jayson Molumby, Mikey Johnston, Josh Griffiths and George Campbell paid a surprise visit to children and their families and carers on their annual visit to the wards at the hospital.

Whilst on the wards, they spoke to patients who were delighted to see them and handed out gifts and toys handpicked and funded by the club's charity, The Albion Foundation.

The players also met staff on the wards, speaking to them about the care they provide to children, especially while they are in hospital over the Christmas period.

January 2026

Keeping Midland Met open in adverse weather

Ambition

Waiting lists fall by almost three times national average

Patients waiting for planned surgery in the Black Country are being treated faster due to improvements to local NHS services.

A new interactive dashboard launched in January allows people to see waiting times in local hospitals across England and track the progress of local systems working to improve the rate of treatment.

The new platform shows how the number of people waiting for treatment in the Black Country has fallen by more than seven per cent, while the number of patients waiting longest (over a year or more) has fallen by over 56 per cent in a year.

Sandwell and West Birmingham NHS Trust has slashed the number of patients waiting longer than a year for treatment by almost 79 per cent since November 2024 and reduced the overall number of patients waiting for surgery by almost 10 per cent.

Respect

Induction suite opened

Our new induction suite opened at the Midland Met. In January.

It is a dedicated space for women who need support with starting labour when it doesn't begin naturally.

The new suite is designed to provide a calm, comfortable environment where families can feel supported throughout the process.

Compassion

There's no 'Snow Go' areas for NHS folk

With the adverse weather came a remarkable response from those working in the caring profession, and those who support them.

Group Chief Executive Diane Wake praised the efforts of healthcare workers who travelled in snowy conditions to treat patients, saying: "I am extremely grateful for the colleagues who have gone to extraordinary lengths to look after the patients in our care, from endurance hikes through freezing conditions to get into the hospital as was the case of Dr Josephine Wareham last night, who walked over an hour through last nights snow storm to get into Midland Met, and then worked through the night to care for patients, to community matron Simon Lines who set out this morning loaded with essential supplies to walk his way round his patient list in ankle deep snow and slush."

February 2026

Celebrating CQC 'Good' rating

Ambition

NHS Trust celebrates ratings from Care Quality Commission

Services at theTrust were praised for meeting good standards of patient care, following a recent inspection by the Care Quality Commission.

The Care Quality Commission (CQC), who are the independent regulator of health and adult social care in England, inspected four services at the Trust, giving surgical services at Birmingham and Midland Eye Centre a rating of 'Good' again, and urgent and emergency care and surgery at the Midland Metropolitan University Hospital a rating of "Good". Maternity Services remain 'requires improvement.'

The NHS trust was also given a rating of 'Good' from the CQC for how well-led it is, praising positive staff morale, diversity and inclusion, and the culture of the organisation.

Respect

The chaplaincy team hosted a spiritual care awareness event at the Midland Met, to highlight and celebrate the beginning of Lent and Ramadan.

These are two significant religious events that many of our communities and staff observe, marking a period of reflection, prayer, fasting, generosity and spiritual renewal.

Compassion

The Trust's Cancer Services, alongside the West Midlands Cancer Alliance, Cancer Research UK and NHS Black Country Integrated Care Board, held a free event at the Midland Met for patients, staff and visitors to raise awareness of cancer prevention and early diagnosis, and cutting-edge cancer research and innovation.

The event gave people the chance to meet the teams who are delivering cancer care locally and nationally and find out how we are working together to build healthier communities in the area.

March 2026

Cancer Nurse Specialists promote cancer awareness at The Hawthorns

Ambition

Learning Campus opens

A major new Learning Campus has opened on the Midland Metropolitan University Hospital site, marking a significant milestone in the regeneration of Smethwick and the wider Sandwell area.

The campus will expand access to education, training, and professional development for residents of all ages, helping local people gain the skills needed for future careers in a rapidly changing economy.

Developed through a unique partnership between Sandwell and West Birmingham NHS Trust and its Learning Works, Sandwell College, the University of Wolverhampton, Aston University, and Sandwell Council the Learning Campus will provide access to entry-level learning through to Level 7 programmes, with long-term ambitions to expand advanced study opportunities across the community.

The partners share a commitment to improving life chances, strengthening the local skills base, and ensuring the site becomes a long-term asset for local people

Respect

Cancer nurse specialists from Sandwell and West Birmingham NHS Trust led West Bromwich Albion players onto the pitch at The Hawthorns stadium, helping drive home an important message about cancer awareness while celebrating the power of community and sport.

The nurse specialists walked onto the pitch on 14 March, to mark Foundation Day with the football club.

Working alongside The Albion Foundation, the Trust's Clinical Nurse Specialist (CNS) team was a significant presence in the fan zone before and after the big game at the stadium, meeting supporters, sharing advice about cancer signs and symptoms, and encouraging early diagnosis.

The event aimed to spotlight the Foundation's Cancer Kickers programme, a walking football initiative that supports people living with or recovering from cancer by helping them stay active, rebuild confidence, and connect with others who understand their experience.

Compassion

Three stained glass windows from City Hospital's former mortuary were put on proud display in their new home at the Midland Met.

The windows were officially unveiled in the People's Gallery, located on level 5 of the hospital, to the delight of onlookers, which included the descendants of the founder of the stained glass firm who created them.

Swaine Bourne founded the Birmingham-based firm Swaine Bourne & Son in 1868, which was known for its decorative arts and crafts style stained glass.

Peter Hobbs, whose wife is the great granddaughter of Swaine Bourne said: "It's an honour and a privilege that these works of art are here at the Midland Met.

"Inspired by her family, my wife Heather spent many years creating stained glass as a hobby, and we are so grateful to everyone who has worked on restoring these windows."

The windows were removed from the mortuary when Birmingham's 130-year-old City Hospital closed in 2024, ahead of the opening of the Midland Met.

The Trust received a £250,000 grant from National Lottery players and The National Lottery Heritage Fund, some of which went towards restoring the 100-year-old-stained glass windows.

Our role in Integrated Care Systems

Delivering Healthier Futures: Progress across the Black Country Integrated Care System

Over the past year, the Black Country Integrated Care System (ICS) has continued to strengthen collaboration across health, care, local government and community partners to deliver the ambitions set out in the Healthier Futures Integrated Care Strategy. The strategy provides a shared framework to improve population health, reduce inequalities and create a sustainable, integrated health and care system for the 1.2 million people who live and work across the Black Country.

Established under the Health and Care Act 2022, the ICS brings together NHS organisations, local authorities, the voluntary sector and wider partners to plan joined-up services and improve outcomes. The system operates through two statutory bodies: the NHS Black Country Integrated Care Board (ICB), responsible for NHS planning and resource allocation, and the Integrated Care Partnership (ICP), which brings partners together to oversee delivery of the strategy.

At Sandwell and West Birmingham NHS Trust, we are proud to play an active role in this partnership, working collaboratively to improve health outcomes and life chances for the communities we serve.

A shared vision

The Healthier Futures strategy continues to provide the long-term vision for improving outcomes, reducing inequalities and supporting economic prosperity. Recently refreshed alongside the Joint Forward Plan, it strengthens the focus on prevention, population health and the wider determinants of health. Key priorities include:

- improving population health through prevention and early intervention
- reducing health inequalities, particularly for underserved communities
- supporting employment and prosperity as key drivers of health
- strengthening partnership working across organisations
- using data and insight to inform commissioning decisions
- maximising the role of anchor institutions to deliver social value.

These priorities reflect ongoing challenges including deprivation, lower healthy life expectancy and high levels of long-term conditions, reinforcing the importance of prevention, integration and partnership working.

Black Country Integrated Care Partnership

During the year, the ICP continued to provide system leadership, bringing together senior representatives from health, local government, public services and the VCSE sector to support delivery of shared priorities.

Following national policy changes regarding ICP arrangements, partners have begun reviewing future governance arrangements to ensure collaborative working continues. This includes engagement with the West Midlands Combined Authority through the Strategic Health Partnership Board to maintain focus on employment, prevention and health inequalities. Despite these changes, strong partnership working continues to support:

- collaborative action to reduce health inequalities
- delivery of prevention and population health programmes
- alignment of commissioning and population health plans
- the ICB's role as an anchor organisation.

Progress this year includes expanded prevention programmes, improved use of population data to target interventions, and strengthened support for underserved groups including refugees, migrants and people experiencing homelessness. Engagement with VCSE partners has also continued to grow, recognising their vital role in improving community outcomes.

Progress towards an integrated system

Partners have continued to strengthen integration at both system and place level, with place-based partnerships in Dudley, Sandwell, Walsall and Wolverhampton ensuring services reflect local needs. Key areas of progress include:

- **Care closer to home** – expanding community-based models and strengthening collaboration between primary, community and voluntary services.
- **Prevention and inequalities** – increasing focus on early intervention and addressing the wider determinants of health.
- **Children and families** – improving early support and access to services for children and young people.
- **Workforce** – supporting the 60,000 staff across the Black Country through workforce planning, recruitment and retention initiatives.

Working with communities

Partnership with communities remains central to improving health outcomes. Engagement through community forums and voluntary sector partnerships continues to help shape services, improve access and address the wider determinants of health.

Looking ahead

While progress continues, significant challenges remain. The next phase of delivery will focus on strengthening prevention, expanding integrated community services and continuing to address health inequalities. Through strong partnership working, the Black Country ICS remains committed to building a more joined-up, sustainable and equitable health and care system for the future.

Sandwell Health and Care Partnership

The Sandwell Health and Care Partnership (SHCP) brings together all health and care partners across Sandwell to make more effective use of the combined resources available in Sandwell to develop a 'blueprint' for services which are integrated across prevention, primary, community, social and secondary care and improves outcomes and reduces inequalities through services transformation.

The Sandwell Health & Care Partnership have agreed:

Our Purpose: To work together as one team so that together we can improve the all-age physical and mental health and wellbeing of the people in Sandwell

Our Vision: Our citizens thrive, in vibrant communities, supported by local, joined-up health and care services

Our Ambition: Build a future where everyone enjoys better health and wellbeing

Expand our offer across the whole life journey - best start, living and ageing well; a good death

Make care easier by joining services together and bringing care closer to home

Be brave in our leadership so a dynamic culture inspires seamless, integrated teamwork

The Partnership has priorities two workstreams the first been Connected Communities which focuses on:

- Prevention, promotion and wellbeing
- Navigation and Coordination
- Integrated Town Teams

As part of the Connected Communities workstream this year we undertook three discrete pilot MDT meetings were held in Wednesbury and focused on frailty, A+E frequent attenders and GP practice frequent attenders. The aim of these pilots was to test out how GPs can integration and leader the MDTs, methods of cohort selection and requirements for co-ordination and case management.

The findings confirmed that:

- Co-ordination and case management resource is key
- GP an integral part of the MDT but doesn't necessarily have to be patient's registered GP to provide input
- A pre-MDT screen of patients would be needed especially if cohort is data driven
- Grouping patients so that MDT membership is appropriate and useful for all
- Data sharing agreements across partners to enable timely access to information will be a critical factor.

Initially, the priority for the Integrated Neighbourhood Teams (INT) will be frailty as this is a priority across all partner organisations in the Sandwell Health and Care Partnership. The INTs will take a proactive approach to managing individuals with a Rockwood score of 4 or 5 to prevent escalation of need where possible and support individuals to proactively manage their health and social care needs to maintain their independence. Individuals will be reviewed and brough forward for a Town based MDT discussion on a case-by-case basis.

Over time Town based priorities will be identified based on a Population Health Management Approach. These will be data driven based on public health intelligence as well as health and social care data.

The second partnership priority is Home First which focuses on:

- Integrated assessment and seamless access
- Integrated Home-Based Intermediate Care
- Integrated Bed Based Intermediate Care.

A programme Board has been established and three workstreams with Strategic and operational leads identified. Workshops were held develop project briefs for each of these and these are now being implemented. A performance KPI dashboard and report has also been produced and is monitored to track outcomes of the work.

The Partnership has used these workstreams to support the development of Sandwell Neighbourhood Delivery Plan which will continue to be further developed and refined in 2026.

West Birmingham Locality Partnership

The West Birmingham locality has a strong, well-established partnership dating back to 2019, with all partners committed to improving outcomes for residents in the Ladywood and Perry Barr districts. The West Birmingham Locality Partnership purpose is

"A partnership that exists to improve the lives of all people who live in the West Locality, by working together, and moving care closer to home"

The partnership this year agreed three priorities which are

- **Priority 1** – Improve access to services and support by working together in the locality, to reduce reliance on acute and emergency services
- **Priority 2** - Better mental health for children, young people and adults
- **Priority 3** - Improved prevention and detection of diseases which drive early mortality in West Birmingham

A key focus of the Locality Partnership has been the establishment and development of the West Locality Hub. The West Locality Hub was launched on 13th October with all triage nurses, Early Intervention Community team co-ordinators, a GP, planned and unplanned district nursing, clinical practitioners and administration support coming together as one team.

Locality Hubs, sometimes referred to as Neighbourhood Hubs, are part of the government's health strategy to provide better integrated, localised health and social care services with the aim of shifting care from hospitals to the community, preventing ill-health, and improving patient access to multidisciplinary teams and a range of support services like housing and debt advice. The West Locality Hub is central to the Locality operating model, providing coordination, triage, and system navigation.

Since launch, the team have continued to strengthen the interface between Midland Metropolitan University Hospital (MMUH), community, and primary care services. The in-reach model went live on 16th March 2026, to enable improved multidisciplinary decision-making and early discharge coordination, contributing to reductions in length of stay and avoidable admissions.

The Locality Board in March agreed to a plan to roll out a further four Integrated Neighbourhood Teams (INT's) during 2026, in line with national neighbourhood health policy and local system ambition. This means that by December 2026, there will be six Integrated Neighbourhood Teams in place covering the total population of West Birmingham and all the current six Primary Care Networks. Whilst progress in this area is positive, delivery will depend on strengthening workforce, infrastructure and system alignment.

A new locality data reporting framework is being implemented, including which includes performance on Occupied Bed Days (OBDs), Length of Stay (LoS) and Intermediate care utilisation. This will enable more robust tracking of impact and targeted intervention.

The Mental Health workstream is progressing but remains at an early stage of development and is being

actively refocused to ensure a deliverable and prioritised programme of work.

The initial Mental Health Workshop in late 2025, identified system gaps and opportunities and a draft action plan has been developed. An introductory meeting took place with the Dudley Group Foundation Trust Improvement team, who have offered to support the development of the Mental Health workstream, including the use of established methodology. They have suggested to identify and focus on a small number of achievable workstream objectives in the short term, this is to reduce the broad scope of potential interventions with limited resources and without prioritisation.

Early work is underway linking the hub to community-based "Places of Welcome" with a view to undertaking visits to four to six Places of Welcome which are local to Midland Metropolitan Hospital, with a view to establishing them as trusted alternative referral points for Mental Health patients attending our Emergency Department.

A "Team West" workshop is being planned for May 2026, to focus on sharing information on statutory Mental Health pathways and key links with the Voluntary, Community, Faith and Social Enterprise Sector (VCSFE) resources, between representatives from the respective sectors.

The Prevention workstream continues to develop a programme of community-based interventions aligned to population need.

A Task and Finish Group has been established across all partners to develop the Cardiovascular Disease Prevention event, which has been planned for May 20th 2026, within the heart of Lozells and which will pay tribute to the late Councillor Waseem Zaffar, who was a huge local activist.

The Fairer Futures Fund programme continues to demonstrate strong delivery across West Birmingham, with six of the seven funded projects now completing their first year and one project progressing through its initial six months. The programme is delivering targeted, community-led interventions focused on reducing health inequalities, particularly across mental health, maternity, long-term conditions and health inclusion.

There is evidence of positive impact, including high engagement in culturally tailored services, improved health outcomes (e.g. diabetes control and wellbeing measures), and strong reach into underserved communities. Several projects are exceeding expected outcomes and demonstrating scalable models of delivery.

Security team leader Steven Hill

Midland Met Benefits Realisation

In the 2025 Annual Report the Trust's main priorities and risks were described as delivering on the benefits from the opening of the Midland Metropolitan University Hospital. Consistent with this, a governance framework was developed to support ongoing benefits management. This was implemented to take effect during the 2025/26 financial year.

This framework threads through the fabric of the Trust's existing governance framework. A key component of which are the board sub-committees. These provide established forums specifically designed to support priorities in the areas of quality, people, infrastructure as well as finance and productivity. Through these forums non-executive members provide support to the respective executive benefit leads whereby challenges and tensions can be understood and addressed while success can be reviewed with a view to replication.

This has proved particularly useful as the financial context has developed in the time since approval of the business case. One of the largest value drivers for the original MMUH benefits case were the people benefits. As a regeneration benefit, the recruitment of 484 additional staff represented nearly £300 million of value for the local economy. During the previous 12 months the workforce reduction plan has created a tension between the commitment to drive the full value from MMUH with the need to meet cost reduction targets.

Workforce reduction plays a core role in the Trust's 3-year financial recovery plan and so the ability to reconcile these conflicting pressures is not a short-term consideration. The interdependencies between benefits is also considered; the Trust achieved the required bed reduction through the utilisation of the additional staff in the redesign of patient pathways. The value created for the Trust by this redesign will need to be maintained alongside any workforce initiative.

In other areas learning from successful benefit realisation has been the focus. An example is the consistent achievement of reductions in healthcare acquired infections as reported in Alert organism table of the Trust's Quality accounts. Throughout FY 2025/26 infection rates have remained consistently below the pre MMUH baseline, (demonstrating the impact of the new hospital design) in one reporting period by as much as 95%. For the full year the reduction is nearly 69% compared to the pre-MMUH baseline.

Through the benefits framework this success was discussed at Quality committee. Higher numbers of single occupancy rooms at MMUH reduce contact and improve isolation, while modern infrastructure has enhanced the effectiveness of cleaning routines. When Covid infections were reviewed in the light of this benefit analysis it appears that there is a similar level of reduction. For the period April to September there is a 67% reduction in Covid infections. While causation cannot be proved the professional experience of nursing staff, combined with this data, indicates a wider impact.

The annual rebasing exercise is considering the impact of this on patients and the wider community. While avoiding an infection is better for an individual patient's recovery and their family's experience of care, we believe the benefit extends to the wider community. Reduced infection rates impact the time someone takes to recover, both in the hospital and in their own home. With a proportion of our patients being in employment this has an adverse impact on local employers and, potentially, results in additional welfare costs.

The 2026 rebasing exercise has considered value from this wider perspective and is assessing the ability to track, report on and enhance the value provided by the Trust's delivery of care. This rebasing exercise has been reviewed by a specialist team from an independent firm of accountants.

The results of this exercise are summarised in the following table. The column "Rebasing 2026" contains the relevant values for this.

Benefit Value

Category	Initial Assessment	Rebasing 2025	Rebasing 2026	Benefits Delivered Prior Years	Benefits Delivered FY 2025/26	Total Benefits Delivered
Enabling	161	169	509	18	18	36
Immediate	1,525	1,965	2,162	49	31	80
Transformational	244	1,370	439	15	10	25
Regeneration	88	299	780	183	11	194
Total	**2,019**	**3,803**	**3,890**	**265**	**70**	**335**

The benefits fall into four categories:

Enabling benefits are those that needed to be delivered in advance of the opening of MMUH. A good example is that the bed reduction was essential in order that the move into MMUH was possible.

Immediate benefits, these require the new building to be operational. Energy efficiency and health care infections are good examples of benefits that could be realised immediately after opening.

In contrast, **transformational benefits** typically require more further enhancements to ensure the most value is derived from the new hospital. For example, a better environment will have an enhanced impact on patient experience and so help reduce the number of patients who fail to show up for appointments, if more modern and effective ways of managing bookings and appointments are adopted.

The final category of benefit, **regeneration**, relate to the impact on the local economy. These benefits are driven by the value to the local economy of the build programme associated with MMUH. This includes the new houses on the old site as well as the impact from the urgent treatment centre and learning campus developments.

The benefits in action: Creating opportunities for local people through MMUH

The opening of the Midland Metropolitan University Hospital has enabled the Trust to strengthen its role as an anchor institution, creating new employment opportunities and supporting local people into sustainable NHS careers. Around 70% of our workforce now come from the local community, helping ensure the benefits of major investment are felt directly by local residents.

The workforce expansion linked to MMUH has enabled the Trust to work differently with local partners, creating routes into NHS employment for people who may previously not have seen healthcare as an option

Jake's journey illustrates the impact of this approach. After spending much of his teenage years as a full time carer for his mother, Jake faced significant barriers to employment, leaving school with limited qualifications and few social or work opportunities. Following his mother's death in early 2023, Jake found himself struggling financially and unsure about his future.

Through referral via the Jobcentre, Jake joined one of the Trust's Sector Based Work Academy Programmes (SWAP), delivered by the Widening Participation Team at The Learning Works in partnership with the Department for Work and Pensions and Sandwell College. Alongside practical employability support, Jake was helped to stabilise his financial situation and build confidence in a working environment.

In October 2023, Jake successfully secured a role as a Ward Service Officer at Sandwell and West Birmingham NHS Trust and has since go on to achieve multiple promotions and now holds the position of linen lead. Jake has described feeling proud of what he has achieved and is now financially stable, with a job he loves, and opportunities to continue to progress his career in the future.

Jake's story reflects how investment in MMUH, the Learning Campus and widening participation programmes is helping local people build meaningful careers, strengthening the workforce while delivering wider social and economic value for Sandwell and West Birmingham.

Our Trust Strategy: 2022/27

Our Strategy

This section provides an overview of the Trust's performance during 2025/26 against its strategic objectives, structured around Patients, People and Population. It summarises progress against key measures of success and in-year objectives, and is organised into performance highlights, risk considerations and priorities for the year ahead.

During 2025/26 the Trust has continued to deliver its 2022–2027 strategy, focused on improving outcomes for our Patients, supporting our People and improving the health of our Population. This year marked a significant transition as the organisation moved from the successful opening of the Midland Metropolitan University Hospital (MMUH) in October 2024 into the next phase of embedding the benefits of this major investment.

The opening of the Midland Metropolitan University Hospital has enabled the Trust to move from planning for change to delivering transformation at scale – across care delivery, workforce and population health.

MMUH has acted as the anchor for redesigned pathways across acute, community and virtual services, enabling more care to be delivered closer to home. The consolidation of acute services at MMUH has created new opportunities to improve clinical pathways, strengthen multidisciplinary working and deliver care within a modern environment designed to support high-quality patient outcomes. Early benefits are beginning to emerge, including improved clinical adjacencies, the development of new models of care and enhanced opportunities to deliver services closer to patients' homes.

While the opening of MMUH represents a major milestone, the Trust's focus is now on realising its full potential. This includes embedding service efficiencies, optimising resource utilisation and ensuring the hospital supports improved outcomes, productivity and long-term financial sustainability.

In line with national NHS priorities, the Trust continues to drive transformation across three core areas: improving population health through prevention, accelerating the shift from analogue to digital, and delivering more care in community settings. These priorities underpin our approach to improving patient experience, reducing inequalities and enhancing system-wide resilience.

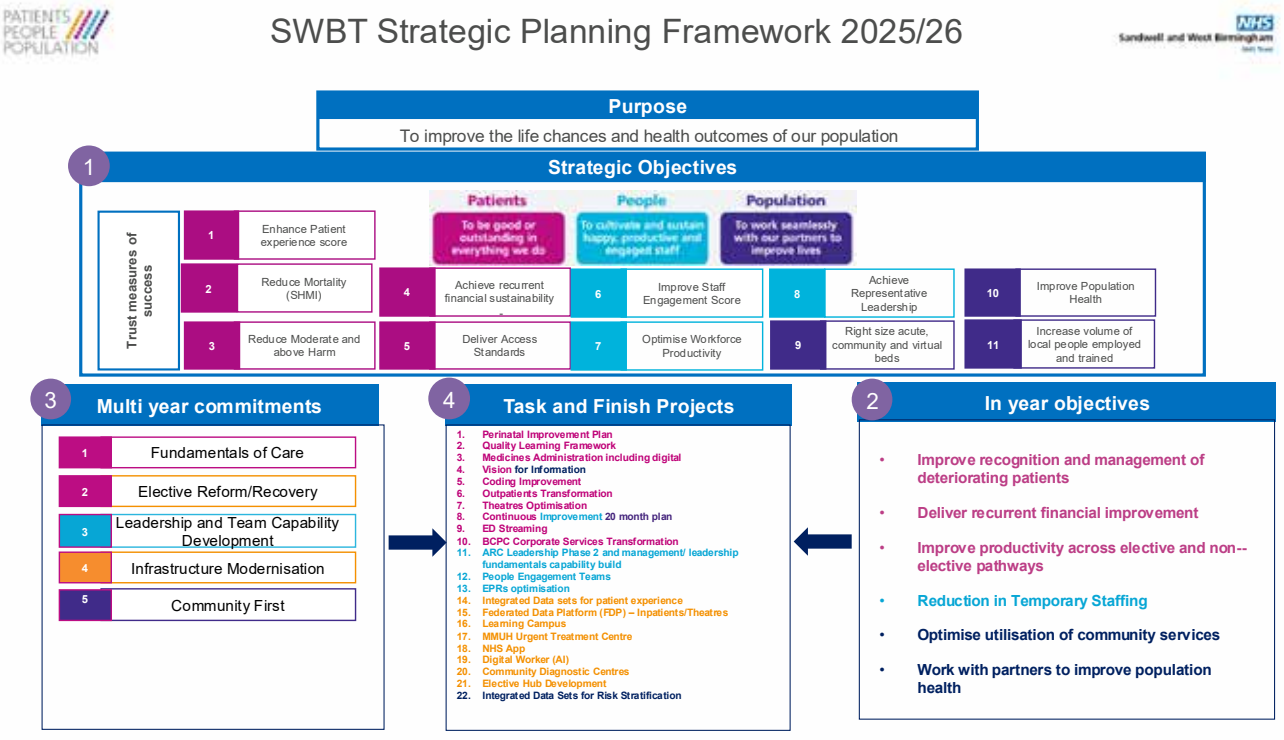
The Trust also continues to play a significant role as an anchor organisation within its communities, contributing to local employment, education and economic development, and supporting wider efforts to improve population health and reduce inequalities.

During 2025/26, the Trust has also strengthened its partnership with The Dudley Group NHS Foundation Trust, with the development of a joint Group Strategy to be launched in 2026/27. This will set out a shared ambition to improve outcomes, productivity and sustainability across both organisations.

Together, these developments position the Trust to deliver its strategic objectives and improve the health and wellbeing of the communities it serves.

Strategic Objectives

For 2025/26, we enhanced our strategic development through a set of 11 clear, measurable objectives 'goals' to focus on and refining our approach from six to five multi-year commitments.



How the Trust Measures Performance

We use a comprehensive framework of data collection systems, reports, and self-service tools to oversee our performance. Monitoring extends across all aspects of our services, including operations, finance, workforce, and quality and safety, aiming to provide complete visibility of performance from ward to board and vice versa. We complement these arrangements with a rigorous regime of internal and external audits and are held accountable to various stakeholders including the Black Country Provider Collaborative, Black Country Integrated Care Board, Birmingham and Solihull Integrated Care Board, NHS England, and regulatory bodies. We provide a wide range of services commissioned by different organisations including Integrated Care Boards (ICBs), NHS England (NHSE), local authorities, resulting in a variety of performance indicators used to monitor service quality.

We measure performance through various means, including:

a. NHS England's NHS Oversight Framework.

b. Performance against national targets.

c. Staff and patient survey results.

d. Quality measures in patient safety, clinical effectiveness, and patient experience.

e. Outcomes of improvement projects.

f. Key financial and workforce targets.

g. Service user and carer outcomes and experiences.

h. Results of CQC inspections.

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

i. Integrating strategic and operational measures to engage all staff in delivering high quality services and developing them.

j. Selecting measures that are relevant to the vision, mission, and strategic outcomes, linking to portfolios of work.

k. Regularly monitoring a small number of measures at Board, committee, and Trust operational meetings, with other measures reviewed as exceptions.

l. Allowing appropriate variation in measurement across directorates and services.

m. Using measures as indicators of progress rather than strict targets, supplemented by quantitative and qualitative information for overall assessment.

n. Recognising the need for developing measures over time if they don't currently exist.

o. Integrating information across various operational performance, quality, and outcome measures to enhance business intelligence and service delivery.

p. Utilising benchmarking whenever possible, comparing performance against external standards and benchmarks

This approach enables the Trust to assess performance against its key measures, identify emerging risks and uncertainties, and take timely action to support delivery of its strategic objectives.

The Trust's performance reporting is not limited to financial performance. It brings together quality, safety, operational, workforce, productivity, patient experience and population health information to support Board oversight and decision-making. Performance information is reviewed through the Integrated Performance Report, Board Level Metrics, committee reports and the Board Assurance Framework. This is linked to the Trust's quality governance arrangements, including Quality Committee oversight, CQC self-assessment, the Patient Safety Incident Response Framework, the Fundamentals of Care framework and routine reporting on patient safety, clinical effectiveness and patient experience.

Data quality is a key enabler of this approach. The Trust continues to strengthen the quality, completeness and reliability of performance data through data ownership, validation processes, the Data Quality Group, internal audit review and escalation through governance routes where issues are identified. Further detail on quality governance, risk management, data quality and internal control is set out in the Accountability Report and Annual Governance Statement.

Key Performance Indicators

The Trust collates key performance metrics quarterly into a 'Quarterly Strategic Report' which is reviewed by the Board and its subcommittees. This is supported by monthly committee performance reports. These reports enable effective triangulation of data from different areas of the organisation. The Trust's key metrics encompass quality and safety performance, operational performance (including national standards such as referral to treatment targets), financial performance (month-end position against plan and influencing factors), and workforce performance (including staff survey results).

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

This framework supports the triangulation of performance, workforce and financial data, enabling the Trust to understand the relationship between performance against key indicators, associated risks and the level of assurance in delivery.

Performance Analysis

The performance analysis is structured by our three strategic objectives: **Patients**, **People**, and **Population**, and includes a summary of performance with the corresponding measurable indicators.

How risks affected delivery of our objectives

The Trust continued to operate in a challenging environment during 2025/26, and a number of risks affected delivery of the strategic objectives for Patients, People and Population. These risks did not prevent the Trust from continuing to deliver services, but they did affect the pace, consistency and sustainability of improvement in some areas.

For Patients, sustained pressure on urgent and emergency care, elective recovery, diagnostic capacity, patient flow and maternity services affected the Trust's ability to deliver consistently against access, quality and safety objectives. These risks were managed through operational recovery plans, quality governance arrangements, patient safety oversight, CQC improvement actions, the Integrated Performance Report and escalation through the Quality Committee, Finance and Productivity Committee and Trust Board.

For People, workforce capacity, sickness absence, staff wellbeing, industrial relations, recruitment and national workforce reduction requirements affected the Trust's ability to maintain capacity, support staff experience and deliver productivity improvements. These risks were managed through the People Committee, workforce reporting, safer staffing reviews, staff engagement activity, organisational development programmes and targeted equality, diversity and inclusion actions.

For Population, risks relating to system demand, community capacity, health inequalities, partnership delivery and delivery of the benefits from Midland Metropolitan University Hospital affected the pace of progress in shifting care closer to home, improving prevention and reducing unwarranted variation. These risks were managed through partnership governance, population health reporting, integrated neighbourhood development, the MMUH benefits framework and the Trust's developing Group governance arrangements with The Dudley Group NHS Foundation Trust.

Financial sustainability remained a significant cross-cutting risk throughout the year. The Trust did not achieve its planned financial position, and the requirement to deliver recurrent efficiency and productivity improvements affected choices about workforce, capacity, service transformation and investment. This risk was managed through the Financial Recovery Plan, productivity oversight, cost improvement governance, executive review and scrutiny by the Finance and Productivity Committee and Trust Board.

Further detail on the Trust's risk management framework, principal risks, controls, assurance arrangements and the effectiveness of the system of internal control is provided in the Accountability Report and Annual Governance Statement.

Launching Martha's Rule at Midland Met

Risk profile during 2025/26

Principal risk area	Strategic objective affected	How the risk affected delivery	Change during the year	Management and assurance route
Urgent and emergency care, patient flow and elective recovery	Patients	Affected access standards, length of stay, flow through the hospital and the ability to consistently deliver timely care.	Risk remained elevated due to sustained demand, patient acuity and discharge constraints. Likelihood remained high and impact remained significant.	Integrated Performance Report, operational recovery plans, executive oversight, Finance and Productivity Committee, Quality Committee and Trust Board.
Quality and safety, including maternity, patient safety learning and CQC improvement areas	Patients	Affected consistency of care, safety improvement, patient experience and confidence in clinical governance arrangements.	Risk remained significant, although some areas improved following CQC inspections and targeted improvement actions. Likelihood and impact reduced in some areas but remained subject to close oversight.	Quality Committee, PSIRF governance, CQC action plans, Fundamentals of Care, patient safety reporting and Trust Board assurance.
Financial sustainability and recurrent productivity	Patients, People and Population	Affected the Trust's ability to invest, maintain capacity, deliver transformation and achieve long-term sustainability.	Risk remained high during the year as the Trust did not achieve its planned financial position and continued to require recurrent productivity improvement. Likelihood and impact remained significant.	Financial Recovery Plan, Cost Improvement Programme governance, Finance and Productivity Committee, executive oversight and Trust Board reporting.
Workforce capacity, sickness, staff wellbeing and productivity requirements	People	Affected staffing resilience, staff experience, capacity to deliver services and the pace of transformation.	Risk increased in some areas due to national workforce reduction requirements, financial constraints and continued operational pressure. Likelihood and impact remained significant.	People Committee, safer staffing reports, workforce performance reports, staff survey and pulse survey actions, organisational development and EDI governance.

Principal risk area	Strategic objective affected	How the risk affected delivery	Change during the year	Management and assurance route
Health inequalities, population health and partnership delivery	Population	Affected the pace of progress in reducing variation in access, outcomes and experience across local communities.	Risk remained significant due to the complexity of local population need, deprivation and reliance on partnership working across health, social care and local authorities.	Integration Committee, partnership governance, population health reporting, local authority and ICB partnership arrangements, and service-level improvement plans.
Group model transition and organisational change	Patients, People and Population	Introduced risks around governance clarity, decision-making, alignment of systems, reporting and maintaining statutory accountability during transition.	Risk emerged and increased during the year as the Group model developed, with mitigations strengthened through governance design and assurance mapping.	Group governance development, joint committees, Board oversight, Audit Committee, Board Assurance Framework and Annual Governance Statement.

Chaplaincy team

Accountability issues and breaches

The Accountability Report and Annual Governance Statement set out the Trust's arrangements for governance, risk management, internal control, audit and assurance. During 2025/26, the Trust identified a small number of areas where further control improvement was required, including internal audit findings relating to Data Quality – Emergency Care Data Set, Cost Improvement Programme application, and Consultant Job Planning. Management actions were agreed in response and progress has been monitored through the Audit Committee.

Trust has not identified any significant control issues or formal accountability breaches during 2025/26 requiring separate disclosure in the Performance Report. Further detail is provided in the Accountability Report and Annual Governance Statement.

Patients : "To be good or outstanding in everything we do"

We must provide timely treatment, ensure high clinical quality, deliver an excellent patient experience, and do so whilst maintaining efficient use of resources.

Patients – Deliver Access Standards

Planned care: During 2025/26 the Trust made encouraging progress in improving access to planned care services. Referral-to-treatment (RTT) performance showed gradual improvement during the latter part of the year following targeted recovery actions, although performance remained below the constitutional standard. Diagnostic waiting times continued to be affected by capacity pressures in high-demand modalities such as MRI and neurophysiology, with focused recovery actions underway. Cancer performance remained broadly stable overall, with the 28-day faster diagnosis standard generally maintained, while the 62-day treatment standard continued to experience pathway-specific pressures linked to diagnostic and treatment capacity.

Unplanned care: Urgent and emergency care services remained under sustained pressure during the year, reflecting high demand and ongoing constraints in patient flow through hospital services. Emergency department performance remained below trajectory, with pressures particularly evident in ambulance handovers and extended waits for admission. In response, the Trust continued to progress its Urgent and Emergency Care Improvement Programme, with a focus on strengthening same day emergency care pathways, improving discharge processes and expanding the use of virtual wards to support patient flow and reduce avoidable admissions.

Patients – Enhance Patient Experience

The Trust continues to focus on improving patient experience as a core measure of quality. Friends and Family Test (FFT) results for inpatient services remained strong during 2025/26, with scores consistently high across the Integrated Care Board area, although slightly below Trust and national benchmarks. Response rates improved over the year following the rollout of improved digital access through QR codes, helping to strengthen the breadth of patient feedback captured. Maternity FFT scores showed improvement during the year, with response rates consistently above national levels, although overall satisfaction remains slightly below national averages. Targeted improvement actions are in place through Quality Committees and service-level initiatives to further enhance patient experience across these services.

Patients - Equality of service delivery

The Trust is committed to promoting equality of service delivery and reducing unwarranted variation in access, experience and outcomes for different groups within the communities it serves. During 2025/26, this was supported through the Trust's equality, diversity and inclusion governance arrangements, Equality Impact Assessments for service change, patient equality monitoring, the Equality Delivery System, patient experience feedback, complaints and Friends and Family Test reporting, and targeted improvement work in services where access or outcomes may vary between groups.

The Trust has implemented a number of measures to support equitable service delivery. These include maintaining Disability Confident Leader status, providing specialist support through the Learning Disability Team, collecting and analysing patient equality monitoring data to better understand service access and uptake, ensuring service changes consider health inequalities through Equality Impact Assessments, supporting patients' faith and spiritual needs through the Multi-Faith Chaplaincy Service, and continuing to strengthen the Equality Delivery System.

Patient experience information, including Friends and Family Test feedback, complaints, concerns and engagement themes, is used to identify opportunities to improve service delivery. Where protected characteristic information is collected and of sufficient quality, this is considered alongside service performance and patient experience information to help identify potential differences in access, experience or outcomes. The Trust recognises that further work is required to strengthen the consistency and completeness of patient-level equality data and to make routine reporting by protected characteristic more systematic.

In 2026/27, the Trust will continue to improve the use of equality and health inequalities information in performance reporting, service planning and quality improvement. This will include strengthening demographic data completeness, further embedding Equality Impact Assessments, using patient experience information to identify variation between groups, and improving

Patients – Reduce Mortality (SHMI)

The Trust continues to strengthen its approach to mortality surveillance, learning and improvement. During 2025/26, the Trust recorded a Summary Hospital-level Mortality Indicator (SHMI) of 1.05, which remains within the expected range, with the overall trend showing improvement over the past 12 months.

This improvement has been supported by strengthened mortality governance arrangements, including improved oversight of case reviews, a reduction in review backlogs, enhanced ward-level learning, and continued work to improve coding validation and thematic review.

The Trust has also supported wider system learning through the Medical Examiner service, with all deaths in primary care now being reviewed by Medical Examiners. This provides additional assurance, supports bereaved families, and helps identify learning that can improve care across both hospital and community settings.

A small number of mortality alerts remain subject to detailed clinical review as part of routine governance processes, ensuring that any areas of concern are investigated and that learning is translated into improvement action.

Patients – Reduce Patient Harm

Patient safety remains a key priority for the Trust, with improvements in 2025/26 reflecting the move to a purpose built acute environment at the Midland Metropolitan University Hospital. During 2025/26 incident reporting continued to increase, reflecting a positive and open reporting culture across services. The number of incidents resulting in moderate harm or above remained stable, with no emerging upward trend. The Trust has strengthened its approach to learning from incidents through the Patient Safety Incident Response Framework (PSIRF), supporting more structured harm reviews and thematic learning. Regular oversight of incidents, including those potentially associated with temporary staffing, is undertaken to ensure any emerging risks are identified early and appropriate mitigation actions are implemented.

Patients – Achieve Recurrent Financial Stability

During 2025/26 the Trust continued to operate within a highly challenging financial environment, with expenditure pressures and income risks impacting delivery against plan. While financial recovery actions have been implemented throughout the year, the Trust remains in a deficit position and continues to work closely with system partners to manage emerging risks and identify sustainable improvement opportunities. Key areas of focus include strengthening financial control, improving productivity, and delivering cost improvement programmes aligned to service transformation and efficiency initiatives. These actions form part of the Trust's broader approach to achieving recurrent financial stability while maintaining safe and high-quality patient care.

People – Improve Staff Engagement

Staff engagement continued to show a positive trajectory during 2025/26, supported by increased participation and a range of initiatives aimed at strengthening staff voice. Response rates to staff feedback mechanisms improved during the year, rising to 24 per cent, with engagement supported through Executive walkarounds, targeted staff roadshows and local team discussions. People Committee oversight has reinforced the importance of encouraging participation and using feedback to identify improvement opportunities and share good practice. In addition to the annual NHS Staff Survey, the Trust continues to utilise quarterly pulse surveys to monitor engagement and inform targeted actions to improve staff experience.

People – Achieve Representative Leadership

The Trust continues to make progress towards achieving more representative leadership, with sustained improvement in the proportion of Black, Asian and Minority Ethnic colleagues in senior leadership roles. Performance during 2025/26 has shown a steady upward trend and is approaching the target level, reflecting the impact of focused recruitment practices, talent management programmes and leadership development initiatives. While the target has not yet been consistently achieved, the trajectory demonstrates continued progress and reinforces the Trust's commitment to building a leadership workforce that reflects the diversity of the communities it serves.

Population – Right Size Acute, Community and Virtual Beds

During 2025/26 the Trust continued to expand and embed the use of Virtual Wards as part of its approach to delivering care closer to home and improving patient flow across the system. Utilisation remained strong throughout the year, with occupancy consistently above 70 per cent, reflecting effective use of both step-down pathways supporting earlier discharge from acute beds and step-up pathways helping to avoid hospital admissions. Virtual Wards are now operating at scale and are increasingly focused on maximising flow impact and resilience, particularly during periods of heightened system pressure.

Population – Improve Population Health

Improving population health remains a long-term strategic priority for the Trust, working in partnership with system colleagues to better understand and respond to local health needs. Data continues to highlight that the Sandwell population experiences significantly higher rates of long-term conditions, including obesity, diabetes, coronary heart disease, chronic kidney disease and hypertension, compared with regional and national averages. Emergency department attendance and mortality rates are also higher, particularly among older and more deprived cohorts and for conditions such as COPD and cardiovascular disease. Integrated neighbourhood intelligence is being used to better understand demand patterns and support targeted prevention, early intervention and community-based care.

Population – Increase Volume of Local People Employed and Trained

The Trust continues to strengthen its role as an anchor institution by increasing the proportion of staff recruited from local communities. During 2025/26 the proportion of staff living within five miles of Trust sites increased and has remained stable in recent months, demonstrating progress in recruiting and retaining a locally rooted workforce. This supports workforce sustainability, reduces travel-related turnover and reinforces the Trust's contribution to local economic and community development.

Population - Use of health inequalities information

During 2025/26, the Trust exercised its functions with regard to NHS England's latest statement on information on health inequalities. The Trust has used available information on access, experience, outcomes and population need to inform service planning, partnership working and improvement activity. This includes analysis through operational performance reporting, population health intelligence, patient experience feedback, public health and local authority partnership data, and engagement with communities and voluntary sector partners.

The information considered during the year highlighted the continued importance of improving access to services, reducing unwarranted variation in outcomes, supporting prevention and early diagnosis, and addressing the wider determinants of health across Sandwell and West Birmingham. This has informed work including the MMUH benefits programme, local cancer awareness and screening initiatives, perinatal partnership work, community-based prevention activity, integrated neighbourhood development, employment and learning opportunities through the Learning Campus, and targeted engagement with communities affected by specific pathway changes.

The Trust recognises that further work is required to improve the consistency, completeness and use of inequalities data across services. Priorities for 2026/27 include strengthening the routine use of demographic and population health information in performance reporting, improving data completeness, and using inequalities information more systematically to inform service redesign, quality improvement and Board assurance.

Key Risks to Delivery in 2025/26

The Trust continues to operate within a challenging environment, with several risks impacting delivery of its strategic objectives.

These risks are significant as they directly affect the Trust's ability to deliver its key strategic objectives for Patients, People and Population, particularly in relation to access standards, financial sustainability and workforce stability, and will continue to influence future performance and delivery plans.

The Trust's risk profile is informed by its Board Assurance Framework and operational risk processes, which together provide a structured view of the principal risks to delivery and inform oversight and decision-making.

Financial sustainability remains a key risk, driven by underlying cost pressures, income uncertainty and the scale of required cost improvement programmes. Operational performance remains under pressure from sustained demand and constraints in patient flow, particularly across urgent and emergency care pathways, impacting delivery of access standards and timely access to care. Workforce capacity and supply also present ongoing challenges, including recruitment, retention and reducing reliance on temporary staffing. In addition, the Trust is managing the complexity of embedding the full benefits of MMUH, alongside delivering major transformation programmes and digital developments.

These risks are actively managed through established governance arrangements, including the Board Assurance Framework, programme oversight and executive review, alongside targeted mitigating actions such as delivery of cost improvement programmes, demand and capacity management to improve patient flow, workforce initiatives to support recruitment and retention, and transformation programmes to improve productivity and service resilience.

These mitigation actions are expected to support improved performance over time, including recovery against access standards, strengthening financial sustainability, and improving workforce stability, although delivery remains dependent on sustained focus and system-wide alignment.

Over the course of the year, the profile of these risks has evolved, with financial and workforce risks increasing in significance due to ongoing cost pressures while some operational risks have stabilised as new models of care, including Virtual Wards and service consolidation at MMUH, have become more embedded.

These risks have materially affected delivery of the Trust's objectives, contributing to continued pressures in meeting access standards, constraining the pace of financial recovery and cost improvement, and limiting service capacity in key areas due to workforce challenges.

In addition to current pressures, the Trust continues to monitor emerging risks, including changes to national policy and funding arrangements, increasing system demand, and the delivery risk associated with large-scale transformation and digital programmes.

Looking ahead, both existing and emerging risks are expected to continue to influence the Trust's ability to deliver its plans, including the pace of recovery against access standards, delivery of financial plans and cost improvement programmes, and the successful implementation of transformation initiatives. The extent of impact will depend on the Trust's ability to sustain mitigation actions, secure system alignment and respond to evolving external pressures.

NHS 10 Year Plan – the three shifts in action

The NHS 10 Year Plan sets out a long term ambition to redesign health and care around people, communities and prevention. At its core are three fundamental shifts: from sickness to prevention, from hospital based care to care closer to home, and from analogue systems to a digital first NHS.

For Sandwell and West Birmingham, these shifts are not abstract policy aspirations – they are already shaping how we design services, invest in our workforce and work with partners across the system. Our population experiences some of the highest levels of deprivation and long term ill health in England, making prevention, early intervention and equitable access to care particularly critical. At the same time, the opening of the Midland Metropolitan University Hospital has created a once in a generation opportunity to rethink how acute, community and digital services work together as part of a single, integrated system.

This section highlights how we are translating the NHS 10 Year Plan into practical action locally. Through three short case studies, we show how the three national shifts are being delivered on the ground: supporting people to stay well for longer, redesigning pathways so more care happens closer to home, and using digital tools and data to improve access, quality and productivity.

From Sickness to Prevention: Paediatric Virtual Ward

The Trust's Paediatric Virtual Ward is helping children receive safe, hospital level care in their own homes, reducing the need for hospital admission and supporting families through periods of illness. The service supports a range of conditions, including asthma, bronchiolitis and jaundice, combining remote monitoring with rapid access to clinical advice and home visits where needed.

During 24/25, the service treated more than 2,000 children, including 143 through direct access to the virtual ward. This has helped avoid hospital admissions, saving an estimated 3,800 bed days and delivering cost savings of over £1.7 million, while improving experience for children and their families.

By keeping children in familiar surroundings, the paediatric virtual ward reduces stress and anxiety associated with hospital stays and enables personalised, family centred care.

Hospital to Community: Epicentre

EPICENTRE is an award-winning pioneering project in which our hospital consultants deliver acute medical care directly in patients' homes, reducing the need for hospital admissions and long inpatient stays, and effectively turning urgent emergency care on its head. By bringing senior clinical decision making into the community, supported by point of care diagnostics such as ultrasound and blood testing, clinicians can administer acute treatments on site while still ensuring rapid transfer to hospital if required. This approach aims to bypass A&E when safe to do so, shorten overall length of stay, and improve patient outcomes.

We are proud that it was the first service of its kind in the country to be introduced, demonstrating a bold shift away from traditional urgent and emergency care models.

Acute Medical Consultant Dr Sarb Clare created the service on the back of a successful pilot using Point of Care Ultrasound (POCUS) to diagnose on the spot rather than wait for transfer to hospital or a wait for radiology. The emphasis is on the importance of thinking differently about how and where acute care can be delivered, highlighting the positive impact already seen for patients. Since launch we have inspired other NHS Trusts including Oxford and Coventry to copy our blueprint.

Digital First NHS: Automated Guided Vehicles at MMUH

At Midland Metropolitan University Hospital, the introduction of 12 Automated Guided Vehicles (AGVs) is transforming how essential supplies are transported across the site. Operating behind the scenes, the AGVs move consumables, catering and waste via dedicated routes and lifts, ensuring items are delivered efficiently and reliably.

This technology reduces reliance on manual handling and minimises delays, supporting a more consistent flow of supplies across hospital areas. It forms part of a wider, modern logistics model within Midland Met, designed to improve operational efficiency and create a more streamlined hospital environment.

Supported by structured implementation, training and safety controls, the AGV system represents a significant step forward in the Trust's use of innovation to enhance productivity and enable staff to focus more time on patient care.

Looking Ahead to 2026/27.

Looking ahead to 2026/27, the Trust will build on the progress made this year, with a continued focus on improving access, quality and productivity while strengthening financial sustainability. A key milestone will be the launch of the joint Group Strategy with The Dudley Group NHS Foundation Trust, setting out a shared ambition to improve outcomes and deliver services more efficiently across both organisations. The next phase of embedding the benefits of the Midland Metropolitan University Hospital (MMUH) will remain a priority, alongside a renewed focus on transformation through a set of core delivery programmes aligned to the Group's strategic framework, Fit for the Future.

Incident management and never events

A positive safety culture remains essential for the delivery of high-quality care. As part of the NHS Patient Safety Strategy, the NHS transitioned to the Learning from Patient Safety Events (LFPSE) system in December 2023. There has continued to be development of this portal over the last 12 months and SWBH are committed to aligning with the national reporting requirements.

The patient safety team have continued to work closely with frontline clinical teams to promote and embed the Patient Safety Incident Response Framework (PSIRF) learning response tools alongside operational management of incidents to ensure effective incident management is undertaken. Feedback from frontline teams has been positive and have noted the shift to a positive learning culture. The Patient Safety team are also regularly publishing learning in newsletters, bulletins and presenting information at weekly governance meetings.

The move to PSIRF has seen a shift in how incidents are investigated, and trends of incidents are identified and reviewed. Serious Incident investigations are no longer completed, having been replaced by Patient Safety Incident Investigations (PSII's). However, there has been a change in the criteria to categorise the level of investigation, with more flexibility being afforded to deciding what level is required. This means that incidents that may have been a lower level of harm, but a greater amount of potential learning points identified in initial debriefs can be investigated in closer detail than the previous SI framework. If a trend of a particular type of incident or a particular environment is identified, this can also have a thematic review can be undertaken to identify areas of learning and improvement, in an effort to reduce the likelihood of further harm being caused. This approach is already being shown to be beneficial for our clinical teams.

Total knee replacement surgery at Midland Met

The below table includes those incidents reported as a PSII, including those cases reported to the MNSI which were accepted for investigation.

No of PSII's (by date reported as PSII)	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
2025/26	2	2	1	2	3	1	2	3	1	3	0	
2024/25	0	1	1	1	3	2	0	3	0	6	1	0

Deep dive investigations have also been undertaken in falls, medication errors and Never Events

The Trust reported four Never Events during 2025/26; an increase in reporting compared to the previous period. Two Never Events related to retained swabs in the maternity department, one wrong site eye injection, and one removal of an incorrect urinary stent. Learning and safety controls were generated in each case, with the clinical divisions responsible for implementation and monitoring as part of the Trust's standard procedure. A national consultation process for Never Events Framework is ongoing and aims to clarify the definition and ensure an effective mechanism to drive patient safety improvement.

In September 2025, NHSE aligned Never Events with PSIRF and informed organisations to consider the most proportionate learning response method for Never Events. This resulted in two cases being investigated as Patient Safety Incident Investigations (PSIIs), and two as After-Action Reviews. All Never Event patient safety learning responses are reviewed at the Executive Quality Group for wider consideration and to share learning.

A Trust review of Never Events is ongoing, focusing on system learning, and hierarchical controls where possible, as well as engagement and support for those impacted by incidents, patients, families and staff.

Going Concern

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

Operational, quality and patient-experience performance

How we manage our services

The day-to-day operational management of our hospitals and services is led by the Executive Site Director Team, under the leadership of the Chief Executive. This team is directly supported by a range of senior managers across various corporate and clinical departments, ensuring coordinated oversight and delivery of care across the organisation.

Our operational model is structured into five clinically led divisions, each supported by a range of corporate services. The divisions are:

- Women and Child Health Division
- Medicine and Emergency Care Division
- Primary Care, Community and Therapies Division
- Surgical Services Division
- Imaging Division

These divisions are designed to work independently of each other but have strong links across patient pathways and services. Each division is managed by a dedicated triumvirate leadership team, comprising a group director, divisional director of operations, and a divisional director of nursing. These divisional leadership teams report to the Chief Operating Officer, who in turn reports directly to the Chief Executive.

Corporate services provide essential support to all clinical divisions and include:

- Integration and Partnerships
- People and Organisational Development

- Strategy and Governance
- Corporate Operations
- Nursing and Patient Support Services
- Communications
- Finance
- Chief Development Office (Estates)
- MDO

We operate a robust board committee structure to ensure effective governance, oversight, and strategic management.

The Board of Directors holds overall responsibility for setting the strategic direction of the Trust, ensuring robust accountability mechanisms are in place, and fostering a positive organisational culture. The board meets monthly to review performance, risk, and progress against strategic objectives.

Key sub-committees of the board include:

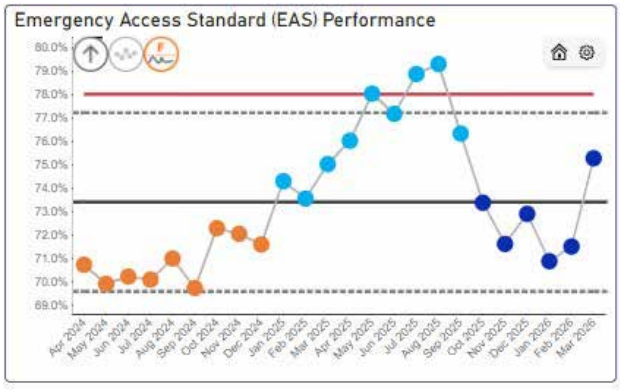
- Finance and Productivity Committee
- Quality Committee
- People Committee
- Integration Committee
- Trust Management Group
- Finance Investment Group
- EPRR Forum
- Quality and Safety Group
- Risk and Assurance Group
- Operational Performance Group

Emergency care

Towards the end of the financial year, performance against the Emergency Access Standards (EAS) and the 45-minute Ambulance Offload target showed recovery after a particularly challenging winter. The chart below demonstrates how prior to the winter period, there was significant progress towards achieving the 78 per cent EAS performance target, delivered through continued quality improvement which included a focus on Emergency Department operational process, reduction in Medicine length of stay, development of Same Day Emergency Care (SDEC) services and diagnostic pathways.

Similarly, the 45-minute offload standard was consistently achieved and was often the best performer in the region as a result of the introduction of a streamlined handover process, adherence to escalation processes with collaboration between ED, site management and ward areas. An increase in emergency attendances, higher acuity and issues with outflow into hospital beds left us unable to sustain the improvements in EAS performance and 45-minute ambulance offload that had been made.

In 25/26 there have been significant efforts to improve the Emergency Care pathway and deliver quicker and safer care for our patients. Our focus for the coming year will be to recover, build on the gains and drive further improvement to deliver EAS performance month on month at our trajectories, improve our performance against clinical quality indicators and build in resilience that will enable us to sustain operational performance over the winter months.



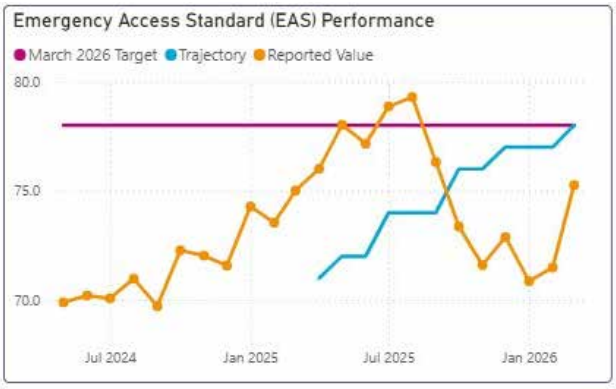


Figure 5 – EAS performance 25/26

RTT

During 2025/26, the Trust successfully delivered the elimination of patients waiting over 65 weeks from December 2025 onwards, marking a significant milestone in long waiter recovery and providing assurance of improved patient flow and access to care. The below graph, NHSOF – RTT Patients waiting over 52 weeks, illustrates a sustained and significant improvement over time, reflecting the impact of effective recovery actions and strengthened pathway management.

Diagnostic capacity was a critical enabling factor in this achievement. The diagnostics teams played a direct role in the Q4 long-waiter sprint, standing up additional capacity at short notice to ensure patients with the longest waits received timely investigation and could progress to treatment decisions. This contribution is reflected in the sustained reduction in 52-week waits across the period.

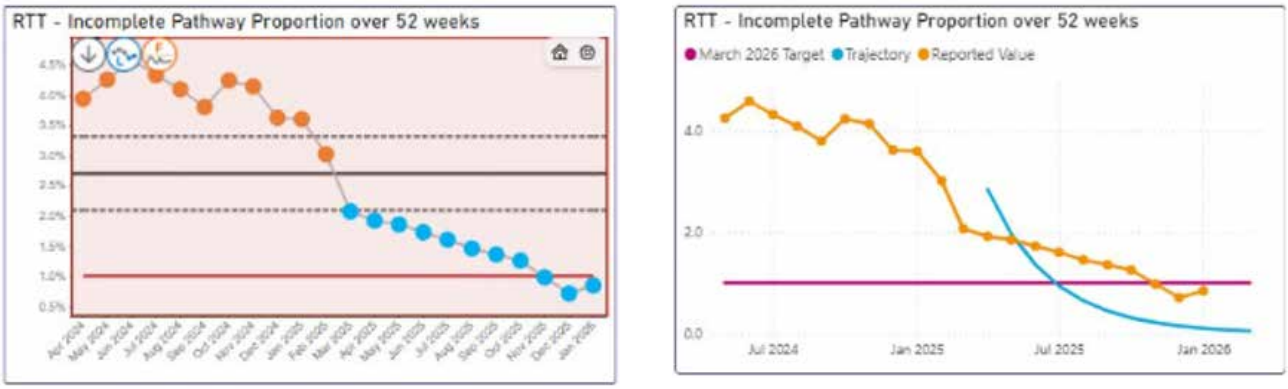


Figure 2 – 52 week RTT performance 25/26

Figure 2 demonstrates the percentage of patients waiting over 52 weeks on an incomplete pathway during 25/26. The graph on the left - horizontal axis demonstrates the month during 25/26 and the vertical axis demonstrates the percentage in increments. The solid red line is the performance target. The graph on the right shows performance over an 18 month period. The solid red line is the 2025/26 end of year target, the solid blue line shows the projected performance whilst the dotted orange line shows the actual performance against target and trajectory. The horizontal axis demonstrates the month, whilst the vertical axis demonstrates the number of patients.

To improve productivity across both elective and non-elective pathways, the Trust has implemented a range of targeted interventions, with a particular focus on high-demand specialties and the reduction of against 52 week waits.

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

Looking ahead, capacity planning and operational improvement will remain a priority, with diagnostics firmly embedded within elective recovery planning. This includes demand and capacity modelling at modality level, workforce development, and the progression of the Trust's Community Diagnostic Centre business case, ensuring sustained improvements in patient access and continued compliance with national RTT standards.

Cancer

During 2025/26, performance against the Cancer 28 day Faster Diagnosis Standard demonstrated volatility, however the Trust achieved incremental improvement compared to earlier months, supported by focused validation, pathway refinement, and improved tracking of patient outcomes. Critically, diagnostic capacity - including radiology, endoscopy, and pathology turnaround — remained a key dependency in delivering timely FDS outcomes, and work to stabilise and grow this capacity has been embedded within the wider cancer pathway improvement programme. The Cancer 31 Day Standard remained consistently strong, with the majority of months delivering performance above 92 per cent and several months exceeding 95 per cent, reflecting effective control to treatment scheduling once a decision to treat has been made.

Challenges remain in delivering the Cancer 62-Day standard, where performance showed moderate improvement but remained below the required threshold. Targeted actions are in place to enhance diagnostic capacity, reduce time from referral to first investigation, and streamline onward pathways, supporting continued recovery. The diagnostics function has been central to these improvement actions, with pathway-level analysis used to identify and address the points of greatest delay.

Figure 1 – FDS performance 25/26

Figure 1 demonstrates the FDS performance in 25/26. The graph on the left shows the percentage of patients receiving their diagnosis within 28 days. The horizontal axis is the month and year and the vertical axis is the percentage in increments of 10. The top broken line is the upper limit and the bottom broken line is the lower limit. The solid red line is the target. The blue and orange dots represent the performance for the corresponding month/year. The graph on the right shows performance over an 18-month period. The solid red line is the 2025/26 end of year target, the solid blue line shows the projected performance whilst the dotted orange line shows the actual performance against target and trajectory. The horizontal axis demonstrates the month, whilst the vertical axis demonstrates the percentage performance.

Variable performance during the year is illustrated in figure 1, NHSOF-28 Day Faster Diagnosis Cancer standard. A noticeable dip occurred mid-period, followed by recovery, before performance declined again toward the end of the timeline. This reflects the sensitivity of this standard to diagnostic capacity, pathway complexity, and timely communication of outcomes, and reinforces the need for sustained focus on end to end pathway management to achieve consistent compliance.

Diagnostic Performance

During 2025/26, DM01 did not carry a specific national constitutional standard, with national priorities aligned to FDS, RTT, and Elective Access Standard recovery. Nevertheless, the Trust maintained measurement and submission of DM01 performance throughout the year, including focused monitoring of patients waiting 13 weeks or more, reflecting a commitment to transparency and continued improvement in diagnostic access.

The year presented significant challenges. Demand exceeded capacity across multiple modalities — including MRI, CT, and endoscopy — with increased urgent demand driven by FDS and RTT recovery activity creating additional pressure on diagnostic services. This dynamic, in which elective diagnostic capacity was repeatedly drawn upon to support urgent and cancer pathways, has been recognised both regionally and nationally as a structural challenge facing acute diagnostics services.

The charts for this period demonstrate a deterioration in both overall DM01 performance and 13-week wait delivery across much of 2025/26. However, a meaningful recovery was delivered in Q4, driven in part by the diagnostics teams' ability to mobilise additional capacity at short notice in support of the Trust's long-waiter sprint. This recovery trajectory will be sustained into the start of 2026/27, with planned activity levels underpinned by refreshed demand and capacity modelling at modality level.

Looking ahead, the strategic priorities for diagnostics are:

Demand optimisation - implementation of AI-assisted referral decision support tools and the i-Refer platform to reduce inappropriate demand and improve referral quality, with deployment currently progressing toward full rollout across primary and secondary care referral pathways.

Workforce - targeted recruitment and retention activity across radiography, sonography, and reporting roles, alongside investment in reporting radiographer and advanced practitioner development pipelines to build sustainable domestic capacity.

Productivity and efficiency - maximising scanner and equipment utilisation through extended working patterns, session optimisation, and remote reporting arrangements where appropriate.

Community Diagnostic Centre - the Trust's strategic ambition to develop a CDC hub, supporting delivery of diagnostic standards closer to home, is actively progressing. The full business case is planned for submission to [ICB/NHSE] during 2026/27, with [Q2/Q3] the target submission window.

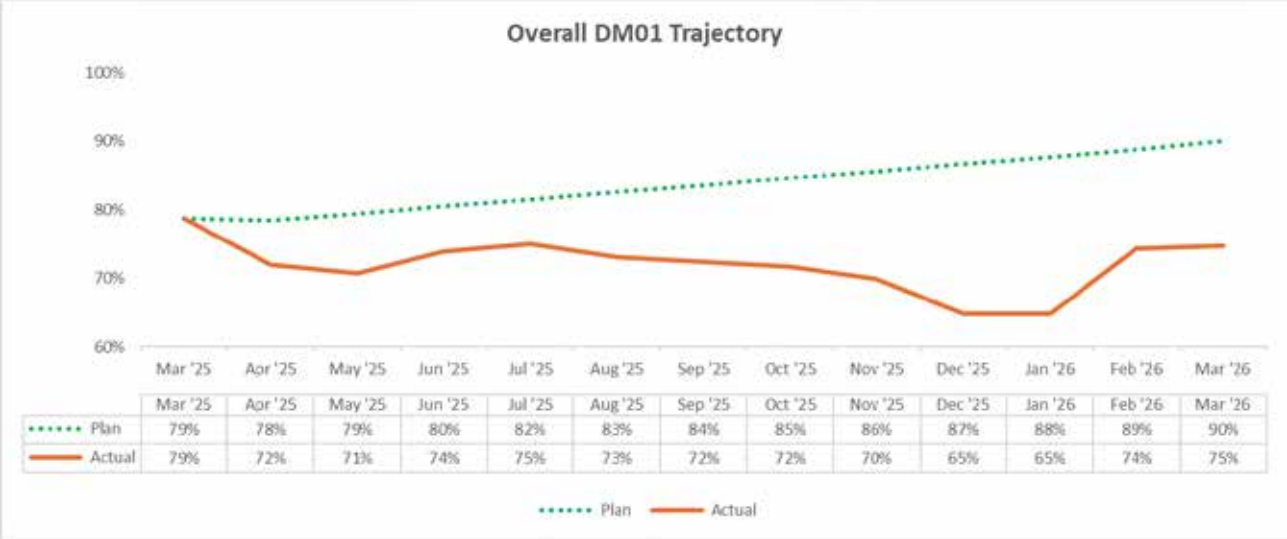


Figure 3 - Graph Demonstrating DM01 performance in 25/26

Figure 3 demonstrates the percentage of patients that had their diagnostic delivered within 6+ weeks (DM01 constitutional standard) during 25/26. The horizontal axis demonstrates the month during 25/26 aligned to the table within the graph and the vertical axis demonstrates the percentage in increments of 10%. The dotted green line was the original plan as part of annual planning setting at the start of 25/26, with the solid orange line the actual performance.

Figure 4 - Graph demonstrating number of 13+ ww at month end 25/26

Figure 4 is a graph that demonstrates the number of patients that were over 13 weeks from the point of their referral at month end. The horizontal axis demonstrates the month aligned to the table within the graph. The vertical axis demonstrates the number of patients going up in increments of 250. The dotted green line was the original plan of delivery submitted as part of annual planning at the start of 25/26, with the solid orange line the actual performance.

Figures 3 and 4 demonstrate there was a deterioration of both DM01 and 13+ week delivery during 25/26. There was recovery delivered in Q4 which will continue to be sustained during the start of 26/27.

Modernising Diagnostics

Diagnostics sits at the heart of the Trust's clinical and operational performance, enabling timely cancer diagnosis, supporting elective recovery, and underpinning the delivery of all major constitutional standards. During 2025/26, the Trust has continued to invest in the transformation of its diagnostic services, building the foundations for a more sustainable, technology-enabled, and patient-centred model of care.

Work has progressed on the deployment of AI-assisted diagnostic tools and digital referral optimisation through i-Refer, aimed at ensuring diagnostic capacity is directed toward those patients with the greatest clinical need. These tools form part of a wider programme to modernise how demand is managed and how clinical decisions are supported at the point of referral.

The Trust remains committed to developing a Community Diagnostic Centre hub, which will expand diagnostic access, reduce pressure on acute site facilities, and enable patients to receive investigations closer to home. This aligns with national NHS diagnostic strategy and supports the Trust's multi-year commitment to elective reform and improved population health outcomes. The business case is in development and is planned for submission during 2026/27.

Workforce development remains central to the modernising diagnostics agenda, with investment in reporting radiographers, advanced practitioners, and clinical scientist pipelines ensuring the Trust builds long-term resilience in its diagnostic workforce, rather than relying solely on short-term capacity solutions.

Patient Flow

Acknowledging the importance of reducing length of stay for enhancing patient experience and EAS performance, targeted measures were implemented, encompassing various aspects such as patient journey, bed base management, and access to support services in Medicine and Emergency Care. These targeted measures with the objective of bringing average length of stay down to 6 days were agreed and implemented by the Medicine Length of Stay project team. This group developed a data tool which is now used daily to identify wards that required additional support and intervention if daily discharge targets are not met.

An average length of stay of 6 days was delivered consistently until the final 4 months due to several factors including patient acuity and delays in discharging patients who required short term rehabilitation, assessment or recovery support in the community.

We continue to perform well when benchmarking against other Trusts within the Black Country, including our peers. In the coming months, a bed modelling exercise will be completed to remap medical specialty beds to ensure we have the right types of beds for the patients who need them.

Equality of Service Delivery

The Trust has implemented several measures to support equitable service delivery, including:

- Maintaining Disability Confident Leader status, demonstrating our commitment to employing disabled staff through our Project Search programme and strengthening our ability to meet the needs of disabled patients.
- Providing specialist support through the Learning Disability Team, which works to improve access to hospital services for patients with learning disabilities and their families.
- Collecting and analysing patient equality monitoring data to better understand service access and uptake, including screening services, and to identify potential inequalities.
- Ensuring that all service changes consider health inequalities through the completion of Equality Impact Assessment (EIA) .
- Supporting patients' faith, religion, and spiritual needs through the Multi- Faith Chaplaincy Service (the team has Christian, Catholic, Sikh, Hindu & Muslim Chaplains).
- Continuing to implement and strengthen the Equality Delivery System (EDS) to improve services and outcomes for local communities.

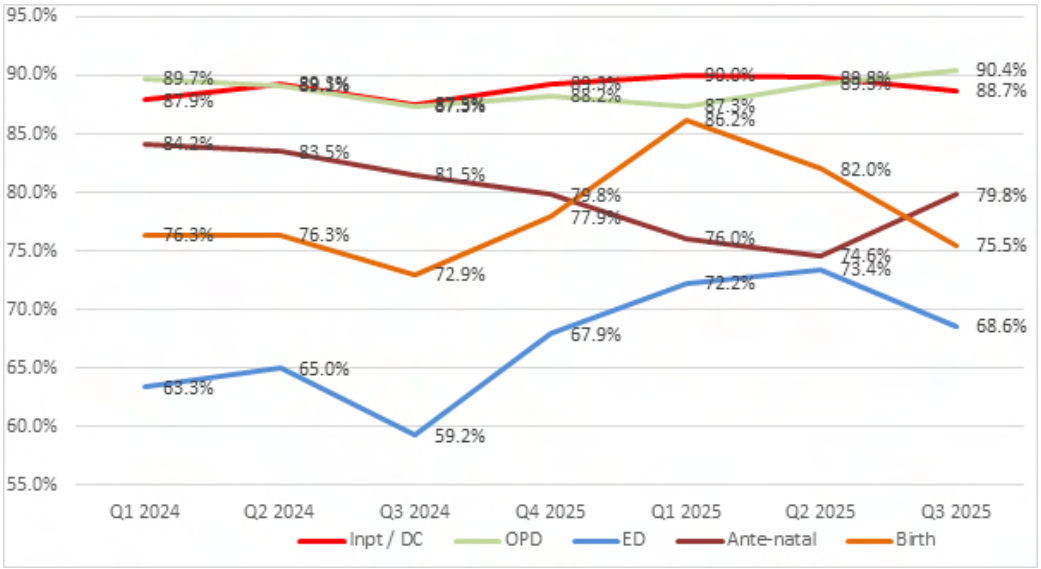
Patient Experience Indicators

The graphs below show our FFT performance (proportion of positive responses and participation rates) from January 2024 to March 2026. Comments patients made most prominently through the FFT describe kindness, compassion and professionalism of our people in the increasingly challenging circumstances they work within. Their expertise and assurance was noteworthy in these comments.

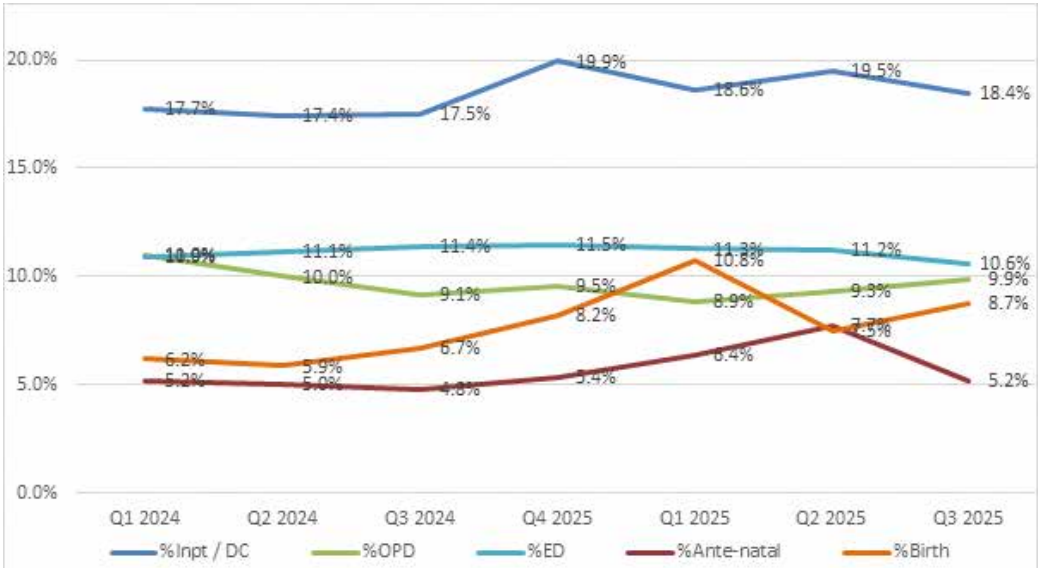
Comments about involvement, communication and some unhelpful behaviours confirm that our plans to support communication and personalisation are founded up upon our patients and their loved ones' needs and wishes.

Sandwell & West Birmingham NHS Trust FFT – percentage proportion of people who responded positively*

January 2024 to March 2026 – FFT Scores



January 2024 to March 2026 – FFT Response Rates s



Average total monthly participation 2025 / 26 – inpatient / day case n=962, outpatient n=836, emergency department n=1095, ante-natal n=39, birth n=38.

The Trust has made progress in increasing inpatient response rates for adults and children. FFT Scores for inpatient were sustained and there were improvements evident in ED and outpatients. However, performance has not yet been consistently improved, with inpatient experience slightly below national targets. Maternity scores and response rates remain variable.

Infection Control

The Health and Social Care Act 2008 requires all Trusts to have clear arrangements for the effective prevention, detection and control of healthcare associated infection (HCAI). Our Trust's nominated Director of Infection Prevention and Control (DIPC) is the Group Chief Nursing Officer, who is a voting executive member of the Trust Board, has Board level responsibility for IPC and chairs the Infection Prevention and Control Group.

The Infection Prevention and Control Group oversees and reviews compliance with the Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance (revised 2022), known as 'The Hygiene code'. The Infection Prevention & Control Group monitors compliance with the Hygiene Code via the NHS England IPC Board Assurance Framework. The Infection Prevention & Control Group then feeds upwards to the Trust Quality Committee and Trust Board. Our Trust declares compliance with all 10 sections of the Hygiene Code.

What we said we would do in 2025-26

- Work with Black Country partners to address the increased incidence of Clostridioides difficile to ascertain what additional actions could be taken to reduce numbers of cases, with a particular focus on antimicrobial stewardship
- Further refine the process for the surveillance of surgical site infection to improve accuracy of data collection and learning from cases of surgical site infection
- Focus on waste management and improve the segregation of waste at the point of disposal in clinical areas
- Focus on the infection prevention basics of hand hygiene and dress code, ensuring that staff perform hand hygiene in accordance with the established '5 moments of hand hygiene' and are compliant with local uniform and dress code standards expected

What we achieved

- The incidence of Clostridioides difficile has significantly reduced during the year with 34 cases against an NHSE set trajectory of no more than 52 for 2025-26, compared to 85 cases against an NHSE set trajectory also of no more than 52 for 2024-25. This has been driven by significant improvements in antimicrobial stewardship with an overall reduction in consumption of antibiotics at the Trust to below the midlands average. Consumption of the antibiotic Co-amoxiclav, which is high risk for triggering Clostridioides difficile infection, also markedly reduced during 2024-25. The IPC Team also reiterated the importance of cleanliness of medical devices as another way to help prevent the spread of Clostridioides difficile.
- During 2025-26 a business case has been successful for the implementation of Chloroprep® the licenced skip prep to be used for orthopaedic and Caesarean Section surgery with the principal aim of helping to reduce the rate of surgical site infection. During the year the lead IPC nurse for surgical site surveillance also implemented a digital wound management form on the patient management system Unity® which enables clinicians managing a surgical (or other) wound to document changes and updates in the management of a wound which form part of the patient record.
- Following improvements in bin placement and work with Support Services Teams to ensure the correct placement of different waste stream bags into the correct bins in clinical area waste holds, the Trust has now improved its position for the consignment of waste to meet the Department of Health's 60/20/20 target for waste leaving the Trust (60% offensive / 20% infectious / 20% incineration). Further work will be undertaken by IPC Team and Support Services and Estates to strengthen segregation of waste during 2026-27.
- The IPC Team have reviewed the process of hand hygiene audits and included a revised audit tool on the Trust audit system Tendable® based on the World Health Organisation '5 moments of hand hygiene'. Wards complete hand hygiene audits monthly and if they drop below 95% compliance, audit frequency is increased to weekly. Hand hygiene compliance is monitored at the Infection Control Group. The Trust soap and hand gel provider SC Johnson has also regularly been on site supporting hand hygiene observations and training in clinical areas. The IPC Team has also supported the development of a revised dress code policy for the Trust.

Mandatory reportable organisms (figures April 25 - March 26)

The following are organisms required to be reported as part of mandatory reporting to the UK Health Security Agency (UKHSA) against NHS England set trajectories. Clostridioides difficile cases during 2025-26 have been significantly below the NHSE set trajectory and cases of E. coli and Pseudomonas aeruginosa bacteraemia (blood stream infection) have also been below trajectory, with Klebsiella bacteraemia ending the year above trajectory. Cases of MRSA bacteraemia are reduced compared to the 5 reported during 2024-25 and the single case reported during 2025-26 was in a neonate where the likely source was from the mother and was not related to suboptimal practice.

Organism	NHSE set target	Reported cases
MRSA bacteraemia (post 48 hours admission)	0	1
C. difficile toxin	52	34
E. coli bacteraemia	67	64
Klebsiella bacteraemia	16	25
Pseudomonas aeruginosa bacteraemia	9	8

What we want to achieve for 2026-27

- Continue with collaborative working between the IPC Teams of Sandwell and West Birmingham Hospitals and Dudley Group NHS Foundations Trust as part of the Group Model established between the two Trusts, including identifying and sharing best practice from both teams and pooling resource where this benefits patient safety and outcomes.
- Continue to work on improving the surveillance of surgical site infection and introduce formal surveillance of caesarean section surgical site surveillance at the Trust. In addition, as part of Group Model working alongside Dudley Group NHS Foundation Trust, adopt into Sandwell the existing Dudley process of surgical site surveillance data capture and post discharge questionnaire, to ensure surgical site surveillance processes are reflective across the two Trusts. This will enable production of comparable data that matches national criteria for data collection, thus forming a basis to propose improvements in practice.
- Roll out of training for personal protective equipment (PPE) for High Consequence Infectious Disease (HCID). This is to ensure that staff in admitting areas such as the Emergency Department or high-risk areas such as critical care have the necessary training for donning and doffing for high level PPE, in the unlikely event of a serious or imported infectious disease such as a viral haemorrhagic fever. Members of the IPC Team have achieved 'train the trainer' status and are working to ensure that staff are equipped to use PPE to care for patients while preventing direct contact with the suspected organism as part of plans to manage HCID.

Quality Priorities

The Trust's quality priorities are agreed annually through the Quality Account process and are aligned to the organisation's Strategic Planning Framework and strategic objectives, including delivering the right care, in the right place, at the right time for our patients. Priorities are informed by analysis of safety, effectiveness and patient experience data, regulatory requirements, national priorities, learning from incidents and feedback from patients, carers and staff.

During the year, the Trust has continued to strengthen alignment of quality priorities with The Dudley Group NHS Foundation Trust (DGFT) as part of the transition towards a formal NHS Group model and the establishment of a single Group Board. This approach supports greater consistency in quality improvement priorities, governance oversight and learning across both organisations, while each Trust retains statutory accountability for the quality of care it provides.

Delivery of these priorities is supported through the Trust's Improving Together management system, which provides a structured approach to setting priorities, monitoring performance and driving continuous improvement across divisions and services. Quality priorities are translated into measurable objectives within divisional scorecards and improvement plans, enabling routine review of progress, risks and outcomes through performance meetings and governance reporting arrangements.

Oversight and assurance are provided through the Trust's governance framework, including regular reporting to the Quality Committee and Trust Board, ensuring that progress against quality priorities is monitored and that corrective action is taken where required.

Further detail on the Trust's quality priorities and performance against them during the year is set out in the Trust's published Quality Account, which should be read alongside this Annual Report.

Performance Summary 2025/26 and Forward Outlook

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

Diane Wake

Chief Executive Officer

9th July 2026

Accountability Report

Corporate Governance Report

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

Non-Executive Director (NED) appraisals for 2025/26 were undertaken in line with national guidance and local governance arrangements. Appraisals were conducted on a one-to-one basis and assessed individual contribution against agreed objectives, including leadership within committees, support and challenge to the Executive, and contribution to the wider system agenda.

The outcomes of the appraisal process confirmed that the Board continues to operate effectively, with an appropriate balance of skills, experience and independence to discharge its responsibilities. The appraisal findings were submitted to NHS England in September 2025.

No separate external evaluator was appointed to undertake a Board evaluation during 2025/26. The Trust was subject to a CQC Well-Led inspection during the year, and the Board will consider the timing and scope of a future externally facilitated developmental review in light of the CQC findings, the establishment of the Group governance model with The Dudley Group NHS Foundation Trust, and the Board's ongoing development programme.

The outcomes of the appraisal and evaluation process confirmed that the Board continued to operate effectively, with an appropriate balance of skills, experience and independence. The findings informed Board development, succession planning, committee membership, Non-Executive Director portfolio responsibilities and the future composition requirements of the Board and Group governance arrangements.

The appraisal findings were submitted to NHS England in September 2025.

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

The Trust requires all Directors to make an annual declaration of compliance with the FPPR standards. In 2024/25, all Board members were required to complete a self-certificate to confirm compliance with these standards, and where appropriate external assessments, including Disclosure and Barring Service checks were undertaken. The results were scrutinised by the Trust Chairman who concluded that the Board members were, and remain, fit to carry out the roles they are in. NHS England reviewed and signed off the submission in July 2025, confirming that all Board directors continue to meet the statutory requirements.

The Trust maintains a robust approach to managing conflicts of interest. Directors are required to declare any relevant interests on appointment and on an ongoing basis.

A Register of Directors' Interests is maintained by the Company Secretary and published on the Trust's website. The Board is satisfied that no conflicts exist that would materially impact upon the discharge of Directors' responsibilities.

The Trust did not undertake a separate externally facilitated developmental review of leadership and governance using the NHS Well-Led framework during 2025/26. The Trust was subject to a CQC Well-Led inspection in November 2025, which assessed leadership across the organisation and resulted in a rating of Good.

The Board recognises the value of periodic externally facilitated developmental reviews and will consider the timing and scope of its next review in light of the CQC Well-Led findings, the transition to the Group governance model with The Dudley Group NHS Foundation Trust, and the Board's ongoing development programme.

During 2025/26, the Trust continued to maintain information governance arrangements to support the secure and lawful management of personal data. There were no personal data related incidents formally reported to the

Information Commissioner's Office during the year.

As far as each Director is aware, there is no relevant audit information of which the Trust's auditor is unaware. Each Director has taken all the steps that he or she ought to have taken as a Director to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes. We confirm that we have met this requirement and that income received in 2025/26 had no impact on our provision of goods and services for the purposes of the health service in England.

During 2025/26, the Trust continued to embed its self-assessment approach in line with the Care Quality Commission's Single Assessment Framework.

A structured self-assessment toolkit supports services to evaluate performance, identify areas for improvement, and share best practice across the organisation. Evidence from this process informs improvement planning and is triangulated through governance structures, including the Quality Committee and Trust Board.

The Board of Directors remains accountable for ensuring effective governance arrangements are in place to support delivery of the Trust's quality priorities.

Regular reporting on quality, safety and patient experience is received through the Board and its committees, supported by the Fundamentals of Care framework and Patient Safety Incident Response Framework (PSIRF). This ensures a continuous focus on learning, improvement and assurance.

Further information on the effectiveness of governance arrangements is provided within the Annual Governance Statement.

From 1 April 2026, Sandwell and West Birmingham NHS Trust formally entered a Group governance model with The Dudley Group NHS Foundation Trust.

Under this model:

- Both organisations remain separate statutory bodies, each retaining its own Board and legal accountability
- A Group Board operates as a joint committee of both Trust Boards
- A suite of joint committees supports the Group Board across key domains including Quality, Finance and Productivity, People, Infrastructure.

This model strengthens alignment across the Group, improves decision-making at scale, and supports delivery of shared strategic priorities, while preserving sovereign accountability for each Trust.

In the following pages you will find more information about the Board of Directors in post during the year 2025/26.

Sir David Nicholson KCB CBE - Chairman

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

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

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

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

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

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

Lesley Writtle - Deputy Chair/Non-Executive Director

Lesley joined the Trust as a Non-Executive Director in February 2020 and was subsequently appointed Deputy Chair. She brings extensive board-level leadership experience within NHS-regulated organisations, underpinned by a clinical background as a Registered General Nurse and Registered Sick Children's Nurse.

Lesley began her career at Sandwell District Hospital and later specialised in paediatric intensive care and oncology at Birmingham Children's Hospital. She transitioned into senior management in the late 1990s, building a distinguished career in operational and strategic leadership across the health system.

Prior to her current role, Lesley served as Chief Executive of Black Country Partnership NHS Foundation Trust, where she also held positions as Director of Operations and Deputy Chief Executive. Earlier in her career, she was Director of Mental Health at Wolverhampton PCT, as well as Director of Primary Care and Children's Services.

Lesley brings a strong focus on governance, risk management and strategic oversight. She has a proven track record of supporting boards to deliver effective strategy, maintain robust governance frameworks, and ensure sound financial stewardship, while promoting a positive organisational culture through workforce engagement.

Throughout her career, Lesley has successfully led complex health services, with extensive experience in operational delivery and the leadership of large-scale transformation and service redesign programmes. Her experience spans acute, community, mental health and primary care settings, providing a broad system-wide perspective and the ability to navigate organisational complexity.

Val Taylor - Non-Executive Director

Val is an experienced senior executive and strategic leader with a strong track record across the education, charitable, and community sectors. Currently Chief Operating Officer at AIM Qualifications and Assessment Group, Val has led major organisational transformation, governance, compliance and income generation initiatives, securing multi-million-pound investment and delivering sustainable growth. Alongside extensive executive leadership experience, Val brings significant board and governance expertise through a range of trustee and non-executive roles, including a trustee position for a voluntary sector health and social care organisation that provides intermediate respite services to those living in the community that require support with mental health conditions. One of the areas that she is passionate about. Val is committed to improving services, supporting communities and driving positive organisational change.

Lorraine Harper - Non-Executive Director

Lorraine Harper joined the Trust in January 2023, bringing a wealth of research experience to the Trust. Currently Professor of Nephrology at University of Birmingham, she has focussed on the management of patients with inflammatory kidney disease at University Hospitals Birmingham. She has helped support the development of a regional network of nephrologists and rheumatologists to support best practice in the management of vasculitis. Lorraine has published over 100 research papers in scientific journals as well as reviews and book chapters in the fields of inflammation and nephrology. Her research is funded by Wellcome, NIHR and UKRI amongst others. She is Managing Director of Birmingham Health Partners Research, a collaboration of 6 NHS Trusts, 2 Universities and the Health Innovation West Midlands, that aims to bring the benefits of research rapidly to patients.

She is a strong supporter of academic training and development, ensuring research is embedded as normal in healthcare and was the National Institute of Health and Social Care Research Academy Associate Dean responsible for academic training pathways until 2025. She is committed to increasing the diversity of individuals engaged with research and chaired the working group that developed the NIHR fellowships awards for research in local authority and changes to the awards for nurses midwives and allied health professionals.

Andrew Argyle - Non-Executive Director

Andy joined the Trust in May 2023, following his recent retirement from KPMG after a 35-year career working in corporate audit, transaction services and latterly the public sector. Andy qualified as a UK chartered accountant in 1989, before moving to KPMG in Düsseldorf as an audit manager. On returning to KPMG in the Midlands, he

established the company's German desk to coordinate work with German and UK clients.

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

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

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

Rachel Hardy - Non-Executive Director

Rachel joined the Trust in January 2022, she has over 35 years' experience within the NHS where she has held senior positions within the organisation. She has board level experience leading strategic change, financial and change management in complex health businesses at an organisational, regional, and national level. She worked on a commissioning system for one of four regions in NHS England for six years. Prior to that Rachel worked across the Birmingham and Solihull Health System, developing a financial approach to accelerating clinical strategy with seven health providers, two local authorities and GPs across the city.

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

Jatinder Sharma – Associate Non-Executive Director

Jatinder joined the Trust in May 2023, he is a qualified accountant and highly experienced leader, Midlands-born Jatinder Sharma is principal and chief executive of Walsall College, having previously held a number of senior positions in both private and public sectors.

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

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

Mick Laverty - Non-Executive Director

Mick joined the Trust in May 2019, he is a chartered accountant and experienced chief executive. Mick is currently the chief executive of the ExtraCare Charitable Trust, a charity that builds and runs the UK's largest retirement villages. Before joining ExtraCare he was chief executive of the Student Loans Company, a government-funded 'digital exemplar' organisation that distributes c£20 billion per annum and has seven million customers. Mick has also previously been chief executive of Advantage West Midlands, and the regional development agency for the West Midlands. Mick has held a number of non-executive director roles in the public, private and third sectors and is currently a non-executive director and vice-chair of the Association of Retirement Community Operators (ARCO), he is also a non-executive director of the Dudley Group Foundation Trust. Mick was appointed as a Deputy Lieutenant for the West Midlands in 2018.

Mike Hallissey - Associate Non-Executive Director

Mike joined the Trust in January 2022 and he currently works for University Hospitals Birmingham, holding the position of Consultant in General Surgery.

Mike began his career in 1992 where he held the position of a Senior Lecturer at the University of Birmingham. In 1996 he transferred to his current role as consultant surgeon at the Queen Elizabeth Hospital with an interest in Surgical Oncology, operating on a range of cancers. More recently, he focused his practice on Breast and upper gastrointestinal cancers. More recently, he helped support the development of a regional service in Angiosarcoma of the breast and continues his support to the breast service clinically.

He has been a member of several national committees and was President of the British Association of Surgical Oncology, in this role also serving as the chair of the Cancer Service Committee for the Royal College of Surgeons of England. He has supported a number Trial Management Committees and has been involved with the administration of numerous major cancer trials.

Throughout his career, Mike, has been actively involved in medical education and progressed from being a member of the Deanery Committee overseeing the training of house officers now known as foundation trainees to Chair of the West Midlands Deanery General and Vascular training committee . In addition to this he has worked with colleagues on educational research including the validation of cognitive stimulation as a tool for trainee surgeons.

Amrick Singh Ubhi - Associate Non-Executive Director

Amrick joined the Trust in March 2024, his professional background is diverse and varied; an innovative, forward thinking Organisational Development Consultant/ Transformation Manager who more recently has strategically led and provided direction on the development, implementation and monitoring of civic and interfaith engagement and partnership building with many organisations. He brings experience of developing effective relationships with local/regional government; faith organisations; academic institutions; community and business organisations; law and order agencies; and the health sector with the aim of working in partnership to empower, uplift and engage all in the transformation process.

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

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

Atif Ali BEM - Associate Non-Executive Director

Atif joined the Trust in March 2024, as a seasoned Project and Programme Manager, he has a proven track record of establishing deliverables across designated projects and navigating critical project challenges. His expertise extends to in-house resource development and strategic project management, underpinned by a Master's in Law (LLM) from the University of Birmingham and a Bachelor's in Law (LLB) from the University of Wolverhampton. These qualifications equip him with the legal acumen and analytical skills necessary to effectively oversee complex and diverse projects.

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

Catherine Holland - Associate Non-Executive Director

Catherine joined the Trust in February 2026, she is also a non-executive director at The Dudley Group NHS Foundation Trust, joining in 2018, and serving as the Senior Independent Director and lead NED for Freedom to Speak Up and NED Champion for the Women's Network. She has recently joined the Charity Committee and formerly chaired the Dudley Quality Committee, People Committee and Digital Committee. Catherine now chairs the Joint People Committee for both Trusts.

Catherine is a writer, speaker, coach/mentor and facilitator. A graduate of the Golden Egg Academy, she has written and published two novels for children and is currently working on her third. Catherine enjoys developing the practice of senior leaders and is a contributing author to' Street Smart Awareness - Inquiry in Action', and co-designer and facilitator in transformational leadership development retreats. She also undertakes personal development coaching.

Former Chief Executive Officer for the Probation Service in the midlands, Catherine has overseen major change projects and performance improvements. She has also worked at senior levels in housing (third sector) and social services.

Lowell Williams - Associate Non-Executive Director

Lowell joined the Trust in April 2025, he is also a non-executive director at the Dudley Group NHS Trust. He was the former chief executive officer of Dudley College of Technology from 2008-2019 and led the college to an Ofsted Outstanding rating in the 2017 inspection. In January 2018, he was named as one of seven appointments to the government's advisory group, the National Leaders of Further Education, which is made up of principals from colleges who have been rated good or outstanding. Lowell led the creation of Dudley's Academies Trust. Lowell was also elected Councillor for Warwick District Council in 2023.

Diane Wake – Group Chief Executive

Diane joined the Trust in January 2025 in a dual role, as Chief Executive, whilst also serving as Chief Executive at The Dudley Group NHS Foundation Trust which she joined in 2017.

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

She was previously Chief Executive at Barnsley Hospitals NHS Foundation Trust from 2013 to 2017 and interim Chief Executive at Royal Liverpool and Broadgreen University Hospitals NHS Trust, where she also worked as Deputy Chief Executive, Chief Operating Officer and Executive Nurse from 2007.

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

Johanne Newens - Chief Operating Officer

Johanne Newens was appointed Chief Operating Officer in September 2022, having served as the Deputy COO at SWB for the previous two years. Before that Jo was at The Dudley Group NHS FT where she was Divisional Director of Operations for Medicine and Emergency Care. She is leading service delivery for all our hospital services and works closely with the Chief Integration Officer on community and primary care services and Place Based Partnerships.

Dr Mark Anderson - Chief Medical Officer

Mark was appointed as the Chief Medical Officer in September 2022, he previously served as one of our Deputy Medical Directors who was the responsible officer for medical professional standards and revalidation.

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

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

Mel Roberts – Group Chief Nursing Officer/Deputy CEO

Mel joined the Trust in December 2018, as Director of Operations for Primary Care, Community and Therapy services, before being appointed as Chief Nurse in January 2021. She became Chief Nursing Officer in September 2021.

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

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

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

Mel was appointed as the Deputy CEO for Sandwell on 1st April 2025 and was appointed as the Group Chief Nursing Officer on the 1st December 2025.

Rachel Barlow - Group Chief Development Officer

Rachel Barlow is the Group Chief Development Officer at Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust and was appointed in this role on 1st April 2025.

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

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

Dr James Fleet - Group Chief People Officer

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

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

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

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

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

Kat Rose - Group Chief Partnership Officer

Kat joined the Trust in September 2025, becoming Interim Group Director of Integration across Sandwell and West Birmingham and The Dudley Group and bringing with her more than 15 years of NHS experience in programme management, strategy implementation and delivering healthcare transformation.

Before joining the Trust, Kat held the role of programme director at Herefordshire and Worcestershire Health and Care, working on several million-pound projects. Prior to that she was associate director of strategy and planning at Shrewsbury and Telford Hospital NHS Trust where she worked closely with system partners and managed the strategy, PMO, improvement and planning teams. Prior to this she performed the same role at Birmingham Community Healthcare NHS Foundation Trust.

Kat began her career project managing large scale new builds for the NHS before moving into strategic planning and service transformation.

Adam Thomas - Group Chief Strategy and Digital Officer

Adam Thomas joined the Trust in April 2025 and is Chief Strategy and Digital Officer at Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.

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

A graduate of Aston University, Adam qualified as a pharmacist and proceeded to undertake postgraduate qualifications in clinical pharmacy, independent prescribing and digital healthcare leadership. He has worked in medical oncology and brings a special clinical interest in improving cancer outcomes for the Black Country. He is also a registered IT professional, holding a Fellowship of the British Chartered Institute for IT professionals. Adam has recently completed a Masters degree in Digital Health Leadership, focusing on how intelligence can address population health inequality.

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

Laura Broster - Group Chief Communications Officer

Laura Broster joined in June 2025 as Group Chief Communications Officer for Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.

With over two decades of experience in NHS communications and a Marketing degree from the University of Wolverhampton, Laura has established herself as a seasoned leader in strategic communications and stakeholder engagement. She has held previous roles at NHS Black Country Integrated Care Board and NHS Dudley Clinical Commissioning Group. Spending the majority of her career in the Black Country demonstrates her longstanding commitment to and growth in healthcare planning.

Laura is dedicated to using insight to drive targeted communications that supports health improvement. She believes that the NHS has an important story to tell- one that showcases the dedication of our staff, the impact of our services, and the difference we make to local communities.

Known for her collaborative approach, she brings together NHS staff, service users, and partners to develop coherent, inclusive communication strategies. She is responsible for internal and external communications, ensuring that staff have the information they need to deliver high-quality care, and that patients and local communities feel informed, engaged, and connected with the organisation.

Madi Parmar - Director of Finance

Madi joined the Trust in January 2026 and brings over 30 years of NHS finance experience, previously serving as Chief Financial Officer at Coventry and Warwickshire ICB and Deputy Chief Financial Officer at University Hospitals Birmingham NHS Foundation Trust, where she managed a £1.8bn turnover and led major projects including the Queen Elizabeth Hospital build and multi-site mergers.

Madi has a strong track record in financial strategy, contracting, and performance management, and has played a key role in system-wide initiatives such as elective recovery and capacity expansion.

Madi has overall management and stewardship of financial resources including the development of financial strategy and maintenance of effective budgetary control. She also has oversight of procurement arrangements for the Trust, which is part of a collaborative alliance with The Dudley Group NHS Foundation Trust and Walsall Healthcare NHS Trust.

Dr Jonathan Odum - Group Chief Medical Officer

With the formalisation of the group structure between The Dudley Group NHS Foundation Trust and Sandwell and West Birmingham NHS Trust, Dr Odum has been appointed Group Chief Medical Officer for a period of six months.

Dr Odum qualified from Birmingham University in 1984, and his postgraduate training was undertaken in the West Midlands (1984-1991) and Adelaide, South Australia (1991-1993). He was awarded a Sheldon Research Fellowship by the West Midlands Regional Health Authority in 1988,

and following completion of his research, his thesis was awarded an MD by the University of Birmingham in 1993.

He took up post as a Consultant in General Internal Medicine and Nephrology at New Cross Hospital in 1993. His clinical interests include diagnosis and management of hypertension and pathophysiological mechanisms underlying and treatment of glomerular disease.

Dr Odum was elected as a fellow of the Royal College of Physicians (RCP) in 1999 and has been an MRCP PACES examiner from 1999 to the present day.

He has a significant interest in service development, and as Clinical Director for Renal Services (1995-2005), was responsible for the expansion of renal services at Wolverhampton into Walsall and Cannock, and the opening of the satellite Haemodialysis units at Walsall Hospital and Cannock Chase Hospital.

At Integrated Care System (ICS) level, Dr Odum is Chair of the Clinical Leaders Group, and is also the Chief Medical Officer for the Black Country Provider Collaborative (BCPC).

Karen Kelly - Chief Officer - Fit for the Future

Karen joined us from March 2026 and is Chief Officer Fit for the Future at Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust.

A graduate of Keele University, Karen qualified as a nurse in 1993 and worked for more than 23 years at the University Hospital of North Staffordshire where she held a variety of roles including the first matron role for Urgent and Emergency Care before moving into managing the Directorate of Emergency Care.

Prior to joining us Karen has been involved in overseeing a range of large-scale service developments and improvement projects. She became part of the transformation team tasked with turning around Mid Staffordshire NHS Foundation Trust – becoming head of nursing there in 2010. Following this, she held the post of medical nurse director, followed by deputy director of operations at The Royal Liverpool and Broadgreen University Hospital Trust.

Karen is passionate about leadership development and working alongside people to promote quality of care being delivered that ensures our patients are safe.

Nicky Taylor - Chief Nursing Officer

Nicola Taylor is Interim Chief Nurse at Sandwell and West Birmingham Hospitals NHS Trust, providing strategic leadership across governance, PSIRF implementation, infection prevention, safeguarding, and mental health services. She began her career in Sandwell and progressed into diabetes specialist nursing before moving into senior leadership roles across the Sandwell community and wider Trust. Nicola brings deep organisational knowledge and a strong track record of driving quality improvement, professional standards, and collaborative system working.

Siân Thomas - Interim Chief Integration Officer (Until September 2025)

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

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

Dave Baker - Chief Strategy Officer (until October 2025)

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

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

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

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

Simon Sheppard - Acting Chief Finance Officer (until December 2025)

Simon was appointed as the Acting Chief Finance Officer in January 2024 following Dinah McLannahan going on a secondment. Simon has overall management and stewardship of financial resources including the development of financial strategy and maintenance of effective budgetary control. He also has oversight of procurement arrangements for the Trust, which is part of a collaborative alliance with Dudley and Walsall hospitals. Simon has a proactive contribution to continuous improvement in the Trust's activities including achieving optimum efficiency and service line management for quality, operational and cost improvement.

Kam Dhami - Chief Governance Officer (until March 2026)

Kam was appointed to an executive role in April 2002, she has over 36 years' experience in the NHS, all of it locally.

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

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

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

Board and senior manager ethnic diversity

The Trust monitors the ethnic diversity of its Board and senior managers as part of its wider equality, diversity and inclusion governance arrangements and with reference to the NHS Workforce Race Equality Standard, including Indicator 9. WRES Indicator 9 considers the difference between the organisation's Board voting membership and the overall workforce in relation to ethnicity.

At 31 March 2026, 11% of voting Board members identified as Black, Asian or Minority Ethnic, compared with 49.86% of the Trust's overall workforce and 40.9% of the population served by the Trust. Across senior managers, 31% identified as Black, Asian or Minority Ethnic.

The Trust recognises the importance of ensuring that Board and senior leadership composition reflects the diversity of the workforce and communities served. During 2025/26, the Trust continued to support representative leadership through inclusive recruitment, talent management, leadership development, Staff Inclusion Networks, the Race Equality Code action plan and WRES improvement actions. Performance during the year showed a positive trajectory in the proportion of Black, Asian and Minority Ethnic colleagues in senior leadership roles, although further work is required to ensure sustained improvement and stronger alignment with the diversity of the Trust's workforce and local communities.

Progress will continue to be monitored through the People Committee, WRES reporting, EDI governance arrangements and Board development processes.

Board of Directors Attendance

Name	Role	Commencing	End	Attendance out of 8*
Sir David Nicholson	Chair	05/2021		8/8
Lesley Writtle	Deputy Chair	07/2020		7/8
Mick Laverty	Non-Executive Director	05/2019		7/8
Andrew Argyle	Non-Executive Director	05/2023		5/8
Rachel Hardy	Non-Executive Director	01/2022		8/8
Val Taylor	Non-Executive Director	01/2022		7/8
Lorraine Harper	Non-Executive Director	01/2023		3/8
Michael Hallissey ***	Associate Non -Executive Director	01/2022		6/8
Jatinder Sharma ***	Associate Non-Executive Director	05/2023		7/8
Atif Ali ***	Associate Non-Executive Director	03/2024		5/8
Amrick Ubhi ***	Associate Non-Executive Director	03/2024		7/8
Lowell Williams ***	Associate Non-Executive Director	04/2025		5/8
Catherine Holland ***	Associate Non-Executive Director	02/2026		1/2
Diane Wake	Group Chief Executive	01/2025		7/8
Mel Roberts	Group Chief Nursing Officer	12/2018		8/8
Simon Sheppard	Acting Chief Finance Officer	01/2024	12/2025	5/5
Jo Newens	Chief Operating Officer	09/2022		8/8
Mark Anderson	Chief Medical Officer	09/2022		7/8
James Fleet **	Group Chief People Officer	10/2023		8/8
Kam Dhami **	Chief Governance Officer	04/2002	03/2026	2/8
Rachel Barlow **	Group Chief Development Officer	07/2011		5/8
Dave Baker **	Chief Strategy Officer	09/2017	10/2025	2/4
Siân Thomas **	Interim Chief Integration Officer	11/2024	09/2025	4/4
Laura Broster **	Group Chief Communications Officer	06/2025		7/7
Adam Thomas **	Group Chief Strategy and Digital Officer	04/2025		8/8
Kat Rose **	Group Chief Partnership Officer	09/2025		5/5
Madi Parmar	Director of Finance	01/2026		3/3
Nicky Taylor **	Chief Nursing Officer	01/2026		2/2
Jonathan Odum	Group Chief Medical Officer	02/2026		1/2
Karen Kelly **	Chief Officer - Fit for the Future	03/2026		0/0

*There was two extraordinary meetings held in 2025/26.

**non-voting

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

Bhangra dancing to mark South Asian Heritage Month

Trust Board and board committees

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

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

Exception reports are provided to the Trust Board (based on use of a standard proforma reporting template) by each board committee chair following their meetings. These reports are then collated into an integrated chairs report and presented by the Deputy Chair at each Public Trust Board.

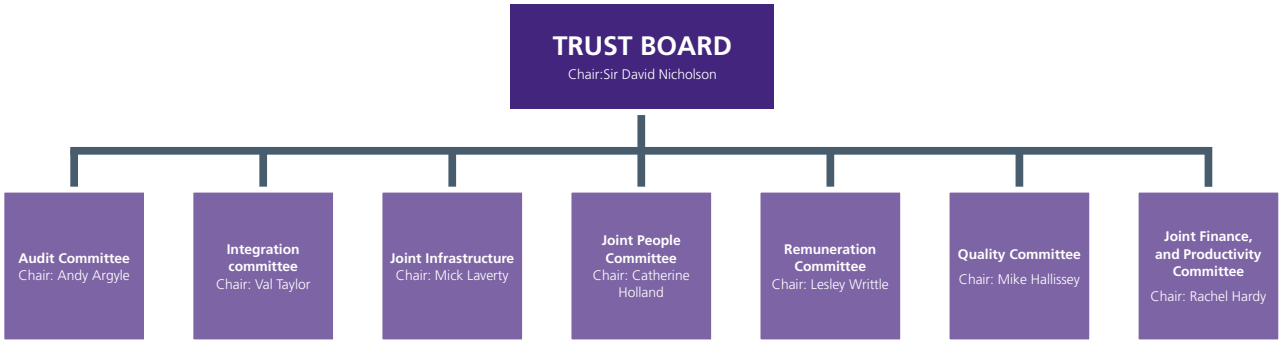
From 1 April 2026, Sandwell and West Birmingham NHS Trust will move into a formal Group governance model with The Dudley Group NHS Foundation Trust.

During the 2025/26 reporting year, both organisations operated a number of joint committees in shadow form, enabling the development and testing of shared governance arrangements in advance of formal implementation.

Under the Group model:

- Both organisations remain separate statutory bodies, each retaining its own sovereign Board and legal accountability
- A single Group Board operates as a joint committee of both Trust Boards
- A suite of joint committees provides oversight across key domains, including quality, finance and productivity, people, infrastructure, integration and audit

This phased approach has supported a smooth transition to the Group structure, strengthening alignment across strategy, performance and risk, while maintaining clear accountability within each Trust.



Committee	Purpose
Remuneration Committee	The Committee advises on the terms and conditions of employment and remuneration packages for the Chief Executive and Executive Directors. The Committee meets four times a year.
Audit Committee	The Audit Committee is a statutory committee of the Trust Board and retains full sovereign responsibility within the Group governance model. The Committee provides independent oversight and assurance on the effectiveness of governance, risk management and internal control across all Trust activities, including financial reporting, information governance and counter fraud arrangements. In fulfilling its role, the Committee: • Reviews the integrity of the Trust's financial statements and accounting policies • Oversees the work of Internal Audit, including approval of the audit plan and consideration of the Head of Internal Audit Opinion • Receives External Audit reports, including the Annual Report to Those Charged with Governance (ISA 260), and considers management responses • Monitors the effectiveness of the Trust's systems of internal control and risk management, including the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) • Oversees information governance and counter fraud arrangements The Committee plays a critical role in supporting the Annual Governance Statement (AGS) by providing independent assurance to the Board on the adequacy and effectiveness of the Trust's governance framework. The Committee meets five times per year and reports directly to the Trust Board.
Quality Committee	The Quality Committee remained a sovereign committee of the Trust Board during 2025/26, retaining full accountability for oversight of quality and safety within Sandwell and West Birmingham NHS Trust. The Committee provides strategic oversight and assurance in respect of all aspects of quality and safety relating to the provision of care and services to patients, staff and visitors. This includes patient safety, clinical effectiveness, patient experience, safeguarding and regulatory compliance. During 2025/26, the Committee has contributed to the development and implementation of the Fundamentals of Care framework, which forms a core pillar of the Trust's quality strategy. The Committee has also strengthened its oversight of learning from incidents through the Patient Safety Incident Response Framework (PSIRF), ensuring that learning is embedded and translated into improvement. The Committee plays a key role in aligning quality performance, improvement activity and risk through the Integrated Performance Report (IPR) and Board Assurance Framework (BAF), providing assurance that quality risks are identified, managed and escalated appropriately. The Committee meets monthly and reports directly to the Trust Board, providing robust, evidence-based assurance on the quality and safety of care.

Committee	Purpose
Finance and Productivity Committee (Joint – from February 2026)	The Finance and Productivity Committee began operating as a joint committee across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust from February 2026, supporting the transition to formal Group governance arrangements from April 2026. The Committee provides strategic scrutiny, challenge and assurance in respect of financial sustainability, operational performance and productivity across the Group. This includes oversight of financial planning and delivery, Cost Improvement Programmes (CIP), operational performance, and the alignment of resources to strategic priorities. The Committee also oversees the planning and delivery of capital investment, major programmes and infrastructure, including estates, facilities and digital strategy, ensuring these are aligned to both operational requirements and long-term transformation objectives. During 2025/26, the Committee has strengthened Executive accountability for financial delivery, improved visibility of recurrent and non-recurrent savings, and enhanced alignment between financial planning, performance and transformation. The Committee plays a key role in aligning financial and operational performance with the Integrated Performance Report (IPR) and Board Assurance Framework (BAF), providing assurance that financial and productivity risks are identified, managed and escalated appropriately. The Committee meets monthly, providing assurance to both sovereign Trust Boards, with a clear focus on financial recovery, productivity improvement and sustainable service delivery.
People Committee (Joint – shadow arrangements from February 2026)	The People Committee began operating in shadow form as a joint committee across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust from February 2026, in advance of the formal Group governance arrangements implemented from April 2026. The Committee provides strategic oversight and assurance of delivery against workforce and organisational development (OD) priorities across the Group. This includes scrutiny of workforce transformation programmes, recruitment and retention, workforce supply, sickness absence, staff experience and organisational culture. During 2025/26, the Committee has contributed to the development and alignment of the Group People Plan, ensuring it supports both Trust-specific priorities and shared strategic objectives. The Committee has also strengthened the alignment between workforce metrics, performance reporting and the Board Assurance Framework (BAF), enabling clearer visibility of workforce risks and delivery. The Committee meets monthly, with a clear assurance role to both sovereign Trust Boards, ensuring that workforce risks are appropriately escalated and managed, and that delivery of workforce priorities is supported by robust evidence-based assurance.

Committee	Purpose
Infrastructure Committee (Joint – shadow arrangements from May 2025)	The Infrastructure Committee began operating in shadow form as a joint committee across Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust from May 2025, in advance of the formal Group governance arrangements implemented from April 2026. The Committee provides strategic oversight and assurance of the Group's infrastructure portfolio, including estates, capital planning and delivery, digital transformation, facilities management and sustainability (including net zero commitments). During 2025/26, the Committee has overseen key programmes including the embedding and optimisation of the Midland Metropolitan University Hospital, the development of a Group estates strategy, and the alignment of capital investment priorities across both organisations. The Committee has also strengthened oversight of digital programmes and infrastructure risks, ensuring alignment with clinical and operational priorities. The Committee plays a key role in aligning infrastructure delivery with the Strategic Planning Framework (SPF) and Board Assurance Framework (BAF), providing assurance that infrastructure risks are understood, managed and escalated appropriately. The Committee meets bi-monthly, providing assurance to both sovereign Trust Boards, with a clear focus on delivery, risk management and the long-term sustainability of the Group's infrastructure, estates and capital programmes.
Integration Committee	The purpose of the Committee is to provide the Board with assurance concerning the strategy and delivery plans for the Trusts Population Strategic Objective. The Committee meets Monthly

Ian Galligan, Head of Medical Engineering

The Audit Committee

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

- To agree the audit plan, audit fee and approach (including areas of risk, fraud risk, misstatement and materiality), and receive findings of the external auditor in relation to the financial statements, value for money opinion, the Quality Accounts (where applicable), the report to those charged with governance and to consider the implications of and management's responses to their work.
- To receive and approve the Annual Report and Accounts.
- To review, monitor the integrity (including the application of accounting principles and policies) and approve the financial statements and other reports when delegated by the board or in conjunction with the board and to provide assurance to the board.
- To review the systems which underpin the Trust's reporting including the establishment and maintenance of an effective system of integrated governance (including budgetary control), risk management and internal controls (including counter fraud measures) across the whole of the Trust's activities, both clinical and non-clinical, that support the achievement of the Trust's objectives, and in so doing;
- To ensure that there is an effective internal audit and Local Counter Fraud function that meets Government Internal Audit Standards and that provides appropriate independent assurance to the Audit Committee, chief executive and Board of Directors.

The key issues that the Audit Committee considered during the year were in relation to the following:

Delivery against the Internal Audit Plan and oversight of any management actions arising from the audit work that included:

Audit areas completed that received partial or minimal assurance included:

- Data Quality – Emergency Care Data Set – Minimal Assurance
- Cost Improvement Programme - Design: Reasonable Assurance / Application: Minimal Assurance
- Consultant Job Planning – Minimal Assurance

None of the gaps had impacted on the final delivery of the Trust's stated objectives.

Other audit areas completed that received reasonable or substantial assurance included: Human Tissue Authority Standard (Substantial Assurance)

Validation of the Waiting List – 78 week wait (Good Progress)

Nurse Rostering (Reasonable Assurance)

Board Assurance Framework (Reasonable Assurance)

Cyber Assessment Framework (overall risk: high, confidence: high)

Patient Consent (Re-Audit) Follow up – (Reasonable Progress)

Recognition of deteriorating patients – Follow up – (Some progress)

In each case, the Audit Committee considered the information and explanations from management, and sought assurance that actions were put in place to address the issues raised. More detail on some of these areas is included in the Annual Governance Statement.

The Head of Internal Audit Opinion for 2025/26 confirms that the Trust has an adequate and effective framework for risk management, governance and internal control. However, their work has identified further enhancements to the framework of risk management, governance and internal control to ensure that the framework remains adequate and effective.

The external auditor, Grant Thornton, provides a progress report to each Audit Committee meeting set against the audit plan. The Audit Committee measures the effectiveness of the external audit process, its timing and outputs against this plan.

Audit Committee attendance

MEMBERS

Name	Role	Attendance out of 5
Andrew Argyle (Chair)	Non-Executive Director	5/5
Lesley Writtle	Deputy Chair	5/5
Mick Laverty	Non-Executive Director	5/5
Rachel Hardy	Non-Executive Director	4/5
Val Taylor	Non-Executive Director	5/5
Lorraine Harper	Non-Executive Director	4/5
Michael Hallissey	Associate Non -Executive Director	4/5
Jatinder Sharma	Associate Non-Executive Director	4/5
Atif Ali	Associate Non-Executive Director	3/5
Amrick Ubhi	Associate Non-Executive Director	4/5
Lowell Williams	Associate Non-Executive Director	3/5
Catherine Holland	Associate Non-Executive Director	1/2

IN ATTENDANCE

Name	Role	Attendance out of 5
Simon Sheppard *	Acting Chief Finance Officer	3/3
Kam Dhami *	Chief Governance Officer	3/5
Dan Conway *	Company Secretary	4/5
Craig Higgins*	Associate Director of Finance	5/5
Madi Parmar*	Director of Finance	2/2
Diane Wake	Interim Chief Executive (joined January 2025)	4/5
James Fleet	Group Chief People Officer	2/2
Mark Anderson	Chief Medical Officer	2/2
Laura Broster	Group Chief Communications Officer	1/1

*Regular attendee of the Audit Committee as per the Terms of Reference

Patient Experience

Over the past year, significant progress has been made in strengthening how patient experience insight is identified, shared and translated into meaningful action across the organisation. These achievements reflect our continued commitment to embedding personalised, inclusive and responsive care.

Identification and Action on Patient Experience Themes

We have strengthened our approach to identifying key themes from patient feedback, complaints, compliments and engagement activity. These themes are routinely analysed and shared with clinical and operational teams in a structured and timely way.

Teams take ownership of the themes relevant to their services and have developed targeted action plans to address areas for improvement. This has supported a culture shift from feedback collection to feedback-driven improvement, ensuring the patient voice directly informs service development and quality improvement work.

"Getting to Know Me" Boards

The "Getting to Know Me" boards have undergone design alterations following feedback from patients, carers and staff. The redesign has improved clarity, accessibility and relevance, ensuring the boards better meet the needs of patients and carers and support meaningful conversations about what matters most to individuals. As a result of this collaborative approach, the boards are now established in most adult wards. Their implementation is supporting more personalised care, enhancing communication and strengthening staff understanding of individual preferences and needs. The onward development of this of this tool is described further below.

Essential Companion Access Card

The Essential Companion Access Card has been successfully rolled out across the organisation and is now embedded into routine practice. Awareness and understanding among staff have increased significantly, supporting consistent recognition of patients who require additional support from a carer or essential companion.

Through close collaboration with carer groups, awareness of the card has also increased within the community, reinforcing partnership working and recognising carers as key partners in care delivery.

Customer Care Education and Training

Customer care training has been widely delivered across the organisation, reinforcing expectations around compassion, communication and patient-centred interactions.

Regular sessions are also being delivered in partnership with University of Birmingham to pre-registration healthcare students. This proactive approach ensures that patient experience principles are embedded early in professional development, strengthening the future workforce's understanding of compassionate, personalised care.

Interpreting Model Transformation

Education has commenced across services to prepare for a transition to a new model of interpreting, moving from predominantly face-to-face provision to an enhanced virtual interpreting offer. This change aims to improve timeliness, accessibility and efficiency while maintaining high standards of communication support.

A pilot of the virtual interpreting model has commenced at Birmingham and Midland Eye Centre, enabling evaluation of patient and staff experience prior to wider organisational roll out.

Collectively, these developments demonstrate sustained progress in embedding patient experience into everyday practice - ensuring that the patient and carer voice is heard and reflected into practice.

The year ahead

A key development for 2026 will be the introduction of 'Calm Bags' for patients with a learning disability, autism or a diagnosed mental health condition who may experience distress, anxiety or sensory overwhelm within clinical environments. These bags will contain supportive sensory and distraction items designed to promote emotional regulation and comfort during appointments, procedures or periods of waiting. The use of Calm Bags will support staff to deliver reasonable adjustments and reduce potential distress, thereby enabling a more positive and manageable healthcare experience for vulnerable patient groups.

To further enhance personalised communication, Communication Boxes will be made available across clinical areas. These resources will include visual aids, easy-read materials, cue cards and other tools to assist patients who may have communication difficulties,

cognitive impairment, speech or language needs, or for whom English is not their first language. By equipping clinicians with practical tools to adapt their communication style, we aim to promote greater understanding, improve patient engagement in decision-making, and support informed consent.

As alluded to above and in response to increasing demand and the need for timely access to language support, interpreting services will transition from predominantly face-to-face provision to a virtual interpreting model. This approach will enable more responsive access to qualified interpreters, minimise delays in care delivery and ensure that patients who require language support are able to communicate effectively with healthcare professionals when it matters most. Virtual interpreting will also support equitable access to services for patients attending both planned and unplanned care settings.

Personalised care is fundamental to delivering safe, responsive and compassionate care. As part of our commitment to ensuring that every individual is treated as a person with their own history, preferences, values and aspirations, we will embed the use of the 'Getting to Know Me' boards across the wards. The purpose of the Getting to Know Me board is to ensure that the person behind the condition, diagnosis or care need remains visible to those that are involved in supporting them. Embedding the use of Getting to Know Me boards will support:

- Improved communication between staff and the people they support
- Greater consistency of care across multidisciplinary teams
- Enhanced ability for new or temporary staff to quickly understand personal preferences
- Care planning that reflects what matters most to a person

Recognising the vital role that carers play in supporting patients throughout their healthcare journey, a dedicated Carers Hub will be established. This space will provide carers with access to information, signposting, emotional support and practical guidance to help them navigate services and maintain their own wellbeing. The hub will promote partnership working between carers and healthcare teams and ensure carers feel recognised, valued and supported in their role. This also supports the continued embedding of the Essential Companion Access card.

Additionally, we will provide a regular and visible platform to promote patient experience across the organisation. This monthly initiative will focus on raising awareness of patient feedback, celebrating improvements, sharing learning and encouraging staff engagement with patient-centred practices. Through themed activities and communication campaigns, this will reinforce our organisational commitment to listening to the patient voice and embedding experience-led improvements into everyday practice.

Collectively, these initiatives represent a proactive and inclusive approach to improving patient experience in 2026 / 27. By enhancing communication, reducing anxiety, improving accessibility and supporting carers, we aim to ensure that every patient feels respected, involved and cared for throughout their healthcare journey.

Diane Wake

Chief Executive Officer

9th July 2026

Celebrating topping out of the new Learning Campus building

Raising awareness during World Prematurity Day

Annual Governance Statement for 2025/26

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible. I am also responsible for ensuring that the Trust is administered prudently and economically and that resources are applied efficiently and effectively, in accordance with the NHS Trust Accountable Officer Memorandum.

The purpose of the system of internal control

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the Trust's policies, aims and objectives; to evaluate the likelihood and potential impact of those risks; and to manage them efficiently, effectively and economically. The system has been in place throughout the year ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

The Board of Directors has established a comprehensive governance structure to oversee risk management and internal control across the organisation. Board committees chaired by Non-Executive Directors provide structured assurance across quality, workforce, finance and audit domains. Divisional governance arrangements support operational risk management with clear escalation routes to executive groups, Board committees and the Board Assurance Framework. The Trust's Risk Management Framework defines processes for risk identification, scoring, escalation and assurance.

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

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

The risk and control framework

The Trust maintains a comprehensive system of internal control designed to support the delivery of its strategic objectives, safeguard public resources, ensure the quality and safety of services, and comply with statutory and regulatory requirements. This system is intended to manage risk to a reasonable level rather than eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness . The framework has been in place throughout the financial year ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts, and is aligned with the requirements of the DHSC Group Accounting Manual, HM Treasury risk management principles, and NHS England governance expectations.

The Trust has considered its governance arrangements against the requirements of the NHS Code of Governance for provider trusts. During 2025/26, the Trust's arrangements were designed to comply with the principles and provisions of the Code, including effective Board leadership, clear accountability, appropriate committee oversight, risk management, internal control, and transparent reporting.

The Trust has reviewed its compliance with the relevant provisions of the NHS Code of Governance. The Trust complies with all but one of the provisions. Where the Trust has departed from a provision, or where further disclosure is required, this is explained below, including the alternative arrangements in place and any actions being taken to strengthen compliance.

Where opportunities for further strengthening governance arrangements have been identified, these have been addressed through the Board, its committees, and the Trust's ongoing governance development work, including preparation for the developing Group governance model with The Dudley Group NHS Foundation Trust.

The Trust is not aware of any material departures from the NHS Code of Governance for provider trusts during the year.

Code provision	Compliance position	Response
Section A, 2.7 — Chair and committee chair stakeholder engagement	Complies, but disclosure could be strengthened	The Trust complies. The Chair and Board engage with stakeholders including patients, staff, local communities, system partners, regulators and partner organisations. Stakeholder views are brought to the Board through patient and staff stories, public Board meetings, committee reports, engagement activity, partnership updates and reports from Executive Directors and Committee Chairs. Committee Chairs engage with stakeholders where matters fall within their committee remit, including quality, workforce, finance, infrastructure and integration.
Section B, 2.1 — Chair leads Board agenda and ensures time for strategic discussion	Complies	The Trust complies. The Chair leads the setting of the Board agenda, supported by the Chief Executive and Company Secretary. The Board work programme ensures sufficient time is allocated to strategic issues, performance, quality, risk, finance, workforce and system matters.
Section B, 2.2 — Chair ensures directors receive accurate, timely and clear information	Complies	The Trust complies. Board papers are prepared and circulated in advance of meetings, supported by a Board work programme and governance processes overseen by the Company Secretary. The Board receives regular performance, quality, finance, workforce, risk and committee assurance reports to support effective decision-making. As the Trust is an NHS trust, the governor element is not applicable.
Section B, 2.3 — Chair promotes honesty, openness, trust and debate	Complies	The Trust complies. The Chair promotes constructive challenge and open debate at Board meetings and supports effective contribution from Non-Executive Directors. The Board receives regular reports from Executives and Committee Chairs, with NEDs providing scrutiny, support and challenge.
Section B, 2.9 — Refresh of committee membership and avoiding undue reliance on individuals	Complies, but strengthen disclosure	The Trust complies. Committee membership and chairing arrangements are reviewed as part of Board and committee governance arrangements, taking account of skills, experience, independence, diversity and succession planning. During 2025/26 this was also considered in the context of the developing Group governance model with The Dudley Group NHS Foundation Trust.
Section B, 2.10 — Attendance at nominations, audit or remuneration committees	Complies	The Trust complies. Membership of the Audit Committee and Remuneration Committee is restricted to Non-Executive Directors. Executive Directors and other officers attend by invitation only and do not participate where their own remuneration or interests are being considered.
Section B, 2.11 — Senior Independent Director and Chair appraisal	Complies	The Trust complies. As an NHS trust, Chair and NED appraisal arrangements are overseen by NHS England in line with the NHS trust Chair appraisal framework. The Trust confirm the appointed Senior Independent Director o have the opportunity to meet without the Chair where required.

Code provision	Compliance position	Response
Section B, 2.12 — NED role in executive appointment, scrutiny and private meetings	Complies	The Trust complies. Non-Executive Directors scrutinise and hold Executive Directors to account through Board and committee meetings, performance reports, the Board Assurance Framework and Executive appraisal arrangements. NEDs are involved in senior appointment and remuneration decisions through the Remuneration Committee. The Trust confirm that the Chair holds meetings with NEDs without Executive Directors present.
Section B, 2.14 — Directors' time commitments and external appointments	Complies	The Trust complies. Directors are required to declare relevant interests and significant commitments on appointment and on an ongoing basis. A Register of Directors' Interests is maintained by the Company Secretary and published on the Trust's website. The Trust should add that any significant new external appointment requires prior approval and that no full-time Executive Director holds more than one external non-executive directorship of a comparable organisation, unless specifically approved and disclosed.
Section B, 2.15 — Access to Company Secretary advice	Complies	The Trust complies. All directors have access to the advice and support of the Company Secretary, who advises the Board, committees and senior management on governance matters. Appointment and removal of the Company Secretary is a matter for the Board.
Section B, 2.17 — Collective responsibility of Board members	Complies	The Trust complies. The Board is collectively responsible for the performance, governance and strategic direction of the Trust. This does not affect the specific responsibilities of the Chief Executive as Accountable Officer.
Section C, 3.1 — NHS trust appointments of Chair, NEDs, Chief Officer and Executive Directors	Complies	The Trust complies. NHS England is responsible for appointing the Chair and Non-Executive Directors of NHS trusts. The appointment of the Chief Executive and Executive Directors is undertaken through the appropriate Board committee arrangements, with NED involvement and NHS England input where required.
Section C, 4.5 — Annual evaluation of Board, committees, Chair and directors	Complies	The Trust undertook annual NED appraisals in line with national guidance and submitted the outcomes to NHS England.
Section C, 4.6 — Chair acts on evaluation outcomes	Complies	The Trust complies. Outcomes from appraisal and evaluation processes are used to inform Board development, succession planning, committee membership and individual development.
Section C, 4.12 — Remuneration Committee and executive leavers	Complies	The Trust complies. Executive Director termination arrangements are managed in accordance with contractual obligations, national guidance and appropriate approval routes.

Code provision	Compliance position	Response
Section C, 5.8 — Accurate, timely and clear information	Complies	The Trust complies. Directors receive regular, timely and clear information through Board papers, performance reports, committee assurance reports, the Board Assurance Framework, risk reports, finance reports and quality reports. Directors are able to seek clarification or further information where required.
Section C, 5.12 — Access to independent professional advice	Complies	The Trust complies. Directors, particularly Non-Executive Directors, have access to independent professional advice at the Trust's expense where they judge it necessary to discharge their responsibilities.
Section C, 5.13 — Committees have sufficient resources	Complies	The Trust complies. Board committees are supported by the Company Secretary and corporate governance team, receive regular reports and have access to Executive Directors, senior managers and specialist advisers as required. As the Trust is an NHS trust, provisions relating to a Council of Governors are not applicable.
Section D, 2.3 — External auditor appointment / rotation	Complies	The Trust complies. Grant Thornton UK LLP were appointed as the Trust's external auditors for the 2025/26 audit following a competitive tendering process undertaken during 2024/25. This meets the requirement for NHS trusts to newly appoint their external auditor at least every five years.
Section D, 2.5 — Policy on purchase of non-audit services from external auditor	Does not fully comply — explain and action required	The Trust has disclosed that it does not currently have a standalone policy on the purchase of non-audit services from its external auditor. This represents a departure from the Code provision. Non-audit services are subject to Audit Committee oversight, procurement controls, conflict of interest considerations and auditor independence requirements. The Trust commit to developing and approving a formal policy during 2026/27.

During the year, Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust have continued to progress their transition to a formal NHS Group model, culminating in the establishment of a single Group Board from April 2026. Under this model, both organisations retain their statutory status, legal sovereignty and individual accountability for the discharge of their functions. The governance framework has therefore been designed to support strengthened collaboration and shared strategic leadership while preserving the formal responsibilities of each Trust Board.

Risk management operates through an integrated, tiered structure across organisational and Group levels, ensuring risks are identified, assessed, managed and escalated appropriately. At the strategic level, each Trust maintains a Board Assurance Framework capturing the principal risks to delivery of its objectives, linking risks to strategic priorities, controls, sources of assurance and mitigating actions. These frameworks are reviewed through executive management processes and scrutinised by the relevant committees before consideration by the Trust Board or, where appropriate, by the joint Group governance structure. Where risks relate to shared services, Group programmes or system-wide delivery, may also be considered through joint reporting arrangements to ensure visibility and coordinated mitigation across both organisations.

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

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

The Trust faced a number of significant risks during the year which had the potential to affect delivery of its strategic objectives and operational performance. These include:

- Sustained pressure on urgent and emergency care pathways and elective recovery
- Failure to achieve staff reduction targets in line with national requirements and subsequent impact on staff, capacity and wellbeing
- Financial sustainability and delivery of recurrent efficiency programmes
- Maintain safe, high-quality services while responding to system demand and transformation requirements.

In addition, the Trust managed risks associated with major organisational change and service transformation, including those linked to the development of shared programmes and governance arrangements within the emerging Group structure with The Dudley Group NHS Foundation Trust. Particular attention was given to ensuring that risks arising from collaborative working, shared services and strategic alignment were appropriately identified, mitigated and overseen through both Trust and joint governance processes, while maintaining the statutory accountability of each organisation.

The Trust manages risks through a range of responses, including mitigation, escalation, acceptance within agreed risk appetite, or transfer where appropriate through contractual, partnership, insurance or system governance arrangements. In-year risks are monitored through the Board Assurance Framework, Corporate Risk Register, executive management processes and Board committees, with mitigating actions tracked through established governance routes. Future and emerging risks are considered through strategic planning, operational planning, horizon scanning, regulatory feedback and the developing Group governance arrangements. The effectiveness of risk responses is assessed through performance reporting, committee assurance, internal audit, external audit, regulatory review and Board oversight.

These risks were monitored through the Board Assurance Framework and Corporate Risk Register, reviewed regularly by the Executive Team and scrutinised by the relevant Board committees, with escalation to the Trust Board and, where appropriate, the joint governance structure. Mitigating actions and controls were implemented throughout the year, and assurance regarding their effectiveness was obtained through routine performance reporting, internal audit work, regulatory feedback and committee oversight.

The Trust operates within a Board-approved risk appetite framework which supports consistent decision-making and proportional escalation of risk. As the Group model develops, work has continued to align risk appetite approaches and scoring methodologies across both organisations to support comparability of reporting and shared understanding of risk exposure. Risks are assessed using the Trust's standard likelihood and impact methodology, supported by defined thresholds and review requirements, ensuring consistent prioritisation and management action.

The control environment is underpinned by clearly defined governance arrangements including Standing Orders, Standing Financial Instructions and committee terms of reference. In addition, joint committees established under the Group governance framework provide coordinated oversight of key domains such as quality, finance, workforce and strategic delivery. These joint committees operate with delegated authority as set out in the relevant agreements and terms of reference, and provide assurance to both Trust Boards and, from April 2026, to the Group Board. Executive leadership responsibilities and reporting lines remain clearly defined within each organisation, ensuring accountability for delivery while enabling shared leadership across the Group.

The Trust's control environment is further supported by established arrangements for managing conflicts of interest, including the publication of registers of interests, gifts and hospitality for decision-making staff, as set out in the Accountability Report.

The Trust has undertaken risk assessments on the effects of climate change and severe weather and has developed a Green Plan in line with the guidance of the Greener NHS programme. Climate-related risks, including risks associated with extreme weather, infrastructure resilience and patient safety, are managed through the Trust's

Integrated Risk Management Framework, with relevant risks recorded on the Trust Risk Register and escalated through the Infrastructure Committee where appropriate. The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust maintains a comprehensive suite of policies, procedures and clinical standards subject to scheduled review cycles and compliance monitoring. Performance management arrangements, including integrated reporting and scorecards, support monitoring of delivery against key quality, operational, workforce and financial indicators across both Trust and Group levels. Financial controls operate through established budgetary management processes, monthly reporting, procurement controls and contract monitoring arrangements, while workforce governance, safeguarding arrangements and information governance controls further strengthen the organisational control environment. Collectively, these arrangements establish the organisational discipline and governance culture required for effective internal control and the developing Group structure.

Assurance regarding the effectiveness of controls is obtained through a structured three-lines model. Operational management provides first-line oversight through routine performance monitoring, incident management processes and local compliance activity. Corporate oversight functions provide second-line assurance through governance, risk, quality, finance, workforce and information governance monitoring and review. Independent third-line assurance is provided through the internal audit programme delivered in accordance with Public Sector Internal Audit Standards, alongside external audit of the financial statements and value-for-money arrangements, regulatory inspection outcomes and external benchmarking where applicable. Assurance findings are reported through Trust committees and, where relevant to shared risks or programmes, through joint committees to ensure consistent oversight across the Group.

Board committees play a central role in reviewing risk and assurance. The Audit Committee oversees the adequacy and effectiveness of the system of internal control, reviews internal audit reports and management responses, monitors implementation of recommendations and considers the evidence supporting the Annual Governance Statement. Other committees review risks and performance within their remit and escalate material concerns to the Board or joint governance structure as appropriate. Through this framework, the Trust Board receive triangulated information on risk, quality, operational performance and financial sustainability, enabling effective oversight while maintaining the statutory accountability of each organisation.

The review of effectiveness of the system of internal control is informed by executive management processes, committee assurance reports, the Head of Internal Audit Opinion, external audit findings, regulatory assessments and routine performance and compliance reporting. On this basis, the Audit Committee advises the Board on the adequacy and effectiveness of governance, risk management and internal control arrangements within the Trust and across shared Group activities.

During the year, further work has been undertaken to strengthen alignment of governance and risk reporting across the two organisations in preparation for the full operation of the Group Board. This has included refinement of assurance mapping, continued development of joint committee reporting arrangements and steps to improve consistency of risk escalation and oversight. These developments are intended to support transparent governance, effective organisational learning and strengthened accountability within both Trusts and the wider Group structure.

NHS Provider Licence Self Certification

The Trust has reviewed the applicability of Provider Licence Condition CoS7 (Availability of Resources). As the Trust does not provide Commissioner Requested Services, this condition is not applicable. The Board has nevertheless considered the underlying requirement to maintain sufficient resources to deliver services, which is assured through the Trust's established governance framework, including the Board Assurance Framework, Integrated Performance Reporting and committee oversight.

Care Quality Commission

The Trust is fully compliant with the registration requirements of the Care Quality Commission.

The Trust has received several focussed CQC inspections to four of our Core Services throughout the year, and also a provider Well-led inspection as follows:

- Maternity Department Inspection, MMUH – September 2025

- Surgery Inspection, MMUH – September 2025
- BMEC Surgical Services Inspection, City Health Campus – October 2025
- Emergency Department, MMUH – October 2025
- Well-Led Inspection – November 2025.

Maternity Department Inspection (Midland Metropolitan University Hospital)

Following a previous unannounced Inspection of Maternity Services at City Hospital being undertaken in June 2024, following which a Section 29a Warning Notice was issued requiring immediate improvements. Those improvements were acted upon immediately. The rating moved from 'Good' to 'Requires Improvement', with inadequate for Safe.

A further inspection visit took place in September 2025 at Midland Metropolitan University Hospital. The final report has been shared and shows the rating overall as 'Requires Improvement, however the rating for Safe has moved from 'Inadequate' to 'Requires Improvement'.

Previous June 24

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

New Sept 25

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

Inspection of Surgery

An inspection visit to Surgery at Midland Metropolitan University Hospital took place in September 2025. The final report has now been published and the rating for Surgery overall remains as 'Good', with 'Good' also being achieved across each of the five domains.

Inspection of BMEC Surgical Services at City Hospital.

An inspection was carried out at BMEC surgical services, City Hospital in October 2025. The final report has now been published and shows the service being rated as 'Good for the domains of Effective, Responsive Well Led and Caring. Safe remain as Requires Improvement. This gives an overall rating for the service of 'Good.

Emergency Department Inspection

An inspection visit was carried out in the Emergency Department at Midland Metropolitan University Hospital in October 2025. The final report has now been published, and report shows an overall rating of Good.

New Oct 25

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

Well Led Inspection

The Trust underwent a well led inspection in November 2025 where it assessed leadership across the trust. The Trust has now had their report and a Good rating has been received.

Summary

Overall City campus remains Requires Improvement as does Sandwell Health Campus. MMUH was unable to be rated overall due to not enough core services being assessed.

Patient safety and Never Events

The Trust reported four Never Events during 2025/26; an increase in reporting compared to the previous period. Two Never Events related to retained swabs in the maternity department, one wrong site eye injection, and one removal of an incorrect urinary stent. Learning and safety controls were generated in each case, with the clinical divisions responsible for implementation and monitoring as part of the Trusts standard procedure. A national consultation process for Never Events Framework is ongoing and aims to clarify the definition and ensure an effective mechanism to drive patient safety improvement. In September 2025, NHSE aligned Never Events with PSIRF and informed organisations to consider the most proportionate learning response method for Never Events. This resulted in two cases being investigated as Patient Safety Incident Investigations (PSIIs), and two as After-Action Reviews. All Never Event patient safety learning responses are reviewed at the Executive Quality Group for wider consideration and to share learning.

A Trust review of Never Events is ongoing focusing on system learning, and hierarchical controls where possible, as well as engagement and support for those impacted by incidents; patients, families and staff.

Data quality and information governance

High quality data is fundamental to effective decision making, performance management, and safe patient care within the Trust.

Robust data governance ensures that information used across clinical, operational, and financial domains is accurate, timely, consistent, and trusted.

This requires clear accountability through defined data ownership, standardised reporting processes, and strong controls over data collection, validation, and use.

The Trust strengthens its data quality framework through routine audit assurance, clear escalation of issues, and strong alignment between operational teams, digital, and corporate governance structures.

The Data Quality Group plays a central role in this, providing oversight, coordination, and challenge; monitoring data quality performance; supporting services to resolve issues at source; and escalating risks to senior leadership.

During 2025/26, the Trust did not report any serious information governance incidents, including data loss or confidentiality breaches, through the Data Security Incident Reporting Tool to the ICO/DHSC. Where incidents occurred, these were managed in line with Trust policy, reviewed through information governance arrangements and reported through the appropriate governance routes. No enforcement action was taken by the ICO during the year.

During 2025/26, data quality was also considered in the context of health inequalities reporting. The Trust recognises that complete and reliable demographic, access, outcome and patient experience information is essential to understanding variation and targeting improvement. Work will continue in 2026/27 to strengthen the completeness and use of inequalities data within routine performance reporting, quality governance and service improvement.

Our wider information transformation programme strengthens this further by modernising our data infrastructure, introducing consistent standards, embedding data quality controls into digital pathways from the outset, and enabling our information assets to support modern analytical capabilities, including AI and machine learning.

By improving data maturity, the organisation enables more reliable insight, supports strategic planning, underpins productivity and improvement programmes, and ensures transparency and confidence in reporting to Boards, regulators, and system partners.

The Trust confirms that no information required for disclosure within this Annual Governance Statement has been withheld due to concerns regarding the accuracy, reliability or collection of data. Where data quality issues have been identified during the year, these have been managed through established data quality governance

arrangements, including validation processes, oversight by the Data Quality Group, escalation through the relevant governance routes, and targeted improvement actions where required.

Elective waiting time data

The Trust assures the quality and accuracy of elective waiting time data through operational validation processes, oversight by the relevant operational and performance governance groups, routine reporting through the Integrated Performance Report, scrutiny by executive management and Board committees, and targeted internal audit or validation reviews where appropriate. Risks to elective waiting time data quality include the complexity of pathway management, timeliness of clinical and administrative updates, system coding accuracy and the need for consistent validation across services. These risks are monitored through performance governance arrangements and escalated where required.

Governance and leadership

During 2025/26, there were a number of changes to the Board and wider Non-Executive Director cohort as the Trust continued to strengthen its governance arrangements and prepare for the developing Group governance model with The Dudley Group NHS Foundation Trust. This included the appointment of new Associate Non-Executive Directors and confirmation of Deputy Chair arrangements to support Board leadership, committee oversight and the transition to joint Group governance arrangements.

Details of Board members in post during the year, including Non-Executive Directors and Associate Non-Executive Directors, are set out in the Board member biographies on page 49 in the accountability report. Further information on the Board's committee structure, membership and areas of responsibility is included within the committee membership and governance sections of the accountability report.

The Trust maintains a robust approach to managing conflicts of interest. Directors are required to declare any relevant interests on appointment and on an ongoing basis. A Register of Directors' Interests is maintained by the Company Secretary and published on the Trust's website. In addition, the Trust maintains and publishes an up-to-date register of interests, gifts and hospitality for decision-making staff, in accordance with the NHS guidance Managing Conflicts of Interest in the NHS. The register has been reviewed within the past twelve months and is available on the Trust's website. The Board is satisfied that no conflicts exist that would materially impact upon the discharge of Directors' responsibilities or the integrity of Trust decision-making.

The Board of Directors holds collective responsibility for governance, strategy and performance. The Chief Executive retains overall responsibility for the quality of care provided, supported by the Group Chief Nurse, Medical Director and executive leadership team. Board sponsors are assigned to quality priorities to provide visible leadership and assurance. The Trust maintains active engagement with regulators, commissioners, partners and local communities.

The Chief Executive retains overall responsibility for the quality of care provided to patients. Responsibility for the implementation and coordination of the Trust's quality framework is delegated jointly to the Group Chief Nurse and Chief Medical Officer. Together, they are accountable for reporting to the Board of Directors on the development and delivery of quality and safety priorities, and for ensuring that the Quality and Safety Delivery Plan is effectively implemented, monitored and evaluated. This arrangement supports clear executive leadership for quality governance while maintaining Board oversight of performance and assurance.

Group model and system working

The Black Country acute providers – The Dudley Group NHS Foundation Trust, Sandwell and West Birmingham Hospitals NHS Trust, The Royal Wolverhampton NHS Trust and Walsall Healthcare NHS Trust – continue to work together through the Black Country Provider Collaborative (BCPC). The collaborative operates under a formal agreement designed to support collective improvement in patient outcomes, service sustainability and system working across the Black Country.

Through the collaborative, the partner Trust Boards have jointly agreed shared priorities and a common work programme. This includes agreed delegations within defined areas of service improvement and transformation, joint working on clinical transformation programmes, aspects of financial recovery, and initiatives supporting integrated system delivery. While certain responsibilities may be exercised collaboratively within the agreed scope,

governance, statutory accountability and oversight remain the direct responsibility of each individual Trust Board.

Each Board receives regular reports on collaborative activity, performance and risks in order to maintain effective scrutiny, assurance and accountability for services delivered to its population.

During the 2025/2026, the strategic context and case for change to work in a collaboration with Sandwell and West Birmingham NHS Trust was finalised recognising that both trusts serve a largely shared population, face similar operational and financial pressures, and hold aligned ambitions for quality, equity and sustainability. The current collaboration has demonstrated the benefits of working together; however, to go further and faster on improvement and reform, a more formal and coherent Group Model was proposed.

Key strategic drivers included:

- Improving access to safe, high-quality care – reducing variation in outcomes, access and experience across sites.
- Delivering better outcomes and reducing unwarranted variation – using shared standards, pathways and data.
- Maintaining strong local executive leadership and accountability – preserving clear site-level responsibility while strengthening Group-level oversight.
- Supporting and developing the workforce – creating a larger, more flexible talent pool and consistent leadership expectations.
- Acting together as anchor institutions – maximising impact on local communities, employment and inequalities.
- Standardising governance and minimising duplication – reducing unnecessary repetition in committees, reporting and assurance.
- Being sensitive to local needs and identities – retaining place-based leadership and sovereign Boards.
- Planning and delivering change jointly where it adds value – prioritising Group-level action where scale, consistency or risk justify it.

The Group model is designed as "one Board, two sovereign organisations": a shared strategic leadership and governance framework, underpinned by two statutory bodies with clear local responsibilities.

Governance arrangements and leadership appointments have progressed during the year ahead of the planned implementation of the Group Board from 1 April 2026.

In January 2025, Diane Wake was appointed as Chief Executive at both trusts followed by a number of key board level group appointments as the year progressed. There has been a key focus on developing robust governance to support the creation of a single Group Board effective from 1st April 2026. More details about the move to group working can be found in the main body of the report.

Policies

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

Workforce safeguards and people

The Trust monitors its compliance with the developing workforce safeguards recommendations through a comprehensive range of measures. Nursing establishments are reviewed on a regular basis, and safer staffing reports, aligned with the National Quality Board model, are submitted to the Quality Committee.

Safe staffing information is also considered by the People Committee, chaired by a non executive director. The People Committee provides systematic oversight of all aspects of staffing across all professional groups. Its remit includes role development, hard to recruit roles, workforce optimisation and productivity, organisational culture, equality diversity and inclusion, education, learning and development, and leadership.

In January 2023, the Trust Board approved the Trust People Plan, which articulates our commitment to ensuring the highest possible quality of experience for all colleagues and to fostering a compassionate, inclusive culture in which staff feel valued, supported and able to thrive.

Since the launch of the People Plan, substantial work has been undertaken through Our People Plan Culture Programme "With you all the way", to ensure that our ARC values are embedded across leadership, team working and day to day practice.

More than 2100 colleagues and over 36 teams have participated in ARC programmes contributing to the development of compassionate leadership, strengthened team relationships and enhanced psychological safety.

The Trust has made demonstrable progress in equality, diversity and inclusion through inclusive recruitment, talent management, implementation of the RACE Code , implementation of high impact actions to support our staff with disabilities and visible executive sponsorship of Staff Networks.

Our just and restorative culture approach is supported through Freedom to Speak Up, redesigned HR policies and processes, and a learning focused approach to the resolution of concerns.

Staff wellbeing remains a central priority. A comprehensive support offer is in place, including occupational health services, wellbeing leads and twenty four hour psychological support.

These collective efforts have contributed to improvements across all People Promise indicators. However, recent financial pressures have had an impact on engagement, and targeted action is underway to address this.

During the past year, significant progress has also been achieved in advancing the Workforce Optimisation Programme. This includes improvements in rostering practice, the management of owed hours and the optimisation of e job planning to ensure alignment between job plans and activity. Targeted work has also been undertaken to reduce sickness absence and to reduce bank and agency usage in line with workforce planning requirements.

As an employer with staff eligible for membership of the NHS Pension Scheme, the Trust has established control measures to ensure full compliance with all employer obligations set out in the scheme regulations. This includes ensuring that salary deductions, employer contributions and payments into the scheme are made in accordance with scheme rules, and that member pension records are updated accurately and within the required timescales.

Control measures are also in place to ensure compliance with all organisational obligations under equality, diversity and human rights legislation.

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

Continuous improvement

Improving Together remains the Trust's long-term approach to continuous improvement and operates as a shared improvement system across SWB and DGFT. The programme provides accredited training, coaching and structured methodologies that connect improvement work directly to organisational strategy and operational priorities, supporting sustainable performance improvement and cultural development.

People and skills

The focus of the Trust People Plan is to create happy, productive and engaged staff by transforming our culture and improving staff experience. Since its launch, the Trust has delivered a substantial programme of work. The ARC Leadership Programme, introduced in 2023, strengthens compassionate and inclusive leadership and core people management capability through three components: leadership behaviours, restorative management practice and leading safety and service improvement. ARC Plus provides further training on people policies, investigations, values based PDR, workforce planning, digital skills and essential management skills. Evaluation shows strong impact, with most participants reporting increased confidence and improved leadership capability.

The Trust has also implemented a structured organisational development and team effectiveness approach with Affina OD, initially deployed across priority service areas to support the opening of the Midland Metropolitan University Hospital. This work enhances leadership, team dynamics and system wide communication at individual, team and organisational levels.

Significant progress has been made in embedding a Just and Learning Culture, including a new Conduct at Work Policy with a strengthened decision making framework, training managers in just culture investigations, expanding mediation capacity, integrating restorative practice into leadership training and developing pastoral support for staff involved in formal processes.

While these initiatives have improved staff experience, continued focus is required given financial pressures and national requirements and hence the Trust has continued to prioritise improving staff engagement through sustained delivery of the NHS People Promises, focus on increasing representational leadership through equality, diversity and inclusion actions , improving WRES and WDES outcomes, and optimising workforce productivity. Delivery is taking place across four levels: strengthening leadership capability and accountability, building high performing teams, empowering individuals to shape their experience and embedding improvements across organisational systems, policies and culture.

The Trust is also designing and implementing a strengthened continuous improvement management system that integrates strategy, delivery, leadership behaviours and improvement methods, aligned to the five components of NHS IMPACT: building shared purpose and vision; investing in people and culture through ARC leadership and team effectiveness; developing leadership behaviours; building improvement capability and capacity through expanded improvement infrastructure and value stream mapping; and embedding improvement into management systems and processes. This represents the next stage of organisational maturity, moving from assurance based governance to a unified management and improvement system that connects leadership, culture, data and improvement into a single approach.

Improving Together is the Trust's long-term commitment to continuous improvement. Improving Together is a single team with a single improvement approach supporting both SWBT and DGFT. An extensive range of CPD accredited improvement training is available to all staff with support to apply the skills in practice on work-based projects. The improvement team is also working closely with Organisational Development to provide support to staff wishing to develop any leadership gaps identified against the new national management and leadership framework.

Review of effectiveness

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible. My review is informed by the work of the internal auditors, clinical audit activity, and the executive managers and clinical leaders who are responsible for the development, operation and maintenance of the internal control framework across the organisation.

In undertaking this review, I have drawn upon the information contained within this Annual Report and Accounts together with other performance and governance information available to me. I have also considered the observations of the external auditors as set out in their ISA 260 report and related outputs. I have been advised on the implications of my review by the Board of Directors, the Audit Committee, the Risk Management Group and the Quality Committee, and I am satisfied that arrangements are in place to address any identified weaknesses and to support the continuous improvement of the system of internal control.

The Board Assurance Framework, together with the Trust's wider risk management arrangements, provides evidence that the controls in place to manage the principal risks to the achievement of the Trust's objectives have been subject to regular review and scrutiny. My assessment is further informed by the work of external and independent assessors and regulators, including the Care Quality Commission.

During 2025/26, the work of the internal auditors and the board review of the Board Assurance Framework and supporting governance processes had identified some recommendations. Other reviews undertaken within the internal audit plan, identified some gaps in control which resulted in specific action plans being drawn up with their progress reported to, and any follow up audit work monitored by, the Audit Committee. Specifically, whilst not significant issues in themselves, Internal Audit identified some topics internal control weaknesses and judged them relevant for consideration as part of the annual governance statement in regard to audits in the areas of:

- Data Quality – Emergency Care Data Set – Minimal Assurance

- Cost Improvement Programme - Design: Reasonable Assurance / Application: Minimal Assurance
- Consultant Job Planning – Minimal Assurance

None of the gaps had impacted on the final delivery of the Trust's stated objectives.

While these findings required management action, none were assessed as representing a significant governance issue, nor did they prevent the Trust from delivering its principal objectives during the year.

Counter-fraud arrangements are in place in accordance with NHS Counter Fraud Authority standards. The Trust has implemented a Code of Conduct incorporating provisions relating to fraud, bribery and corruption, consistent with the requirements of the Bribery Act 2010. The effectiveness of these arrangements, including staff awareness, is subject to periodic testing. The Trust's local counter-fraud service is provided by RSM, who support proactive and reactive counter-fraud activity and report regularly to the Audit Committee.

The Head of Internal Audit Opinion for the year concluded that the Trust has an adequate and effective framework for risk management, governance and internal control, while noting opportunities for further enhancement to ensure that the framework continues to operate effectively as the organisation develops.

On the basis of this review, and taking account of the evidence available to me, I am satisfied that, while opportunities for improvement have been identified and are being addressed, none of the weaknesses identified were considered significant in relation to the overall system of internal control.

Conclusion

My review of the effectiveness of the risk management and internal control has confirmed that:

- The Trust has a generally sound system of internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.
- Based on the work undertaken by a range of assurance providers, there were no significant control issues identified during 2025/26.
- I confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the Trust's performance, business model and strategy.
- We prepare the financial statements on a 'going concern' basis.
- Where improvements had been recommended, we have acted on them and tracked their implementation at both management and board/committee level.

On the basis of the evidence available to me, and the assurances outlined above, I am satisfied that the Trust has maintained a generally sound system of internal control during 2025/26 and that appropriate actions are in place to address areas identified for further improvement.

Signed: Diane Wake

Chief Executive

Date: 9th July 2026

Marking International Nurses Day on the Children's Ward

Remuneration and Staff Report

Annual Statement

This Remuneration Report sets out the Trust's policy on the remuneration of senior managers and provides details of payments made during the financial year 2025/26.

The Trust is committed to ensuring that remuneration arrangements for senior managers are fair, transparent and aligned to national guidance, supporting the recruitment and retention of high-quality leadership required to deliver its strategic objectives.

Remuneration for Executive Directors is determined in accordance with:

- National NHS pay frameworks and guidance
- The NHS England Pay Framework for Very Senior Managers (VSM)
- Relevant HM Treasury guidance, including Managing Public Money

During 2025/26, remuneration decisions have been made with due regard to:

- Affordability and value for money
- The Trust's financial position, including its deficit and recovery requirements
- Performance against organisational objectives
- The need to attract and retain individuals with the appropriate skills and experience

The Remuneration and Nominations Committee has ensured that all decisions are subject to appropriate scrutiny and are consistent with the Trust's governance framework.

Senior Manager Remuneration Policy

The Trust's policy on senior manager remuneration is designed to ensure that pay arrangements are:

- Consistent with national frameworks
- Transparent and equitable
- Linked to organisational performance and delivery

Key principles

- Executive Director remuneration is set in line with the national Very Senior Manager (VSM) pay framework
- Pay is determined based on role size, complexity, responsibilities and benchmarking where appropriate
- Any performance-related elements are aligned to delivery of organisational objectives
- Remuneration decisions take account of the Trust's financial position and affordability

The Trust has undertaken appropriate assurance to confirm that remuneration paid to senior managers in excess of £150,000 is reasonable, reflects the scale and complexity of the roles, and is aligned with relevant national guidance and benchmarking.

Service contracts

All Executive Directors are employed on contracts that comply with national NHS terms and conditions.

- Notice periods are typically six months for Executive Directors
- Termination arrangements are in line with contractual obligations and national guidance
- Any severance arrangements are subject to appropriate approval and comply with HM Treasury and NHS England requirements

Non-Executive Directors

Non-Executive Directors (NEDs), including the Chair, receive remuneration in line with nationally determined rates.

- NED remuneration is not performance-related
- NEDs are not eligible for pension scheme membership in relation to their NED role
- Associate Non-Executive Directors may receive remuneration in line with locally agreed arrangements

Role of the Committee

The Remuneration Committee is a formal committee of the Trust Board and operates in accordance with its Terms of Reference.

The Committee is responsible for:

- Determining the remuneration and terms and conditions of service for the Chief Executive and Executive Directors
- Overseeing senior leadership appointments and succession planning
- Ensuring compliance with national guidance and governance requirements
- The Committee provides independent oversight and assurance to the Board that remuneration decisions are:
- Appropriate and proportionate
- Aligned with national policy
- Consistent with the Trust's financial position and strategic objectives

Membership and operation

The Committee is comprised solely of Non-Executive Directors and is chaired by a Non-Executive Director.

Executive Directors are not members of the Committee but may attend by invitation, except where their own remuneration is being discussed.

The Committee meets at least three times per year, with additional meetings convened as required.

Governance and assurance

During 2025/26, the Committee has:

- Reviewed and approved remuneration arrangements for Executive Directors
- Ensured compliance with the NHS England VSM pay framework
- Considered succession planning and leadership capability
- Provided assurance to the Board on the effectiveness of remuneration governance
- The Committee operates with due regard to:
- The Trust's Board Assurance Framework (BAF), particularly risks relating to leadership and workforce
- The requirements of the Annual Governance Statement (AGS)
- External guidance and best practice

The Trust is satisfied that its remuneration arrangements are robust, transparent and support the delivery of its strategic objectives, while ensuring value for money for the public purse.

Senior Manager Salary & Pension Entitlement Tables

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

SALARIES AND ALLOWANCES OF SENIOR MANAGERS *								
	2025-26				2024-25			
Name and Title	**(a)**	**(b)**	**(c)**	**(d)**	**(a)**	**(b)**	**(c)**	**(d)**
	Salary (bands of £5,000)	**Expenses payments (taxable) to nearest £100**	**All pension related benefits (bands of £2,500)**	**Total all payments and benefits (bands of £5,000)**	**Salary (bands of £5,000)**	**Expenses payments (taxable) to nearest £100**	**All pension related benefits (bands of £2,500)**	**Total all payments and benefits (bands of £5,000)**
	£'000	**£**	**£'000**	**£'000**	**£'000**	**£**	**£'000**	**£'000**
Diane Wake, Chief Executive (from Jan 25)	135-140	0	0	135-140	40-45.	0	0	40-45.
Richard Beeken, Chief Executive (to Dec 24)	0	0	0	0	185-190	0	147.50-150	335-340
Madi Parmar, Director of Finance (from Jan 26)	45-50.	-	55.0-57.5	100-105.	0	0	0	0
Simon Sheppard, Acting Chief Finance Officer (to Dec 25)	115-120	-	160-162.50	275-280	150-155	0	160-162.50	310-315
Johanne Newens, Chief Operating Officer (from Jul 22)	155-160	-	97.5-100.0	255-260	145-150	0	17.5-20.0	165-170
Mel Roberts, Chief Nursing Officer (to Dec 25)	105-110	-	167.50-170	305-310	145-150	0	17.5-20.0	165-170
Mel Roberts, Group Chief Nursing Officer (from Dec 25)	30-35.	-	0	0	0	0	0	0
Mark Anderson, Chief Medical Officer (from 01/09/2022)	200-205	-	0	200-205	190-195	0	140.0-142.50	335-340
Sir David Nicholson, Chair (from May 2021)	25-30.	-	0	25-30.	50-55.	0	0	50-55.
Mick Laverty, Associate Non-Executive Director	15-20.	-	0	15-20.	10-15.	0	0	10-15.
Lesley Writtle, Associate Non-Executive Director, Deputy Chair	20-25.	200	0	25-30.	20-25.	1000	0	25-30.
Michael Hallissey Associate Non-Executive Director (from January 2022)	10-15.	-	0	10-15.	10-15.	0	0	10-15.
Rachel Hardy Associate Non-Executive Director (from January 2022)	10-15.	-	0	10-15.	10-15.	0	0	10-15.
Val Taylor Associate Non-Executive Director (from January 2022)	10-15.	-	0	10-15.	10-15.	0	0	10-15.
Lorraine Harper, Associate Non Executive Director (from Jan 23)	10-15.	-	0	10-15.	10-15.	0	0	10-15.
Andrew Argyle, Associate Non Executive Director (to Mar 26)	10-15.	-	0	10-15.	10-15.	0	0	10-15.
Jatinder Sharma, Associate Non Executive Director (from May 23)	10-15.	300	0	10-15.	10-15.	300	0	10-15.
Amrick Singh Ubhi, Associate Non-Executive Director (to Mar 26)	10-15.	-	0	10-15.	10-15.	0	0	10-15.
Atif Ali, Associate Non Executive Director (to Mar 26)	10-15.	0	0	10-15.	10-15.	0	0	10-15.
Dr Jonanathan Odum, Group Chief Medical Officer (from Feb 26)	20-25.	-	0	20-25.	0	0	0	0
Catherine Holland, Associate Non Executive Director (from Dec 25)	0-5	-	0	0-5	0	0	0	0
Lowell Williams, Associate Non Executive Director (from May 25)	0-5	-	0	0-5	0	0	0	0

Notes to Salaries and Allowances of Senior Managers

1. The total remuneration for Sir David Nicholson in 2025-26 is £110,000, the cost of which has been shared equally between Sandwell & West Birmingham NHS Trust, Walsall Healthcare NHS Trust, The Dudley Group NHS Foundation Trust and Royal Wolverhampton NHS Trust.
2. The remuneration for Diane Wake, Chief Executive is shared equally between Sandwell & West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust for 2025-26. The salary costs disclosed in the table are those recharged to the Trust . The full salary cost band would be 305-310
3. Mark Anderson received a salary in the banding of 175-180 for his Chief Medical Officer Executive role during the reporting year. This is an element of the remuneration disclosed in the table above, rather than a separate paid amount.
4. Mel Roberts became Group Chief Nursing Officer from Dec 25 which is shared equally with The Dudley Group NHS Foundation Trust, salary costs disclosed in the table above are those incurred by this Trust. The full salary costs for the whole year (including the role of Chief Nursing Officer from Apr-25 to Dec 25) would be 170-175.
5. The following individuals have undertaken group roles shared with The Dudley Group NHS Foundation Trust during 2025-26, salary costs disclosed in the table are those recharged to this Trust. Full salary cost bandings for the period disclosed in the above table would have been:
   - Dr Jonanathan Odum, Group Chief Medical Officer, 45-50
   - Lowell Williams, Associate Non Executive Director, 15-20
6. Catherine Holland joined this Trust as a Non Executive Director in Dec 25, shared with The Dudley Group Foundation Trust. Sandwell and West Birmingham NHS Trust but did not incur any cost during 2025-26 for this role.
7. Non-Executive Directors - do not receive pensionable remuneration and therefore do not accrue any pension related benefits.
8. Pension Related Benefits are a nationally determined calculation designed to show the in year increase in notional pension benefits, excluding employee contributions, which have accrued to the individual. Changes in benefits will be dependent on the particular circumstances of each individual.
9. Performance pay and bonuses and Long term performance pay and bonuses are not applicable to the Trust and are therefore excluded from the table above

Payments to Past Directors*

The trust made the following payments to past directors during 2025-26:

Name	Role	Remuneration Payment	Payment Band (£'000s)
David Baker	Chief Strategy Officer	Redundancy	50-55
Kam Dhami	Director of Governance	Redundancy	155-160

There is nothing outstanding at the end of the financial year and the redundancy payments are consistent with the amounts disclosed as exit packages.

Pensions

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

PENSION BENEFITS *								
Name and title	Real increase in pension at age 60	Real increase in Lump sum at pension age	Total accrued pension at pension age at 31st March 2026	Lump sum at pension age related to accrued pension at 31st March 2026	Cash Equivalent Transfer Value at 31st March 2026	Cash Equivalent Transfer Value at 31st March 2025	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder Pension
	(bands of £2500) £'000	(bands of £2500) £'000	(bands of £5000) £'000	(bands of £5000) £'000	£'000	£'000	£'000	To nearest £0
Simon Sheppard Acting Director of Finance	5-7.5	7.5-10	65-70.	160-165	1462	1271	127	0
Mark Anderson, Chief Medical Officer	0-2.5	0	80-85.	195-200	1845	1804	0	0
Mel Roberts, Group Chief Nursing Officer	7.5-10	15.0-17.5	65-70.	170-175	1587	1360	184	0
Johanne Newens, Chief Operating Officer	5-7.5	7.5-10	55-60.	135-140	196	140	34	0
Madi Parmar, Director of Finance (from Jan 26)	0-2.5	0	65-70.	180-185	1592	1499	11	0

The above table does not include the pension benefits for Group Directors recharged from The Dudley Group NHS Foundation Trust during 2025-26

Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pensions payable from the scheme. CETV's are calculated within the guidelines and framework prescribed by the SI 2008 No.1050 Occupational Pension Schemes (Transfer Values) Regulations 2008.

Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It excludes the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period. The benefits and related CETVs do not allow for a potential adjustment arising from the McCloud judgement (a legal case concerning age discrimination over the manner in which UK public service pension schemes introduced a CARE benefit design in 2015 for all but the oldest members who retained a Final Salary design.)

Pay Multiples

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

The remuneration (excluding pension benefits) of the highest paid director in Sandwell and West Birmingham NHS Trust in the financial year 2025-26 was £202,500 (2024-25, £242,500 annualised). The relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Pay Ratio information table *

For the purposes of this note, "Total Remuneration" and the "Salary Component of total remuneration" have been calculated using methodology not strictly in line with the requirements of the Department of Health and Social Care group accounting manual 2025 to 2026. Had those strict requirements been applied, the resulting values and pay ratios would not be materially different to those disclosed below:

	2025-26			2024-25		
	25th Percentile	Median	75th Percentile	25th Percentile	Median	75th Percentile
Total remuneration £	£26,598	£37,796	£50,273	£25,674	£36,483	£53,500
Salary component of total remuneration £	£24,637	£33,487	£47,810	£22,666	£31,524	£52,965
Pay Ratio information	7.61:1	5.36:1	4.03:1	9.45:1	6.65:1	4.53:1

In 2025-26, 50 (2024-25, 8) employees received remuneration in excess of the highest-paid director. The remuneration of temporary employees is estimated by employee category using the total pay during the year for each category, divided by the average monthly whole-time equivalent (WTE) number of employees within that category. On that estimated basis, in 2025-26, 85 (2024-25, 27) temporary employees received remuneration in excess of the highest paid director.

Remuneration ranged from £1,000 to £310,000 in 2025-26 (from £1,000 to £300,000 in 2024-25). The lower bound of these remuneration ranges reflects actual payments made during the year. A small number of staff with very low contracted hours or short periods of service received payments during the year that are below the annualised equivalent of their remuneration. Total remuneration includes salary and benefits-in-kind, but not severance payments. It does not include employer pension contributions or the cash equivalent transfer value of pensions. The Trust does not operate any non-consolidated performance-related pay arrangements.

The year-on-year decrease in the pay multiple is due to a change in role of the previous highest paid director in 2024/25, meaning a new highest paid director was identified in 2025/26. Total FTEs have reduced in 2025-26 due to lower bank and agency staffing following the Trust workforce plan to reduce bank and agency spend and achieve corporate reduction in growth.

The Trust considers that the median pay ratio is consistent with the pay, reward and progression policies for the Trust's employees taken as a whole.

Fair Pay Disclosure*

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

Percentage change in remuneration of highest paid director	£ decrease from 2024/25 to 2025/26	% decrease from 2024/25 to 2025/26	£ increase from 2023/24 to 2024/25	% increase from 2023/24 to 2024/25
Salary and allowances	-£40,000.00	-16.49%	£30,000.00	14.12%
Performance pay/bonuses	0	0	0	0

The decrease in remuneration of the highest paid director between 2024/25 and 2025/26 was due to a change in role of the previous highest paid director in 2024/25, meaning a new highest paid director was identified in 2025/26.

Average percentage change in remuneration of all employees (excl highest paid director)	£ decrease from 2024/25 to 2025/26	% decrease from 2024/25 to 2025/26	*£ increase from 2023/24 to 2024/25	*% increase from 2023/24 to 2024/25
Salary and allowances	-£8,098.96	-13.78%	£11,148.80	23.42%
Performance pay/bonuses	0	0	0	0

*** The average percentage change in remuneration of all employees (excluding the highest paid director) from 2023-24 to 2024-25 has been restated to a full time equivalent basis.**

The decrease in remuneration of all employees between 2024/25 and 2025/26 was partly due to lower bank and agency staffing following the Trust workforce plan to reduce bank and agency spend and achieve corporate reduction in growth.

Staff Report

As of 31 March 2025, the Trust employs 8,381 substantive staff.

In this section you will find a breakdown of the workforce profile and information about our progress against our People Plan, including how the Trust promotes equality, diversity and inclusion, how we engage and support our workforce to learn and develop.

Staff turnover

The Trust's staff turnover rate for 2025/26 was 9.21%. This figure is based on ESR statistics and is calculated using leavers (Excluding Jr Doctors) / Month-End Staff in Post.

The Trust has considered the Cabinet Office guidance for calculating staff turnover in the Civil Service on a comply-or-explain basis. As an NHS provider, the Trust's workforce turnover is captured through NHS Workforce Statistics, an official statistics publication produced in line with the UK Statistics Authority's Code of Practice for Statistics. The Trust therefore uses NHS workforce reporting as the primary source for turnover information, supported by local ESR workforce data for internal monitoring and assurance.

Turnover is monitored through the Trust's workforce governance arrangements, including People Committee oversight and routine workforce reporting. During 2025/26, turnover was considered alongside sickness absence, vacancy levels, recruitment, retention, staff engagement and workforce productivity. Further workforce information is available through the NHS Workforce Statistics publication.

In this section you will find a breakdown of the workforce profile and information about our progress against our People Plan, including how the Trust promotes equality, diversity and inclusion, how we engage and support our workforce to learn and develop.

Gender balance in senior management

The Trust monitors gender balance across the workforce, including at senior management level and among direct reports to senior managers, as part of its wider equality, diversity and inclusion arrangements.

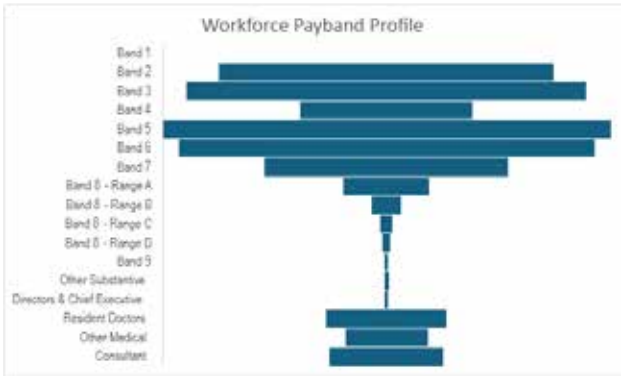
At 31 March 2026, the gender balance of senior management was as follows:

Group	Female	Male	Other / not disclosed	Total
Board members	14 (50%)	14 (50%)	0	28
Executive directors	9 (69.2%)	4 (30.8%)	0	13
Senior managers	28 (49.1%)	29 (50.9%)	0	57
Direct reports to senior managers	34 (60.7%)	22 (39.3%)	0	56

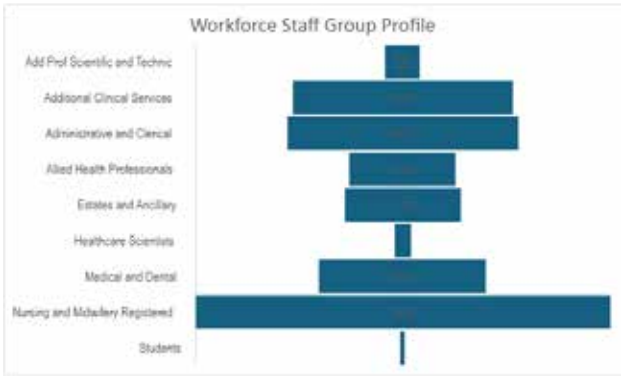
The Trust uses workforce reporting, recruitment monitoring, talent management, leadership development and equality, diversity and inclusion governance to support fair access to senior roles and progression opportunities. Gender balance is considered alongside other workforce diversity information to support inclusive leadership, succession planning and Board assurance.

Workforce Payband Profile

Workforce Payband Profile	Headcount
Band 1	1
Band 2	1134
Band 3	1354
Band 4	585
Band 5	1517
Band 6	1409
Band 7	823
Band 8 - Range A	291
Band 8 - Range B	97
Band 8 - Range C	41
Band 8 - Range D	24
Band 9	11
Other Substantive	16
Directors & Chief Executive	9
Resident Doctors	406
Other Medical	280
Consultant	383
Grand Total	**8381**



Workforce Staff Group Profile	Headcount
Add Prof Scientific and Technic	222
Additional Clinical Services	1405
Administrative and Clerical	1477
Allied Health Professionals	678
Estates and Ancillary	741
Healthcare Scientists	107
Medical and Dental	1067
Nursing and Midwifery Registered	2658
Students	26
Grand Total	**8381**



Workforce Gender Profile	Headcount
Female	6541
Male	1840
Grand Total	**8381**

Workforce Ethnicity Profile	Headcount
Asian	2207
Black	1361
Mixed	274
Not Stated	919
Other Ethnicity	277
White	3343
Grand Total	**8381**

Workforce Age Profile	Headcount
<=20 Years	21
21-25	530
26-30	1032
31-35	1111
36-40	1073
41-45	975
46-50	960
51-55	996
56-60	877
61-65	611
66-70	157
>=71 Years	38
Grand Total	**8381**

Staff Costs

	Permanent	Other	2025/26 Total	2024/25 Total
	£000	£000	£000	£000
Salaries and wages	401,862	-	**401,862**	384,937
Social security costs	52,177	-	**52,177**	41,940
Apprenticeship levy	2,046	-	**2,046**	1,953
Employer's contributions to NHS pension scheme	71,255	-	**71,255**	68,562
Temporary staff	-	5,382	**5,382**	17,579
Total gross staff costs	**527,340**	**5,382**	**532,722**	**514,971**
Recoveries in respect of seconded staff	-	-	**-**	-
Total staff costs	**527,340**	**5,382**	**532,722**	**514,971**
Of which				
Costs capitalised as part of assets	2,562	-	**2,562**	3,246

Average number of employees (WTE basis)

			2025/26	2024/25
	Permanent	Other	Total	Total
	Number	Number	Number	Number
Medical and dental	980	85	**1,065**	1,050
Administration and estates	1,793	173	**1,966**	2,054
Healthcare assistants and other support staff	1,380	229	**1,609**	1,676
Nursing, midwifery and health visiting staff	2,353	278	**2,631**	2,684
Scientific, therapeutic and technical staff	777	5	**782**	761
Healthcare science staff	124	1	**125**	126
Other	5	-	**5**	6
Total average numbers	**7,412**	**771**	**8,183**	**8,357**
Of which:				
Number of employees (WTE) engaged on capital projects	43	1	**44**	47

Reporting of compensation schemes - exit packages 2025/26

	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages
	Number	Number	Number
Exit package cost band (including any special payment element)			
<£10,000	-	27	**27**
£10,000 - £25,000	-	17	**17**
£25,001 - 50,000	-	5	**5**
£50,001 - £100,000	1	1	**2**
£100,001 - £150,000	-	-	**-**
£150,001 - £200,000	2	-	**2**
>£200,000	**-**	**-**	**-**
Total number of exit packages by type	**3**	**50**	**53**
Total cost (£)	£385,000	£641,000	**£1,026,000**

Exit packages: other (non-compulsory) departure payments

	2025/26		2024/25	
	Payments agreed	Total value of agreements	Payments agreed	Total value of agreements
	Number	£000	Number	£000
Contractual payments in lieu of notice	50	641	-	-
Total	50	**641**	**-**	**-**

For all off-payroll engagements as of 31 March 2026, for more than £245 per day

	Number
Number of existing engagements as of 31 March 2026	36
Of which, the number that have existed:	
for less than one year at the time of reporting	1
for between one and two years at the time of reporting	16
for between 2 and 3 years at the time of reporting	2
for between 3 and 4 years at the time of reporting	6
for 4 or more years at the time of reporting	11

For all off-payroll engagements between 1 April 2025 and 31 March 2026, for more than £245 per day

	Number
No. of temporary off-payroll workers engaged between 1 April 2025 and 31 March 2026	36
Of which...	
No. not subject to off-payroll legislation	
No. subject to off-payroll legislation and determined as in-scope of IR35	
No. subject to off-payroll legislation and determined as out of scope of IR35	36
The number of engagements reassessed for compliance or assurance purposes during the year	
Of which: No. of engagements that saw a change to IR35 status following review	

For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2025 and 31 March 2026

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	0
Total no. of individuals on payroll and off-payroll that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure must include both on payroll and off-payroll engagements	30

Expenditure on consultancy

During 2025/26, the Trust incurred consultancy expenditure of £660k Consultancy expenditure relates to the provision of objective advice and support to management in relation to strategy, structure, management, operations, finance, transformation, programme delivery or other specialist areas, where such expertise is not available internally or is required to provide independent support.

Consultancy expenditure is subject to the Trust's established procurement, financial governance and approval arrangements, including Standing Financial Instructions, budgetary control, contract management and oversight through the relevant executive and committee governance routes.

Health and Safety

The Trust's Health and Safety risk profile continues to be effectively maintained and shows compliance with all relevant Health and Safety legislation.

As a Trust we are committed to:

- provision of adequate control of the health and safety risks arising from our work activities.
- consultation with our employees on matters affecting their health and safety.
- provision and maintenance of safe plant and equipment.
- safe handling and use of substances.

- provision of information, instruction, training and supervision of our employees.
- developing and maintaining the competence of all our employees to do their work safely.
- prevention of accidents and workplace ill-health.
- maintenance of safe and healthy working conditions.
- review and revision of our health and safety policies at three-yearly intervals and whenever necessary

Our Corporate Health and Safety Department continue to support Estates and Facilities to work towards full compliance with legislation. The New Midland Metropolitan University Hospital (MMUH) has provided acute clinical services to our local community for the first year. Full occupancy of the site has allowed the Trust to review the environment, and the safety needs of all stakeholders. This has resulted in modifications to the physical environment to ensure a safe and secure place for all users and in particular vulnerable individuals.

Due to the challenging nature of some patients a programme of safety and security reviews have taken place, initially focusing on the main Emergency Department, Emergency Paediatric Department and the children wards on Level 4. These multidisciplinary safety and security reviews feed into local risk assessments.

The Trust has undertaken a successful controlled fire drill at MMUH, analysis of data collected will feed into improving fire response of this large complex site.

The transition of the City and Sandwell Health Campuses has started and will continue next year to reflect there changing role. A portion of the City Health Campus was made safe and secure before being handed over to Homes England. At the forefront of this work was ensuring health and safety standards and controls were not compromised.

All RIDDOR incidents are reported, and serious incidents are investigated to ensure that lessons identified can be acted upon and learning is shared to help drive improvement.

Assurance processes have been strengthened this year through improvements to monitoring systems, key performance indicators including risk assessment status, reactive incident monitoring, RIDDOR reportable incidents, communications, and training.

All of which are reported at either the Quarterly Health and Safety Committee and monthly Risk Assurance Group through to Trust Board via the Quality Committee.

Engaging with Our Workforce and Communities

The Trust is committed to working collaboratively with staff to ensure delivery against objectives, through robust arrangements for joint working which includes consultation and negotiation. We appreciate the need for collaborative working on the underpinning aims and values to ensure exemplary practice in the employment and treatment of staff. The Trust recognises the importance of proper representation by recognised trade unions, and we are committed to involving and engaging with Staff Side, trade unions and staff to ensure that we maintain effective workplace employee relations.

Good communication and engagement across the Trust are a priority to ensure colleagues, patients and the public know what is happening in the Trust. We use many different channels to engage our workforce and community in service updates.

The Trust press office maintains a number of active channels to ensure consistent and reliable information is shared with the public. These channels include:

LinkedIn 2.3K followers

LinkedIn is primarily a professional and reputational channel. We use it proactively to support recruitment, reinforce branding, partnerships and organisational storytelling rather than frontline patient communications. It is a key channel for projecting professionalism, leadership and impact within the wider health and care system. Content like "day in the life of" spotlights on staff and patient stories do well on this channel.

Facebook 33K followers

A key channel for community engagement and accessible public communication, we use Facebook to share service information, patient friendly updates, health awareness campaigns, thank you messages to staff and positive stories from wards and services. Our content is predominately visual and written in plain language. The main audience is patients, families, carers and the local population.

Instagram 16K followers

Instagram is used to humanise the Trust through visual storytelling. Typical content includes behind the scenes imagery, short videos, staff takeovers, celebration posts and campaign graphics. It helps show the people behind services and build emotional connection. The audience is generally younger than Facebook and includes students, early career professionals, NHS staff and members of the local community.

YouTube 8K subscribers

YouTube is used for longer form video content that supports explanation and reassurance. We publish patient information videos, virtual tours, recruitment films, interviews, training content and occasionally recordings of public meetings or briefings. The audience includes patients, carers, staff, prospective recruits and community groups seeking clear, accessible information.

TikTok 67K followers

TikTok is our go to channel to reach younger audiences with short, engaging and informal video content. This includes health promotion messages, recruitment content, and myth busting videos, often following trends while maintaining professionalism. The audience is primarily younger people, students and early career staff, with an emphasis on awareness rather than detailed information.

Digital signage

Across the Midland Met hospital we maintain 80 digital screens in high impact locations as an accessible way to communicate timely, relevant information to visitors while they are on site. These screens support reassurance and engagement in environments where people may be anxious, time pressured or unfamiliar with the space. The screens enable us to share masking or infection control guidance, health campaigns and public health messages, such as vaccination reminders, seasonal health advice, screening programmes or wellbeing tips. Content is designed to be visual and easy to understand, making it accessible to a wide range of audiences, including those with limited health literacy.

To ensure staff are kept informed we manage a full spectrum of internal communication channels including:

Sparc

Sparc is the Trust's intranet on which we share news and updates with our staff. This includes health campaigns, finance information, workforce and recruitment updates. These updates include successes such as important service updates and operational changes. Sparc is also the central library for clinical and non-clinical policies, links and essential information.

Twice weekly email bulletin

Our electronic news bulletin is distributed by email twice a week on Tuesdays and Fridays. It is a source of need to know information for colleagues and acts as a signpost to Sparc for further reading.

Line managers Whatsapp

An instant message channel delivered through Trust mobile phones used for urgent alerts, on the day reminders of events or signposting to Sparc with a call to action.

CMO Bulletin

An electronic bulletin distributed ad hoc to doctors with medical updates, safety alerts, updates to clinical guidelines and research and development opportunities and trials.

Screensavers

We use screensavers to push out messaging across Trust PCs and laptops to co-ordinate key messages with running campaigns.

Team Brief

Hosted by the Group Chief Executive each month on Teams, this event enables staff who join the call to receive updates on the Trust performance, upcoming events, recent developments and to ask questions directly.

Coffee and Chat

Held quarterly, our coffee and chat session provide an opportunity for staff to speak in-person with our Group Chief Executive about their concerns and ideas and provide feedback.

Patient Safety Bulletins

We continue to engage clinicians with important patient safety and experience information through weekly email bulletins on specific themes.

Long Service Awards

We believe that our staff should be recognised for their incredible service to the NHS, and this year we have re-instated our long service awards which had previously been paused during the COVID-19 pandemic – and issued awards to those who should have had one during this paused period.

We recognise 10, 20, 30, 40 and 50 years' service and during 2025 – we celebrated over 34,000 years of NHS service!

Engagement and Involvement

The year has seen the Trust initiate and collaborate on a number of engagement activities, all aimed at ensuring the voices of our patients, carers, communities and public are at the heart of what we do and helping shape services and drive improvements. We know that nurturing trust and reciprocity is key in building relationships where people feel valued and supported so teams have also attended a number of events to promote the trust and its services.

People Plan

The Sandwell and West Birmingham People Plan remains a central component of the Trust Strategy for 2022–2027, underpinning our ambition to build and sustain a happy, productive and engaged workforce. The opening of Midland Metropolitan University Hospital in 2024 has been a major catalyst in accelerating the delivery and embedding of the People Plan ambitions.

Since its launch, the People Plan has driven meaningful improvements across our workforce metrics and the 2024 staff survey showed significant improvements across all indicators of staff experience. The past year, however, has brought considerable operational, financial and workforce pressures, and this is reflected in the 2025 staff survey, which shows a decline in staff experience. In response, the Trust is investing heavily in staff engagement, and in embedding our wellbeing, leadership and team development offer to strengthen support for staff and leaders across the organisation.

In 2024, the People Plan Culture Programme was also reframed to deliver our new employer value proposition, "With you all the way". This refreshed programme brings together four core priorities:

- Leadership: Strengthen leadership capability and accountability.
- Teams: Build high performing, engaged teams.
- Individuals: Empower colleagues to shape and influence their experience.
- Organisation wide: Embed improvements across policies, systems and culture.

Together, these priorities form the foundation for restoring staff morale and ensuring the Trust remains a supportive and engaging place to work despite ongoing operational challenges.

Leadership

The ARC Leadership Programme, launched in 2023, continues to strengthen compassionate and inclusive leadership across the Trust. It comprises three core parts:

1. Compassionate and inclusive leadership
2. Restorative people management practice
3. Leading and inspiring safety and service improvement

This is supported by the ARC Plus offer, which provides additional standalone courses covering people policies, investigations, values based performance development reviews, leading change, appreciative inquiry, workforce planning, digital skills, recruitment systems, business case development and effective meetings.

Key achievements to date include:

- 1,214 leaders have engaged with Part 1, with 782 completing all modules.
- 891 no managerial staff have completed the Compassionate Caregiver course.
- Evaluation in 2024 and 2025 shows consistently strong outcomes, with delegates reporting increased confidence and a high likelihood of applying learning in practice.
- In 2025, 94per cent of delegates reported they would make positive changes as a result

of attending, 99per cent found the course useful and enjoyable, and 100per cent found it easy to understand.

- Follow up evaluation showed 74per cent of respondents had made behavioural changes directly linked to the programme.
- Part 2 pilot modules have generated 218 attendances, and Part 3 pilot modules have generated 233 attendances, with the final module in development.
- An ARC Leadership Development brochure has been produced to support access and understanding of the full programme.

The 2024 staff survey reported improvement across all People Promise elements and, in both engagement, and morale themes. While causation cannot be attributed solely to the programme, the People Promise score for compassionate leadership has increased from 6.55 in 2021 to 7.0 in 2025.

Overall, the ARC Leadership Programme is making a measurable contribution to leadership capability, staff experience and the development of a compassionate and inclusive culture across the Trust.

Teams

The Trust partnered with Affina OD (Michael West Associates) and along with our internal OD teams implemented a structured organisational development team effectiveness approach to support optimal team performance.

Initial implementation began in October 2023, targeting 8 priority service areas (36 teams) critical to the opening of Midland Metropolitan University Hospital.

The ARC OD team effectiveness model operates at 3 levels: individual (leadership and coaching), team (dynamics and effectiveness assessments), and organisational (multi team assessments and flow improvements). Where required, in depth Affina diagnostics are used to support team development.

Collaboration with the Improving Together Team has strengthened alignment, with further development planned to maximise joint impact across Sandwell and West Birmingham and Dudley Group NHS Foundation Trust.

Feedback has been highly positive, with managers reporting improved team functioning, more effective meetings and enhanced team well being.

Case studies demonstrate early impact, including improvements staff engagement and operational performance, and a reduction in turnover and sickness absence.

Individual Level

The 2024 PDR cycle included enhanced guidance and training to support meaningful conversations focused on career development, SMART objectives, inclusion, wellbeing and values and behaviours.

A Learning and Organisation Development Prospectus was launched to provide comprehensive information on the full range of learning and development opportunities available across the Trust and wider system. These offers were showcased at the "Benefits and Beyond" event in summer 2024.

The ARC leadership development programme continues to support both managers and non managerial colleagues, with 891 staff completing the Compassionate Caregiver module.

Our apprenticeship, widening participation and work experience programmes continue to attract and support people from our local communities into employment with the Trust.

A consolidated wellbeing brochure was launched in 2025, setting out our comprehensive wellbeing offer. Staff wellbeing is supported through in house occupational health services, wellbeing leads across the Trust, 24/7 access to the Employee Assistance Programme, stepped care psychological support, Mental Health First Aiders and a wide range of wellbeing initiatives.

Other organisation wide programmes impacting on culture and staff experience:

Just Culture

A Just and Learning Culture promotes psychological safety, encourages staff to raise concerns, supports accountability when things go wrong, and focuses on learning and continuous improvement rather than blame. This approach strengthens both patient safety and staff experience

Since the launch of the People Plan in 2023, the Trust has undertaken significant work to embed this culture, including:

- Launched a new Conduct at Work Policy developed with trade union partners, incorporating a strengthened decision-making framework and a multidisciplinary Decision-Making Group to reduce unnecessary formal cases and address over-representation of protected groups in employee relations processes.
- Implemented training on conducting investigations through a Just Culture lens.
- Expanded the pool of trained mediators to support early resolution.
- Embedded Just and Learning Culture principles within ARC Part 2 Restorative People Management leadership training.
- Developed a pastoral support framework for staff involved in formal investigations.

Engagement and Involvement

We have a number of mechanisms to engage and involve staff. Notably, our Staff Inclusion Networks are vital to building an inclusive, compassionate, and high-performing culture. They provide safe spaces for colleagues from diverse backgrounds to share experiences and turn insight into action that drives meaningful change.

In addition, ownership for improving staff engagement sits with local Group leaders through the People Engagement Teams (PETs). The PETs, which were introduced in March 2024, are chaired by a member of the Divisional triumvirate and are responsible for driving staff survey response rates, engaging with teams and responding to survey feedback via local action plans. They are accountable for delivery through the People Committee and Divisional Reviews.

We are committed to ensuring every colleague experiences our values of Ambition, Respect, and Compassion each day, and to creating a workplace where everyone feels valued, supported, and able to thrive.

The Trust has established clear mechanisms to identify and address behaviours inconsistent with NHS/Trust values, ensuring staff can raise concerns without fear of reprisal.

We promote a culture of openness, integrity, and shared accountability through our FTSU Strategy, Patient Safety Incident Response Framework, and Just and Restorative approaches, ensuring psychological safety and continuous learning.

Patient Mark Sanders

Equality Diversity and Inclusion

The Trust Equality, Diversity and Inclusion (EDI) Plan 2023-2027 was launched in January 2023. The Plan includes key EDI work Programmes which were developed as part of the SWB People Plan, including a specific Requirement to improve workforce representation and develop a more diverse and inclusive organisation.

The plan contains four quadrants, which provide an overview of the four priority action areas in the plan, as seen in the figure below.

We decided to focus on the following core objectives:

Objective 1: Empower, Equip, and Enable Staff Networks

The Trust has strengthened its Staff Inclusion Networks by updating governance, clarifying roles, appointing new sponsors, and defining leadership responsibilities. Trust-wide election led to the appointment of chairs and deputy chairs for several networks. In October 2025, a reset day was held to address network chair leadership challenges, support re-launch plans, and boost engagement. Each network also developed three EDI key priorities to guide its work over the coming year.

Objective 2: Optimise the role and function of the EDI Team

The EDI Team has strengthened its foundations through externally facilitated OD sessions, team coaching, and the development of a shared vision and objectives. Regular meetings, alongside individual coaching and mentoring supported the ongoing development of the team. The team are represented at key Black Country ICS meetings, workstreams and programmes. More recently, due to service gaps, the Trust sought external specialist expertise via the ICB Strategic EDI Specialist to support the delivery of our EDI priorities.

Objective 3: Deliver and embed a robust framework for inclusive recruitment

Recruitment processes and documentation have been updated to reflect ARC values and incorporate the new employer value proposition "with you all the way". A candidate briefing pack has been developed, initially focused on hard-to-fill posts, aligned with ARC values and the refreshed branding. Values-based interview questions and the sharing of interview themes have been successfully piloted and being rolled out Trust wide. Additionally, a standard paragraph encouraging applications from underrepresented groups has been developed to support inclusive recruitment practices, as well as an inclusive recruitment training programme for recruiting managers.

Objective 4: Launch an Inclusive Talent Management programme.

The Trust successfully launched a pilot inclusive talent management programme in spring 2024, with the aim

of focussing on addressing the under-representation of specific demographics within senior leadership roles. This structured career development framework operated as a pilot and ran over 18 months to provide participants with a range of career development opportunities and support. Individuals, who had recently completed the ICB's Next Generation of Senior Leader's programme, were recruited onto programme, based on the positive evaluation of this programme plans are now well advanced for a further, shared Group model cohort, with DGFT for 2026.

The Trust has also had 34 staff apply for places on the Midlands High Potential Scheme who are awaiting outcomes from their applications.

Other key EDI programmes:

Anti-Racism Task and Finish Group

In response to the NHS England directive issued in October 2025 and the wider national context of rising racism, antisemitism, and Islamophobia impacting NHS staff, Sandwell and West Birmingham NHS Trust and The Dudley Group NHS Foundation Trust have developed and are implementing a coordinated Group Anti-Racism Framework. This work has been informed by engagement with staff networks and reflects both national requirements and local lived experience, to create a safe, inclusive and equitable working environment.

The framework is structured around key strategic pillars, including education and culture change, fair and inclusive systems, leadership accountability, data-driven insight and strengthened colleague voice, alongside a targeted maternity race equity plan.

Key actions include embedding the International Holocaust and Remembrance Alliance definition of antisemitism into policies and procedures, delivering enhanced Equality, Diversity and Human Rights training, strengthening reporting and incident response mechanisms, improving inclusive recruitment and talent management processes, and increasing visible leadership accountability. Progress is being monitored through robust governance arrangements, through an anti-racism task and finish group with the overarching aim of addressing racial disparities, improving staff experience and ensuring the Trust operates as an actively anti-racist organisation.

Support for staff with disabilities

In collaboration with the Disability and Long-term Conditions Network, the Trust is introducing initiatives to better support disabled colleagues. These include launching the Health Passport to aid discussions on individual needs and the launch of a Reasonable Adjustments Framework. This framework has been developed to help managers, and their staff understand why reasonable adjustments are important, when to discuss them and how to implement them in the workplace. Whilst the key focus is on adjustments for people with disabilities, it also provides guidance for making adjustments for a wider range of protected characteristics/personal circumstances.

Additionally, focus groups have also been undertaken to explore barriers to adjustments, and the ARC leadership training has a special focus on equipping managers with the skills and tools to support staff effectively.

Sexual Safety Charter

On 4 September 2023, NHS England launched its first-ever sexual safety charter in collaboration with key partners across the healthcare system, taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. The Sexual Safety Charter was launched following reports of the prevalence of Sexual Misconduct within the healthcare sector. By signing the charter, Sandwell and West Birmingham NHS Trust committed to the implementation of the ten principles these are as follows:

- Principle 1: To actively work to eradicate sexual harassment and abuse in the workplace
- Principle 2: To promote a culture that fosters openness and transparency, and a culture that does not tolerate unwanted, harmful and/or inappropriate sexual behaviours
- Principle 3:To adopt an intersectional approach to the sexual safety of our workforce, recognising that certain groups will experience sexual harassment and abuse at a disproportionate rate.
- Principle 4: To provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours

- Principle 5: To clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
- Principle 6: To ensure appropriate, specific, and clear policies are in place that include appropriate and timely action against alleged perpetrators.
- Principle 7: To ensure appropriate, specific, and clear training is in place.
- Principle 8: To ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
- Principle 9: To ensure that the trust takes all reports seriously and that appropriate and timely action will be taken in all cases.
- Principle 10: To ensure that the Trust captures and shares data on prevalence and staff experience transparently.

Since the charter's launch, a Task and Finish Group has been established within the Trust to oversee and ensure organisational actions to embed the Sexual Safety Charter are progressed.

All of the principles within the charter have been actioned with progress monitored by the Executive senior leadership team, the Trust Freedom to Speak Up Lead and the People and Organisation Development Team. In addition, training and awareness sessions have been available to all staff to reinforce the principles.

Diversity, inclusion and workforce composition

The Trust is committed to building a workforce that reflects the diversity of the communities it serves and to creating an inclusive culture where all colleagues feel valued, supported and able to thrive. During 2025/26, this was supported through the Trust People Plan, EDI Plan, Staff Inclusion Networks, WRES and WDES action plans, the Race Equality Code action plan, Disability Confident activity, inclusive recruitment practice, talent management and leadership development programmes.

Workforce diversity trend data

The Trust monitors workforce diversity through ESR, NHS Staff Survey, WRES, WDES and internal workforce reporting. The table below summarises key workforce diversity indicators and in-year movement.

Indicator	2024/25 position	2025/26 position	Movement	Commentary
Black, Asian and Minority Ethnic staff as a proportion of the workforce	45%	45.0%	No Change	BME colleagues make up a significant proportion of the Trust workforce, exceeding local community levels.
Staff declaring a disability	4.0%	4.8%	Improved	Disability declaration increased, although 18.0% of staff had not disclosed their disability status.
BME staff relative likelihood of entering formal disciplinary process	1.20	1.09	Improved	The disparity reduced during the year, although continued focus is required.
Disabled applicants relative likelihood of appointment	1.30	1.06	Improved	Recruitment outcomes for disabled applicants improved slightly.
Disabled staff reporting equal opportunities for career progression	52.0%	52.0%	No Change	The gap between disabled and non-disabled colleagues narrowed.
Disabled staff receiving reasonable adjustments	68.9%	71.9%	Improved	Reported access to reasonable adjustments improved.
Staff with long-term conditions reporting presenteeism	34.7%	27.9%	Improved	Presenteeism reduced during the year.
BME staff reporting equal access to promotion	44.5%	46.4%	Improved	Perceptions of equal access to promotion improved but remain an area for further action.
Ethnicity disclosure rate	89.7%	89.1%	Deteriorated	Disclosure rates slightly deteriorated

Performance against EDI priorities and ambitions

The Trust monitors progress against EDI priorities through the People Committee, workforce reporting, WRES and WDES action plans, the EDI Plan and Staff Inclusion Network objectives. The table below summarises progress against key priorities during 2025/26.

EDI priority / target	2025/26 position	Status	Forward ambition
Improve representative leadership, including the proportion of Black, Asian and Minority Ethnic colleagues in senior leadership roles	Performance showed a steady upward trend and is approaching the target level.	Partially achieved	Continue inclusive recruitment, talent management and leadership development to improve representation at senior levels.
Improve WRES outcomes and reduce disparity in disciplinary processes	BME staff were 1.09 times more likely to enter formal disciplinary processes, improved from 1.20.	Improved, further work required	Continue delivery of the WRES and Race Equality Code action plans.
Improve perceptions of equal access to promotion	BME staff reporting equal access to promotion increased from 44.5% to 46.4%.	Improved, further work required	Strengthen inclusive career development and talent management.
Improve WDES outcomes and support disabled staff	Disability declaration increased to 4.8%, reasonable adjustments improved to 71.9%, and appointment disparity reduced to 1.06.	Improved, further work required	Continue WDES action plan delivery and improve disability disclosure.
Maintain and strengthen external EDI accreditation	TIDE silver status achieved in 2025, Disability Confident Level 2 maintained, Race Equality Code accreditation valid to May 2027.	Achieved	Address TIDE assessment outcomes and work towards Gold status in 2026.
Strengthen Staff Inclusion Networks	Staff networks continued to support organisational objectives and delivered awareness, engagement and inclusion activity during the year.	Achieved / ongoing	Align network objectives to WRES, WDES, Race Equality Code and EDI Plan priorities.

Key EDI achievements and progress

The Talent Inclusion and Diversity Evaluation assessment TIDE is an evaluation and benchmarking tool designed to measure how well an organisation is cultivating a positive and inclusive culture across key areas.

Sandwell and West Birmingham NHS Trust is a member of the Employers Network for Equality & Inclusion (ENEI) and has undertaken the TIDE (Talent Inclusion & Diversity Evaluation) and was awarded silver status in 2025. Work is underway to address some of the outcomes from the assessment to move to Gold Status in 2026.

Disability Confident Level Two award

The Disability Confident Scheme is a UK Government initiative designed to encourage employers to recruit, retain, and support people with disabilities and long-term health conditions. It helps organisations create inclusive workplaces by promoting good practices around accessibility, recruitment, and career development.

The scheme operates across three progressive levels and Sandwell and West Birmingham was awarded Employer: level two status of the scheme as the trust was able to demonstrate evidence of inclusive recruitment and management practices as part of the assessment.

Race Code Accreditation Quality Kite Mark

The RACE Equality Code (REC) provides best practice guidance to help organisations understand and apply the principles of good governance to advance race equality. Demonstrating compliance with the REC shows stakeholders that the organisation is committed to racial equality and strong governance. Boards are encouraged to integrate REC processes into their annual work cycle as a core element of their overall Equality, Diversity, and Inclusion (EDI) strategy.

Sandwell and West Birmingham NHS undertook the assessment and successfully achieved the Race Equality Code Accreditation and quality kite mark in May 2024 valid until May 2027.

Diversity Health and Care Partners Programme

The annual Diversity in Health and Care Partners Programme hosted by NHS Employers is a comprehensive organisational development initiative which supports organisations to progress equality, diversity, and inclusion (EDI) in the workplace in line with the NHS Long Term Workforce Plan and the NHS EDI Improvement Plan. Sandwell and West Birmingham NHS trust applied for a place on the programme and was successful in gaining a place.

The programme provides access to leading experts in the field of Equality, Diversity and Inclusion, good practice, and tools to help the trust advance and embed good EDI practice. The programme is delivered through a year-long series of events and includes a session for board members and face to face interactive modules and specialist masterclasses.

Veterans Aware programme

Veterans Aware accreditation ensures healthcare providers understand and meet the unique needs of the Armed Forces community, improving care for veterans and their families. As part of the Veterans Covenant Healthcare Alliance (VCHA), it supports the Trust in fulfilling the Armed Forces Act 2021 commitment that no member of the Armed Forces community is disadvantaged in accessing or receiving healthcare. The accreditation was achieved through the contribution of several Armed Forces Champions, led by members of the Trust's Executive Team.

Rainbow Badge Scheme

The Trust has taken part in phase two of the Rainbow Badge Scheme. The Rainbow Badge Scheme was created to be a way for NHS staff to demonstrate that they are aware of the issues that LGBT+ people can face when accessing healthcare. Phase two is an assessment and accreditation model and allows Trusts to demonstrate their commitment to reducing barriers to healthcare for LGBT+ people, whilst evidencing the good work they have already undertaken. Following our assessment, the trust achieved bronze status.

Staff Inclusion Networks: Celebrating and championing equality, diversity, and inclusion

It is well documented about the vital role of staff inclusion networks in helping to advance an organisation's equality, diversity and inclusion strategic objectives. Staff Inclusion Networks provide colleagues with a psychologically safe space to share their experiences, helping to shape organisational culture and foster inclusive working environments for all.

The Trust has several staff inclusion networks who are passionate and committed to ensuring fairness and equitable outcomes for staff with a protected characteristic. All of the trust's networks have a set of inclusion objectives to support organisational improvements in relation to equality, diversity, and inclusion.

During 2024/2025 the Staff Inclusion Networks have supported and organised the following events.

- August 2024 - South Asian Heritage Month
- December 2024 - Disability History Month
- February 2025 - LGBTQ+ History Month
- May 2025 - National Staff Network Day
- May 2025 - SWBH attendance at Birmingham Pride
- June 2025 - Celebrating Pride Month
- July 2025 - South Asian Heritage Month

Muslim Liaison Group

The Muslim Liaison Staff Network exists to support, represent, and empower Muslim employees across the trust. Its purpose is to create an inclusive and understanding workplace where Muslim staff can thrive personally

and professionally. The network promotes awareness of Islamic values and practices, advocates for equality and fair treatment, in relation to ensuring staff having dedicated spaces to pray.

BME Network

The BME Staff Network advocates for fair representation, tackling racial inequality and supporting career development for Black and Minority Ethnic staff and was set up to drive greater levels of BME Staff Engagement and amplify BME Staff Voice.

The network acts as a source of support for BME staff across the organisation and has been involved in several initiatives to raise awareness about the importance of championing race equality in the workplace. New chairs have been recently appointed who will determine the work programme and title of the group.

LGBTQ+ Network

The LGBTQ+ Network provides a safe, supportive space for lesbian, gay, bisexual, transgender staff championing acceptance and visibility within the trust. The network has organised social events and regularly has a presence at celebration days such as PRIDE and LGBT history month championing LGBTQ + equality in the working environment and patient care. The networks activities support the implementation of phase two of the Rainbow Badge scheme to ensure LGBTQ + Inclusion in the working environment and in healthcare service provision.

Women's Network

The Women's Network empowers women in the workplace by promoting gender equality, leadership opportunities, and work–life balance. It plays a key role in shaping policies and training on issues affecting women, particularly around menopause, and actively champions menopause awareness and equality across the organisation

Women's Clinical Network

The Women's Clinical Network is led by a senior clinical and has been set up to champion gender equality in the provision of health care services for women. The Network regularly presents at national events and regional events raising awareness about women's health issues and health inequalities that women face.

Disability and long-Term Conditions Network

The Disability and Long-Term Conditions Network is focused on ensuring accessibility, reasonable adjustments, and equal opportunities for staff with disabilities or chronic health conditions. The network has been heavily involved in shaping trust policies and action plans to improve disability inclusion across the trust.

Christian Faith Network

This newly established Network has been set up to support colleagues of Christian faith by creating a safe and inclusive community where individuals can share their beliefs, access support, and integrate their faith with their professional roles.

Working in partnership with the EDI team, the network promotes inclusivity by ensuring Christian staff voices are represented in decision-making and Trust initiatives, while also advocating for their spiritual needs. The network contributes to staff development by signposting opportunities for personal and professional growth, including leadership and mentoring, helping colleagues to thrive both personally and professionally.

Since the launch in November the Network has hosted several key events, including Christmas and Easter gatherings as well as a monthly drop-in session called "Coffee & Jesus", offering a welcoming space for prayer, encouragement, and pastoral support.

Engaging with our Communities

The Trust continues to strengthen its partnerships with local communities and voluntary sector organisations to ensure that patients, carers, and residents have a meaningful voice in shaping healthcare services. Key community engagement initiatives include:

BLACHIR (Birmingham & Lewisham African & Caribbean Health Inequalities Review)

The Trust is working alongside Birmingham and Lewisham Integrated Care Systems (ICS) to address barriers to healthcare access for African and Caribbean communities. This includes developing cultural competency training for staff and emergency partners, and establishing social prescribing groups that bring together parents, healthcare professionals, local authorities, and community representatives.

Children and Young People Health Equity Collaborative

As an active member of the Birmingham and Solihull ICB Health Equity Collaborative, alongside Barnardo's and Sir Michael Marmot, the Trust contributes to improving outcomes for children and young people. This work supports the implementation of the CORE20PLUS5 health equity framework and involves collaboration with health, social care, and voluntary sector partners.

Healthwatch and BLACHIR Collaboration

Regular meetings take place with Healthwatch and BLACHIR focus on improving patient experience and addressing health inequalities across our services.

- Education and Employability Partnerships

The Trust through its #morethanahospital employability programme is working closely with Sandwell College and other key partners such as the Kings Trust and West Midlands Combined Authority to deliver training, education and employability programmes including on-site Level 2 Functional Skills courses in maths, English, and digital literacy for lower-banded staff, supporting career progression and access to higher-paid roles.

We are also developing further programmes through our Learning Campus project along with our partners Aston University and University of Wolverhampton to help address disparities in access to non-mandatory training and progression for staff from Black, Asian, and Minority Ethnic and Disabled backgrounds. We are proud that over 70per cent of our workforce come from within our local communities and over 200 jobs within the new Hospital and with our Partners were recruited to through our Sector Based Work Academy Programme (SWAP).

Faith and Community Engagement

The Trust participates in bi-monthly Iman Group meetings with local faith organisations, police, colleges, food banks, and the council to discuss issues affecting Muslim and wider faith communities in Sandwell and West Birmingham.

United Reformed Church – Handsworth Social Prescribing Group

Working with GPs, midwives, and local partners, the Trust supports efforts to reconnect isolated individual's post-pandemic and address barriers such as funding and access to community services.

Flourish Collective

The Trust collaborates with this network of micro and community organisations in West Birmingham (Ladywood and Perry Barr) to improve local health and wellbeing through joint working between health, social care, and community partnerships.

Chaplaincy and spiritual care at Sandwell and West Birmingham NHS Trust

The Multi Faith Chaplaincy Team within Sandwell and West Birmingham NHS Trust plays a vital role in providing spiritual, religious, and emotional support to patients, families, and staff of all faiths and beliefs. Their purpose is to offer compassionate care, helping individuals find comfort, meaning, and resilience during times of illness, crisis, or loss. The team contribute to holistic healthcare by supporting wellbeing, promoting dignity and inclusion, and respecting the diverse, spiritual and cultural needs of the Trust's community. They also work collaboratively with multidisciplinary teams to ensure that spiritual care is integrated into patient experience.

Through a ministry of hope, presence, and reflective listening without judgment, the team offers a 24-hour on-call service, bedside care, and regular religious services in hospital chapels and prayer rooms. They assist with prayers, blessings, memorials, funerals, and other rituals or sacraments, and work closely with Palliative Care, End-of-Life Care, and Bereavement Services.

The Trust ensures that every patient's religious affiliation and spiritual needs are recorded and considered as part of holistic care. When additional support is required, referrals are made to the Chaplaincy Team, who provide specialist spiritual and emotional care for patients of all faiths and for those without a faith. Chaplains work collaboratively with nurses, doctors, and multidisciplinary teams to assess needs, offer tailored support, and record their input within patient notes helping to ensure compassionate, inclusive, and person-centred care for all.

Key Highlights 2025 improved measures (WRES)

Improvements

As at 31.3.25 BME staff- make up 45 per cent of the workforce, exceeding local community levels.

Disciplinary disparities reduced, with BME staff 1.09 times more likely to face formal action (down from 1.2). Reports of equal access to promotion increased from 44.5 per cent to 46.4 per cent, and ethnicity disclosure rates increased, enhancing data accuracy.

Work is ongoing to address these inequalities through our WRES and Race Code Action plans, and the Trust's People Plan and EDI plan. The BME Network has recently worked in partnership with the EDI team to develop a refreshed set of objectives aligned to the areas for improvement for the WRES and the outcomes from the Race Equality Code action plan.

Key highlights 2025 improved measures (WDES)

Workforce representation of staff declaring a disability increased to 4.8 per cent (from 4.0 per cent in 2024), however 18 per cent of staff have not disclosed their status.

Recruitment outcomes for disabled applicants improved slightly, with a relative likelihood of appointment reducing from 1.3 to 1.06. Only one employee entered the formal capability process, however evidence from national WDES reports suggests that proportionally disabled staff appeared more likely to do so. Reports of bullying and abuse among staff with long-term conditions remain higher than average but have decreased in relation to line managers.

Career progression perceptions improved, with 52 per cent of disabled staff feeling they have equal opportunities, narrowing the gap with non-disabled colleagues. Presenteeism fell to 27.9 per cent (from 34.7 per cent), and reports of receiving reasonable adjustments increased to 71.9 per cent (from 68.9 per cent).

Work is ongoing to address these inequalities through our WRES and WDES and Race Code Action plans, and the trust's People Plan and EDI plan. The Sandwell and West Birmingham BME Network has recently worked in partnership with the EDI team to develop a refreshed set of objectives aligned to the areas for improvement for the WRES and the outcomes from the Race Equality Code action plan.

Sandwell and West Birmingham is a member of the Employers Network for Equality & Inclusion (ENEI) and has undertaken the TIDE (Talent Inclusion & Diversity Evaluation). In 2025 the trust was reassessed and achieved silver status. Work is underway to address some of the outcomes from the assessment.

Learning and Development

The Trust continued to provide a ring-fenced training budget to support staff to undertake further development for their role and future aspirations and which was supplemented by NHSE Continuing Professional Development (CPD) funding for nurses, nurse associates, midwives and allied health professionals (AHPs). The apprenticeship levy has had a good level of use by c180 staff undertaking externally provided apprenticeships such as degree and postgraduate/master's level qualifications.

Our Education, Development and Growth workstream has been formed as part of the group governance structure to support workforce education, learning and development to support our People Promise – 'we are always learning' – this indicator will be a focus for the coming year and looks at the different ways each one of us can be supported to continually develop, whichever our professional group or stage of career.

Below is an overview of progress made in 2025:

Talent Management and Development

We continued to enhance our 2025 PDR cycle to include additional guidance and training on career development conversations, SMART objectives, inclusion, values and behaviours, stay conversations and capturing broad employee aspirations. We have also launched a new continued to promote our Career Development Workbook to support colleagues to reflect on their career goals and create a structured development plan.

A Learning and Organisation Development Prospectus was launched to provide comprehensive information on the range of learning and development opportunities available within the Trust and wider system, alongside a brochure for the various components of the ARC Leadership programme.

Apprenticeships

The Learning Works Apprenticeship Provider Team at SWB offer Level 2 and 3 Healthcare apprenticeships, supporting over 70 apprentices, in roles like Healthcare Support Worker and Senior Healthcare Support Worker.

This is in addition to more than 200 staff members participating in apprenticeship programmes externally, all funded by the apprenticeship levy.

Apprentices gain theoretical knowledge, practical skills, and hands-on experience, along with structured teaching, mentoring, assessments, and an end point assessment to support their future career opportunities.

Recently, the government released the national apprenticeship qualification achievement rate (QAR).

The national QAR has risen by 4.9 percentage points, reaching 65.4 per cent for the 2024/25 academic year, compared to 60.5 per cent the previous year. This is a fantastic improvement for apprenticeships across the country. Even more impressively, our SWB QAR for the contract year 2024/25 stands at an amazing 84.4 per cent, which is a remarkable 19 per cent higher than the national rate.

This achievement is a testament to the dedication, commitment, and hard work of our internal team who have now moved to the Learning Campus and will continue to deliver programmes through the Learning Campus. There were 87 active learners on the Trust's apprenticeship programme and 207 learners for the Higher-level Apprentices group.

Ofsted Visit November 2025

The Team was subject to an Ofsted inspection in November- one of the first few providers nationally to have a visit under the new requirements and they received a strong assessment, some feedback below:

"Apprentices apply their learning confidently at work. Their line managers trust them with increasingly complex tasks. Clinical apprentices communicate effectively with experienced colleagues on hospital wards. They manage difficult conversations and conflict appropriately as a result of practising similar scenarios in lessons."

"Apprentices value their training and the opportunities it provides for education, employment and career progression within healthcare. They are motivated, demonstrate positive attitudes to learning and aspire to progress to more senior roles within the hospital trust."

Learning Campus

The Midland Metropolitan University Hospital (MMUH) Learning Campus (LC) is a key enabler in promoting, supporting and enabling education, training and employability for local people and communities. The MMUH benefits case reflects the substantial opportunities that the LC provides to further expand and scale the employability successes that have been delivered through the Learning Works. The LC will promote local community regeneration, in line with the Towns Fund's focus on driving long-term economic and productivity growth for the local population. The LC will also support Sandwell and West Birmingham Hospitals NHS Trust (SWB), as well as the wider Black Country system in addressing future workforce planning and sustainability challenges. Increasing the volume of local people employed and trained is one of the Trust's Strategic Planning Framework (SPF) eleven success measures for 2025/26.

The Learning Campus (LC), opened its doors in March 2026, providing a bespoke learning environment for the Trust and the communities we serve. The Trust has brought together the apprenticeship and widening participation provision to operate as one "single front door" for employability and career development. The Trust's widening participation #MoreThanAJob programme bought local employment to over 300 people.

Through our #MoreThanAJob programme we are breaking down barriers and creating more inclusive routes into employment. In the last 18 months we have supported over 250 local people to receive a job offer, 75per cent of these offers at SWB and 25per cent externally with other local employers. In addition to general employability programmes, we also offer targeted support for clients who may face additional barriers to gaining employment through our specific award-winning projects detailed below:

Kings Trust – Working in partnership with Kings Trust to support local young people with developing skills, employability and careers development programmes. Through this partnership we have also launched the Trailblazer Project, which supports young people with paid work experience. In the last year the Trust has supported

60 engagements leading to 32 successful job outcomes.

Live and Work – Working with St Basils to support young people who are homeless or at risk of becoming homeless with somewhere secure to 'live' on our Sandwell Hospital site and working internally and with external partners to look at apprenticeship and 'work' opportunities.

Healthcare Overseas Professionals Project – Supporting local overseas refugees who hold professional overseas healthcare qualifications such as Nurses, Doctors and Dentists. We offer one to one pastoral support to help them navigate the NHS recruitment processes and explore opportunities for them to gain experience and employment.

Project Search – Supporting young people with a learning disability and/or autism with a 12-month supported internship opportunity and thereafter support to secure a substantive employment opportunity.

We continue to work with our LC partners; Sandwell College, Aston University and University of Wolverhampton, to develop the education offer for the LC which includes further education Functional Skills and bespoke modules with Sandwell College, higher education modules such as the Professional Advocate programme with Wolverhampton University and we are working on introducing masters level modules with Aston University.

The completed LC building was handed over to the Trust on the 16th of March 2026 with teams now moved into the building. Induction tours and orientation are underway for staff that will be based their and other key stakeholders.

A highly successful media event was held on 13th March 2026 to highlight the opening and the success of our education and employability programs which have supported over 2000 local people with advice, guidance and signposting for education, training, career development support and work experience leading to improved employability outcomes and demonstrating our trust commitment to supporting our local people.

Organisational Development

The Trust has faced sustained pressures on quality, workforce and finance. Evidence consistently shows that effective teamwork, leadership and psychologically safe cultures correlate with improved patient outcomes, staff experience, retention and operational performance.

Demand for Organisational Development (OD) support has increased alongside system pressure and the learning from the OD work supporting the opening of the MMUH site has been developed towards an organisation wide approach, including coaching teams and individuals for performance.

The Organisational Development approach has been fully aligned to the SWB People Strategy of the ARC Leadership programme and the Team effectiveness programme.

During 2025 a full review of Corporate Services across both SWB and DGFT was completed following a detailed Management of Change process which helped to re-shape services to be effective and cost efficient across a group governance structure. Further work, together with DGFT is planned for 2026/2027 working across the newly implemented Group model. The OD service across the group has been integrated to best support the ongoing development of the group model.

Occupational Health and Wellbeing

The Trust receives referrals from both NHS and non-NHS organisations and meets the needs of over 50,000 employees across the region, including income generating contracts with other NHS Trusts and commercial organisations. In addition to providing services to SWBH NHS Trust it also provides services to Primary Care, Pharmacies, Dental Practices and local authorities. Regionally our Trust continues to be regarded as a leader in the Occupational Health and Wellbeing space and, an exemplar of good practice.

This year the Occupational Health department successfully undertook its annual SEQOHS re- accreditation, with no concerns raised. This is key in providing assurance to all stakeholders that we protect people at work by ensuring the highest professional standards of competence, quality and ethical integrity.

Our Occupational Health and Wellbeing Service offers pathways for staff requiring musculoskeletal and mental health support. We have Mindful Employer accreditation, and we continuously work to strengthen our existing wellbeing provision, with a strong focus on our psychological and mental health support. Our staff have access to an Employee Assistance Programme providing a 24/7 helpline for mental health and life events support, with access to free and confidential counselling.

The Counselling is currently provided by our external partner PAM Group and this is delivered face-to-face, online or by telephone according to client preference. Clients are offered between 4 and 6 sessions, depending on need, with an option for onwards referral to other agencies should an extended period of counselling be required.

We have approximately 100 trained Mental Health First Aiders in the Trust and in March 2026 an additional 48 staff from key areas are due to attend Suicide Prevention Training to further enhance and strengthen this support and capability.

Musculoskeletal problems are another major area of concern with regards to staff wellbeing and sickness absence. Staff can access physiotherapy via self-referral as an early intervention via the Trust Physiotherapy Department. We target all musculoskeletal absence by early identification, assessment and intervention with particular focus on proactively managing all staff members who are off work for more than eight days with musculoskeletal problems. The aim is to prevent any long-term sickness absence where possible, by taking a coordinated and proactive approach. This year we also introduced a new joint pain rehabilitation programme through Nuffield Health. The programme combines movement, education and support from rehabilitation specialists to help staff learn to self-manage chronic joint pain and lead a more independent life; thereby supporting them to remain at work.

We are proud to be able to deliver a wide range of wellbeing activities through our Wellbeing Hub including a staff gym, yoga, therapeutic massage and confidential chats. In addition, we work closely with Sandwell College Hair and Beauty Students who come on site and provide services to staff at Sandwell; the benefit is a feeling of wellbeing for staff that use the free service and experience for the students as part of their training programme.

We launched our ARC Wellbeing and Managing Sickness Absence training for managers in July 2025, with approx. 165 leaders having attended so far. This training is key to supporting our leaders to develop a positive wellbeing culture within their teams, hold effective wellbeing conversations and manage sickness absence in a proactive and compassionate manner. The training also has a strong focus on how to support colleagues with disabilities that require reasonable adjustments. Alongside this training we have launched written guidance on holding effective Wellbeing conversations, with access to a further e-learning package to supplement learning. Wellbeing is also embedded into our processes through the inclusion of wellbeing conversations within 1:1 meetings and Performance Development Reviews.

Our revised Attendance at Work (Sickness Absence) policy was implemented in September 2025, with a focus on 'recovery' and support to return to work through a variety of options. Additionally, we introduced a new Reasonable Adjustments Framework and Health Passport to support those with disabilities and long-term health conditions who may not be off sick from work but who require support to attend and thrive at work. This framework aims to educate managers on our responsibility to implement reasonable adjustments and help them better understand ways in which to do this. The Health Passport allows staff to document their needs to enable a good quality conversation with the manager about the support required. This has been implemented as part of a set of actions to improve the experience of staff with disabilities at work.

Medical Staff Wellbeing

Our Medical Wellbeing leads, Dr Blaber (for resident doctors), Dr Naqvi and Dr Venugopalan (for senior doctors), have supported the wellbeing of both our resident doctors and senior doctors during a challenging year. This includes:

Resident Doctors (RD)

1. Senior Lead for the 10 Point Plan delivery at SWB. So far, we have: appointed a senior lead and Resident Doctor representative for the 10 point plan and conducted periodic reporting to NHS England on our progress; planned, costed and instructed the refurbishment of the Resident Doctor Common Room at BMEC; Simplified the annual leave process at BMEC to a single signature sign off; begun auditing the payroll RD related pay errors to understand and address trends; worked with medical staffing to audit the provision of job plan / rotas within the 8 week / 6 week deadline stipulated to understand and tackle trends in delay; ensured RD are able to claim back costs for study leave expenses from the time of incurring the cost rather than waiting for completion of

the course; worked with estates team to identify work stations for RD in MMUH to address lack of space; reviewed the Annual Leave policy and induction material for RDs.

2. Delivery of the 'Thriving in Medicine' Programme for Foundation Trainees. This consists of 3 modules (each a half day of training) which introduce core building blocks for sustaining professional wellbeing in healthcare. Dr Blaber designed and developed this training with a 3 regional colleagues. It has been adopted across the West Midlands and continues to evaluate well.
3. Having piloted day 1 of the IMT version of Thriving in Medicine, which focussed on the human factors involved with leading the Acute Take, we have now developed the content for Day 2, which looks at the "long game" of career development / involvement in incidents / coroners courts / PG exam etc. We will be delivering both day 1 and day 2 in the summer months of 2026 to the West Midlands IMT trainees.
4. Delivery of two Enhanced induction half days to locally employed doctors (LED), with a focus on international medical graduates, along with a monthly lunchtime teaching provisions to provide CPD for LED in the Trust.
5. Led a regional Wellbeing Lead bimonthly meeting to share ideas and standardise support across the region.
6. Steering group for developing training and policy to enhance sexual safety at work, consistent with the sexual safety in healthcare charter.
7. Delivery of ongoing bespoke pastoral support to resident doctors.
8. Delivering of the Resident Doctor Awards in July 2025 to celebrate excellence amongst the RD cohort

Senior Doctors

1. In September 2025, we delivered the second residential wellbeing course for senior clinicians at the Trust. This has evaluated very strongly with participants reporting both enhanced insight to their own wellbeing, gaining of a clear strategy to maintain wellbeing, feeling better equipped to support the wellbeing of their team and 100per cent reporting they would recommend the course to others.
2. Established a recognised space for senior medics to connect at MMUH with regular use by the cohort as and when needed.
3. We provide regular "Samosa and wellbeing" sessions, as well as additional support sessions and pastoral support sessions during Resident Doctors Industrial action. "Samosa and wellbeing" sessions are held regularly at MMUH with good attendance by a mix of clinicians. This provides an opportunity for colleagues to connect, discuss wellbeing and receive support.
4. 1:1 pastoral support sessions provided to those that need it. Support sessions provided to the senior team including consultants and senior doctors in our Trust.
5. We also held some ad hoc simple Yoga and Mindful breathing sessions – some face to face and some online sessions and the colleagues felt it helped them to have these tools.
6. Promotion of wellbeing support for consultant groups and engagement with groups through Quality Improvement Half Days (QIHD), as well as wellbeing events for senior medics through social media and recognition of cultural and religious festivities held across the trust.
7. Working with the wider steering group to concentrate on the needs of the senior medics.

Staff Engagement

The 2025 National Staff Survey was conducted during October – November 2025 and achieved a 36 per cent response rate: representing a 2 per cent increase from the previous year.

The results show a marked decline in staff experience across the Trust. Staff engagement fell from 6.7 to 6.5, broadly driven by a reduction in staff recommending the Trust as a place to work or receive care. Morale also fell due to feelings of work pressure. In addition, scores for all seven People Promise elements deteriorated, with key concerns around learning and development, reward and recognition, and health, safety and wellbeing.

Staff reported reduced access to development, feeling less valued, and increased pressure and burnout. These results reflect a challenging year characterised by organisational change, including a significant Management of Change programme to reduce corporate services costs in line with national requirements, enhanced grip and control measures, financial constraints, reduced temporary staffing and an increase in sickness absence.

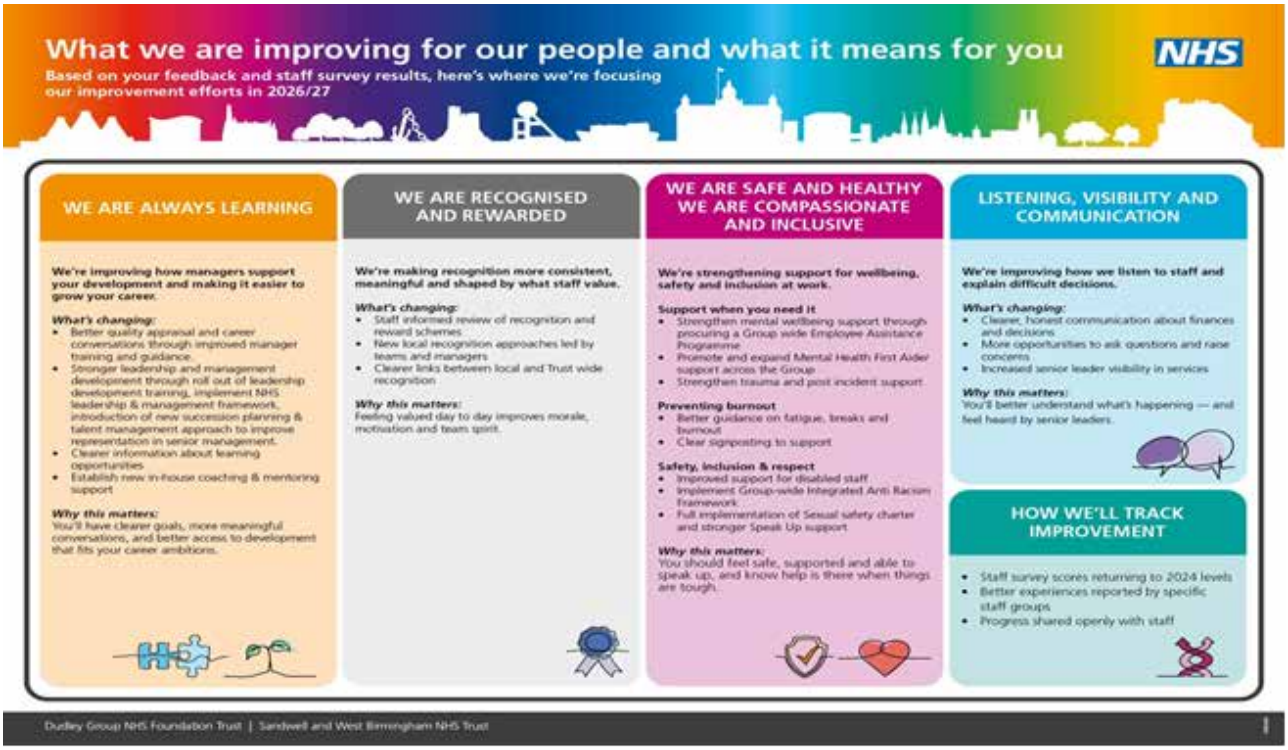
	SWB		
People Promise Element	**2024 score**	**2025 score**	**Statistically significant change?**
We are compassionate and inclusive	7.21	7.09	Significantly lower
We are recognised and rewarded	5.94	5.79	Significantly lower
We each have a voice that counts	6.61	6.45	Significantly lower
We are safe and healthy	6.24	6.04	Significantly lower
We are always learning	5.44	5.40	Not significant
We work flexibly	6.27	6.11	Significantly lower
We are a team	6.70	6.67	Not significant
Themes	**2024 score**	**2025 score**	**Statistically significant change?**
Staff Engagement	6.75	6.49	Significantly lower
Morale	5.97	5.75	Significantly lower

Dr Adewale Naiyeju

There were, however, also some positives. These include clearer feedback from managers, increased appraisals, better wellbeing support, a decline in disabled staff reporting having experienced discrimination from colleagues, improved experiences for ethnically diverse staff. Through the free text comments staff also expressed pride in patient care and NHS values, strong teamwork and local support and supportive local leadership. The scores relating to managers within the survey remained comparatively stable, indicating a positive impact of the investment the Trust has made in leadership development and culture change.

Whilst the decline in scores is disappointing, it is reflective of the position of other local Trusts and national trends. Sandwell and West Birmingham NHS Trust is now working in a Group model with Dudley Group NHS Foundation Trust. As both Trusts experienced common themes from the survey findings, a Group-wide response has been established to best utilise our collective skills and resources to support improvement.

A coordinated, robust response is planned at Group, Trust, Division and team levels. Improvements will be driven through strengthened local interventions through the People Engagement Team (PET) model and line management action; there will be targeted improvement support for a small number of teams with the greatest level of staff dissatisfaction; and a set of Group level corporate actions has been developed, focused on the three lowest scoring People Promise elements: ***We are always learning***, We are recognised and rewarded, and ***We are safe and healthy***. These will be supported by updated WRES and WDES plans and deeper work with Staff Inclusion Networks.



Partnership working with Trade Union Representatives

There is increased focus to ensure that partnership working with Trade Union representatives is meaningful. There are formal meetings such as the Joint Consultative and Negotiation Committee (JCNC), Local Consultative and Negotiating Committee (LNCC) and the Staff Terms and Conditions Committee (STaCC) and informal partnership meetings with Trade Union colleagues. We work to maintain open and regular communication to resolve issues as they arise, to discuss new and updated Staff Policies and to ensure that Organisational Change is delivered with minimal impact on our staff.

Sustainability and the Environment

This year focused on delivery, transitioning from planning to the full integration of the Midland Metropolitan University Hospital (MMUH) and the launch of the Green Strategic Plan 2025–2028. The Trust remains committed to a 'Net Zero' NHS, viewing environmental protection as inseparable from high-quality healthcare.

Transitioning to Net Carbon Zero is an essential part of our commitment to a greener NHS. As we move forward, our focus remains on driving innovation, fostering partnerships, and making sustainable choices that support our staff, patients, and the wider community. By embedding environmental responsibility into our daily operations, we are building a more sustainable NHS for generations to come.

Governance and Oversight

The Green Plan is now an established standing item on the Infrastructure Committee, ensuring formal progress reviews every six months. These deep-dive sessions provide granular oversight of our estate's decarbonisation, sustainable clinical and digital transformations, and travel initiatives. This structured approach ensures that our sustainability goals and people engagement strategies remain a core operational priority.

Risk Management and Accountability

To maintain accountability, we have mapped the key risks for every strategic area of the Green Plan. These are managed through a tiered approach: operational risks are addressed by the Green Plan Delivery Groups, while strategic threats are escalated to the Infrastructure Committee. All identified climate-related risks are formally recorded on the Trust Risk Register.

Green Plan Highlights

Building on the 2022 inaugural version, our refreshed Green Plan (2025–2028) further embeds sustainability across the Trust to improve budget efficiency, support regional environmental goals, and reduce service pressure through preventative care.

The following sections detail our 2025-26 progress across the Green Plan's nine focus areas.

Our People, Workforce & Leadership

- Engagement: Our Green Impact Programme (in Year 6) saw record participation with over 500 sustainability actions completed.
- Governance: Sustainability is now a standing Board-level item, ensuring all executive decisions align with the Green Plan.
- Education: Marked a 10-year partnership with the University of Birmingham for student placements.

Estates and Facilities

- Carbon Emissions: Since 2019/20, the Trust has reduced its energy-related carbon emissions by 5.74 per cent. This measurement includes data up to and including the 2023/24 financial year. For us to meet the net zero target, we need to reduce emissions by a further 7. Per cent each year, or 1,2430 tCO2.
- MMUH Integration: In its first full year of operation, MMUH has become the benchmark for our digital and energy ambitions.
- The Decarbonisation Roadmap: We have continued the rollout of our £12.6m PSDS funding at Sandwell Health Campus, with the installation of a heat pump, thermal envelope upgrades in progress and LED lighting fitting upgrades.
- Renewable Energy: On-site solar PV arrays at City, Sandwell, Rowley Regis, and MMUH generated a combined 79,000 kWh this year,

significantly reducing our reliance on the grid.

- Water Data: Consumption remained relatively constant, increasing only 2% despite the opening of the MMUH site.
- Strategic Planning and Sustainable Design: Our approach to managing the Trust's physical footprint is linked to the Green Plan 2025–2028. We have moved away from traditional maintenance toward a "Sustainability-First" planning model:
  - **Estate Rationalisation:** We are proactively decommissioning aged, carbon-intensive buildings. This targeted rationalisation reduces baseline energy demand and eliminates the high maintenance costs associated with inefficient legacy estates.
  - **Operational Capital and Lifecycle Planning:** Sustainability is now a mandatory lens for our annual capital planning. Rather than simple "like-for-like" replacements, all life-cycle renewals evaluate energy-efficient alternatives.
  - **Leading-Edge Design Standards:** We are setting new benchmarks for healthcare infrastructure. A flagship example is the new Learning Campus, which has been designed as the Trust's first fully electric building, serving as a fossil-fuel-free blueprint for all future developments.
  - **Net Zero Alignment:** All new builds and major refurbishments adhere to the NHS Net Zero Building Standard, ensuring a resilient, low-carbon estate.

The Trust's energy consumption profile has significantly changed with the opening of MMUH in Autumn 2024. Figure 1 shows Trust total electricity and gas consumption trends. Both electricity and gas consumption has reduced in 2025-26 because of energy optimisation works, such as LED lighting upgrades across our estates, Combined Heat and Power (CHP) at MMUH, closure of non-retained estate buildings, commenced energy efficiency upgrades as part of the PSDS funded scheme at Sandwell Health Campus.

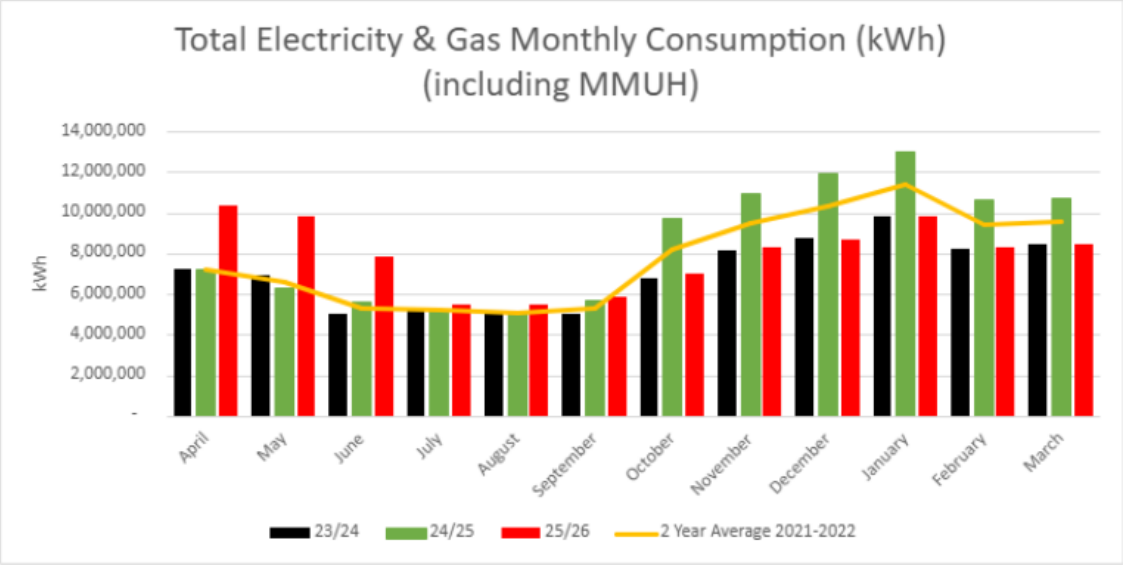


Figure 1: Total electricity and gas use (2022-23 to 2025-26)

Note: Average data has been used March 2026 as this data was not available at the time of compiling this report. MMUH site open from autumn 2024.

The total scope 1, 2 and 3 emissions for the Trust are estimated to be 198,102 tCO2e (using 2022/23 data). Scope 3 emissions make up the largest proportion of the Trust emissions at approximately 92%.

Renewable Energy

The Trust has four owned solar PV systems to increase the amount of renewable energy we generate. Our City Health Campus solar PV system has been offline for a few months due to other Estates operations.

Across our estates, we generated circa 79,000 kWh of onsite renewable electricity in 2025-26.

Note: Average data has been used March 2026 as this data was not available at the time of compiling this report. MMUH site open from autumn 2024.

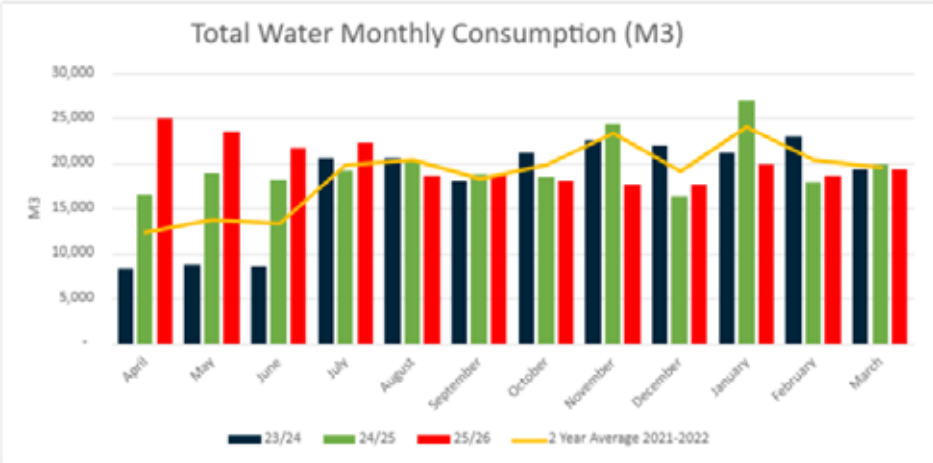


Figure 2: Trust total water consumption

Waste Profile

Clinical and domestic waste generation has generally been stable over the last three years. Collectively domestic, general, landfill and recycling waste generated has reduced 12% between 2024-25 and 2025-26.

The Trust is currently achieving an improved 62-28-14 per cent split against the 60-20-20 cent NHSE waste strategy limits, with continuous improvements noted despite a need for further training and segregation focus. The Trust has successfully shifted waste from clinical streams to offensive waste, improving alignment with NHSE targets and achieving substantial cost savings. This has been achieved through improved waste segregation and increased bin availability, clearer signage at MMUH, comprehensive staff training, and rigorous auditing by the team to ensure compliance with disposal standards.

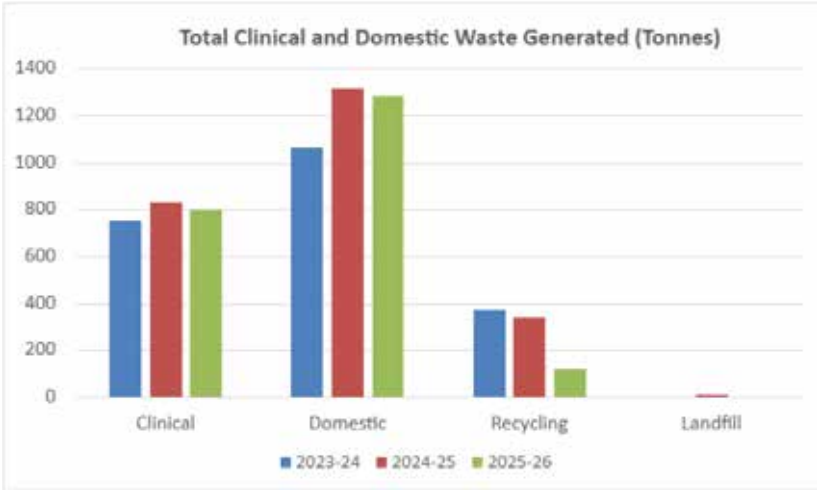


Figure 3: Total clinical and domestic waste generated between 2023-24 and 2025-26

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

Travel and Transport

- **Infrastructure:** Expanded to over 40 EV charging sockets, supporting 961 sessions and saving **17,446 kg of CO2e**.
- **Public Transport:** In partnership with Transport for West Midlands (TfWM), we launched our free one-week bus pass for eligible staff patients in April 2025. Based on the last staff travel survey, we have seen a 10 per cent increase in staff using the bus or commuting, rising from 15 per cent in 2023 to 25 per cent in 2025 (based on the 2025 staff travel survey).
- **Regional Leadership and Monitoring:** The Trust chairs the ICS Midlands NHS Greener Travel and Transport Group to share best practices and has installed air quality monitors at Sandwell Health Campus and MMUH to track local pollution levels.
- **Car sharing:** Our 'Kinto' app for car sharing and cycling buddy-ups now 150 members registered across the Integrated Care System.

Medicines

- **Inhaler Prescribing:** The Trust has conducted "lunch and learn" sessions for staff and the ICS to promote the assessment of inhaler technique and the prescribing of Dry Powder Inhalers (DPIs), which have a significantly lower carbon impact than Metered Dose Inhalers (MDIs), where clinically appropriate.
- **Anaesthetic Gases:** Since 2021, the Trust has maintained a policy of purchasing ZERO desflurane, a potent greenhouse gas, opting instead for Sevoflurane as the primary agent due to its status as one of the lowest-carbon inhalational anaesthetics. We have also removed nitrous oxide manifolds and moving to localised cylinders across our sites to reduce waste.
- **Greener Theatres:** A dedicated Greener Theatres Working Group has been established to implement an action plan focused on more sustainable clinical practices.
- **Collaboration:** The Trust partners with the ICS to provide clinicians and patients with the information necessary to make environmentally positive decisions regarding medicine use.

Food and Nutrition

- **Waste Mitigation:** Through the 'Real Junk Food' project at City Health Campus and adjusted cook-chill production targets, we have significantly reduced surplus food waste.
- **Sustainable Catering:** We have successfully eliminated single-use plastic stirrers, straws, and cutlery. Our transition to environmentally friendly sandwich wraps and cardboard packaging is now complete.
- **Pilot Success:** Our collaboration with NHS England at Rowley Regis Hospital, testing new crockery styles to reduce meal waste is now in place.
- **Local Procurement:** Where procurement protocols allow, we continue to source food as locally as possible to reduce "food miles" and support the regional economy.

Net Zero Clinical Transformation

- **Virtual Care:** We maintained our 15 per cent virtual appointment target, reducing the need for patient travel and administrative paper use.
- **Optimised Scheduling:** Outpatient scheduling has been refined to 'one-stop shop' models, consolidating visits and improving patient efficiency.
- **Prevention and Healthy Lifestyles:** Utilising local partnerships to encourage lifestyle choices that improve health outcomes and reduce long-term demand on the healthcare system.
- **Social Responsibility:** We have aligned our care models with wider social value goals, ensuring high-quality care is delivered without exhausting future resources.

- **Clinical Care:** We will embed sustainability into our 'Fundamentals of Care' programme. This underpins our Patient Plan as part of our Trust Strategy; it sets out how the interdisciplinary team connects and builds relationships with our patients. We will also include sustainability as part of the Trust Clinical Accreditation Scheme.

Digital Transformation

- **Virtual Working:** We continue to facilitate virtual ways of working for colleagues, reducing the carbon footprint associated with daily commuting and office space.
- **Digitisation of Communications:** The rollout of 'Health Care Communications' has enabled appointment information to be sent digitally, significantly reducing paper use.
- **Digital Foundations:** By aligning with the 'Greener by Design' principles, we ensure that new technological innovations support a reduction in emissions through improved access and quality of care.
- **Agile Working**: Supported and facilitated virtual ways of working for staff, reducing the requirement for daily commutes and physical office resources.

Climate Change Adaptation

Climate considerations are no longer viewed in isolation; they are now a fundamental driver of our organisational strategy. We are fully integrated climate change into the Trust's Integrated Risk Management Framework, categorising risks into two primary areas:

- **Physical Risks:** Risks posed by extreme weather (heatwaves, flooding) to our infrastructure and patient safety will be recorded on the Corporate Risk Register. These are mitigated through our Climate Change Adaptation Plan and Severe Weather Plan.
- **Monitoring:** Climate-related risks are reviewed bi-annually to ensure that mitigation strategies remain effective and that the Trust remains compliant with evolving UK environmental legislation.

Biodiversity and Urban Ecology

We are transforming our hospital grounds to support urban biodiversity, clean air and climate resilience with:

- **'No Mow' Zones:** We have designated areas across all sites to remain uncut, allowing native wildflowers to flourish and providing essential habitats for pollinators.
- **Green Space Preservation:** We aim to protect existing green areas from development, providing natural cooling and mitigating the "urban heat island" effect.
- **Therapeutic Environments**: These spaces serve as "nature recovery" areas, supporting the mental health and physical wellbeing of our patients and staff.

Sustainable Procurement & Supply Chain

- **Elimination of Single-Use Items:** We have successfully eliminated the use of polymer carrier bags (saving 13,000 p.a.), red drug round aprons (saving 12,000 p.a.), and theatre 'warm-up gowns' (saving 32,000 p.a. from incineration). We have transitioned to reusables, replacing disposable items with durable alternatives, including the introduction of reusable baskets, tourniquets, and plastic trays to replace pulp kidney dishes.
- **Circular Economy:** 25 per cent of our harmonic scalpels are now remanufactured, saving approximately £282 per device.
- **Social Value:** We have mandated a 10 per cent social value weighting in all tenders
- **Supplier Engagement:** Implementation of a strategic approach to encourage suppliers to adopt sustainable practices, ensuring environmental and economic values are embedded into all purchasing decisions.
- **Clinical Collaboration:** Utilising evidence-based practice to challenge the overuse of products and redesign care pathways to be more resource-efficient.

Looking Ahead: 2026-27 Priorities

As we move to delivery of the Green Plan 2025-2028, our focus shifts from the foundation setup of our new estate towards deep operational integration and clinical innovation. Our primary objective remains the delivery of the NHS Net Zero targets while enhancing patient care and financial resilience.

NHS Oversight Framework

The Trust is subject to the NHS England Oversight Framework, which provides a structured approach to assessing provider performance across key domains, including quality of care, operational performance, workforce, finance and leadership.

The Framework uses a segmentation approach to determine the level of support and oversight required. Segmentation is informed by a range of indicators, including performance against national standards, financial position, delivery of strategic priorities and organisational capability.

During 2025/26, the Trust was assessed as operating within Segment 3 of the NHS Oversight Framework, reflecting a requirement for targeted support and oversight, primarily in relation to its financial deficit position and the delivery of financial recovery and productivity improvements.

In response, the Trust has worked closely with NHS England and system partners to:

- Strengthen delivery of financial recovery plans and Cost Improvement Programmes (CIP)
- Improve financial grip and control, including enhanced Executive accountability
- Align operational performance, productivity and financial planning
- Strengthen governance and committee oversight, particularly through the Finance and Productivity Committee

The Trust has also continued to develop its internal governance and assurance processes, including alignment of the Integrated Performance Report (IPR), Board Assurance Framework (BAF) and Strategic Planning Framework (SPF). This provides a clear and consistent line of sight from operational delivery through to Board-level risk and assurance.

This approach ensures that the Trust is able to respond effectively to the requirements of the Oversight Framework, while maintaining a strong focus on financial sustainability, performance improvement and delivery of its strategic objectives.

Statement of the Chief Executive's Responsibilities as the Accountable Officer

As Accountable Officer, the Chief Executive has responsibility for maintaining a sound system of internal control that supports the achievement of the Trust's policies, aims and objectives, whilst safeguarding the public funds and assets for which they are personally responsible.

This includes responsibility for ensuring that the Trust:

- Operates effectively, efficiently and economically
- Complies with relevant legislation, guidance and regulatory requirements
- Maintains proper accounting records and prepares accounts in accordance with statutory requirements
- Has appropriate systems of governance, risk management and internal control

The Accountable Officer is also responsible for ensuring that:

- The Annual Report and Accounts present a true and fair view of the Trust's financial position
- Resources are applied for the purposes intended by Parliament
- The organisation delivers value for money

In discharging these responsibilities, the Chief Executive is supported by the Board of Directors, its committees and the wider governance framework described within this Annual Report and the Annual Governance Statement.

Through this framework, the Board is able to obtain robust, triangulated assurance on performance, risk and internal control, supporting effective decision-making and the delivery of the Trust's strategic objectives.

Diane Wake

Chief Executive Officer

9th July 2026

Finance report

Our finances and investments

In 2025/26 the Trust has continued to operate within a highly challenging economic and operational environment whilst maintaining its commitment to delivering safe, high-quality care for our patients and communities. The 2025/26 national planning guidance emphasised a need for all parts of the NHS to live within their means, reduce waste and maximise productivity, building upon gains made in previous years.

In particular there was a requirement to: reduce spend on temporary staffing and support functions, improve procurement, contract management and prescribing and drive improvements in operational and clinical productivity.

NHSE set out a clear need for local prioritisation and a financial reset. Systems were tasked with developing plans that were affordable within the allocation, driving improvements in productivity, reducing waste, and deciding how to prioritise resources to best meet the health needs of their local population. NHSE increased the freedoms systems had to allocate their resources by releasing most funding ring fences. Service Development Funding (SDF) was rolled into core allocations.

Providers were requested to reduce their cost base by at least 1% and achieve 4% overall improvement in productivity before taking account of any new local pressures or dealing with non-recurrent savings from 2024/25. This represented a step change across all services.

The Black Country ICB as System Commissioner, received a revenue allocation of £3.6 billion for 2025/26 along with an additional £100million in capital costs. In order to meet the system control total there was a total efficiency programme of £274 million for the system which was an average of 6.2% across all organisations in addition to £95million of deficit support.

As in 2024/25, finance is considered at a system level. Integrated Care Boards (ICB's), Trusts and primary care providers are asked to work together to plan to deliver a net financial position which is balanced across the system. They should involve wider system partners as they decide how to balance various national and local priorities.

To help recovery, systems were asked to maintain their bed numbers for general and acute care in 2025/26 at the same level funded and agreed through operating plans in 2024/25. The rationale for this approach was supported by the need to:

- Reduce Long A&E Waits
- Avoid bed closures as a cost-saving measure.
- Use Same Day Emergency Care (SDEC) and virtual wards to improve flow without reducing physical bed capacity.
- Plan winter capacity early to prevent seasonal surges from overwhelming A&E.

Planning guidance for 2025/26 contained one of the biggest structural changes in years; a radically shorter set of national priorities, cut from 32 down to 18 with a deliberate aim - fewer targets, more focus.

The new approach emphasised:

- Performance recovery (elective, A&E, primary care, dental)
- Productivity
- Financial grip
- Quality and safety

The Trust initially submitted a break-even financial plan for 2025/26, based on stretching efficiency plans. The Trust as part of the system plan initial set a break-even budget. The plan was inclusive of £14.2m national deficit funding and a cost improvement programme of £50.8m (6.2% of turnover).

The Trust ended the financial year with a £12.6m deficit which was adverse to the break-even plan. A reassessment of forecast delivery at the end of quarter 3 crystalised a number of income risks within the plan, subsequently a revised year end forecast was agreed with both NHSE and the Trust of -£12.6m deficit. To achieve this position the Trust relied on additional non recurrent support from commissioners and NHS England and also delivered £41m (80%) of the required cost improvement programme. The Trust therefore exited the financial year with an underlying deficit position worse than the headline result and as a result a 7% efficiency challenge for the forthcoming year. A key objective with the Trust's Strategic Planning Framework for 2026/67 is recurrent financial improvement.

Budgetary Framework

The budgeting framework was set within the overall Operational Planning guidance for the financial year. The Operational Planning process was established to integrate and align all dimensions of business planning which outlines the future vision and objectives and incorporates the achievement of targets and service improvements to achieve them. The core components of business planning include:

- Activity forecasting,
- Capacity planning,
- Income and expenditure budget setting,
- Cost improvement programme (CIP),
- Workforce,
- Capital expenditure planning, and
- Quality impacts

The year end Income and Expenditure performance, as reflected in the Annual Accounts, is shown in Figure 1 below.

The Trust's financial performance is measured against three primary duties:

- The delivery of an Income and Expenditure (I&E) position consistent with the target set by the Department of Health (DH) (the breakeven target).
- Not exceeding its Capital Resource Limit (CRL).
- Delivering a Capital Cost Absorption Rate of 3.5%.

These duties are further explained as follows:

Breakeven Duty

The Trust delivered a deficit position of £12.598m.

Figure 1 shows how the Trust's reported performance is calculated. The surplus in the published Statutory Accounts is subject to technical adjustment and does not affect the assessment of the Trust's performance against the duties summarised above (i.e., I&E breakeven, CRL, capital cost absorption)

Figure 1 Income and Expenditure Performance

Although impairments and reversals are not counted towards measuring I&E performance, they must be included in the Statutory Accounts and on the face of the Statement of Comprehensive Income (SOCI). Impairments and reversals transactions are non-cash in nature and do not affect patient care budgets. However, it is important that the Trust's assets are carried at their true values so that users of its financial statements receive a fair and true view of the Statement of Financial Position (Balance Sheet). The Department of Health and Social Care (DHSC) holds allocations centrally for the impact of impairments and reversals.

Income and Expenditure Performance	2025/26 £000s	2024/25 £000s
Income for Patient Activities	777,964	756,891
Income for Education, Training, Research & Other Income	60,108	60,909
Total Income	**838,072**	**817,800**
Pay Expenditure	(525,619)	(508,268)
Non Pay Expenditure including Interest Payable and Receivable	(300,052)	(452,343)
Public Dividend Capital (PDC) - Payment	(21,090)	(13,010)
Total Expenditure (Including Impairments and Reversals)	**(846,761)**	**(973,621)**
Surplus/(Deficit) per Statutory Accounts	(8,689)	(155,821)
Exclude Impairments and Reversals	3,158	166,473
Exclude impact of IFRS16 on IFRIC12 Schemes	1,217	730
Adjustment for elimination of Donated and Government Grant Reserves	(8,284)	(5,431)
Total I&E Performance	**(12,598)**	**5,951**

Midland Met in the snow

Capital Resource Limit (CRL)

Further detailed information on capital spend is shown below at Figure 5. The CRL sets a maximum amount of capital expenditure a Trust may incur in a financial year (April to March). Trusts are not permitted to overshoot the CRL although the Trust may undershoot. Against its CRL of £56.254m for 2025/26, the Trust's relevant expenditure was £56.254m, achieving this financial duty.

Capital Cost Absorption Rate

The capital cost absorption rate is a rate of return on the capital employed by the Trust and is set nationally at 3.5%. The value of this rate of return is reflected in the SOCI as Public Dividend Capital (PDC) dividend (as shown in Figure 1), an amount which trusts pay back to DHSC to reflect a 3.5% return. The value of the dividend/rate of return is calculated at the end of the year on actual capital employed being set automatically at 3.5%, and accordingly the Trust has achieved this financial duty.

Income from Commissioners and other sources

The main components of the Trust's income of £838,072m in 2025/26 are shown below in Figure 2, showing an overall increase of £20.272m – of which £14.397m was deficit funding, provided by NHSE to ensure that the Black Country Integrated Care System (ICS) achieved (at least) a breakeven I&E position. The total ICS level of deficit funding was £95m.

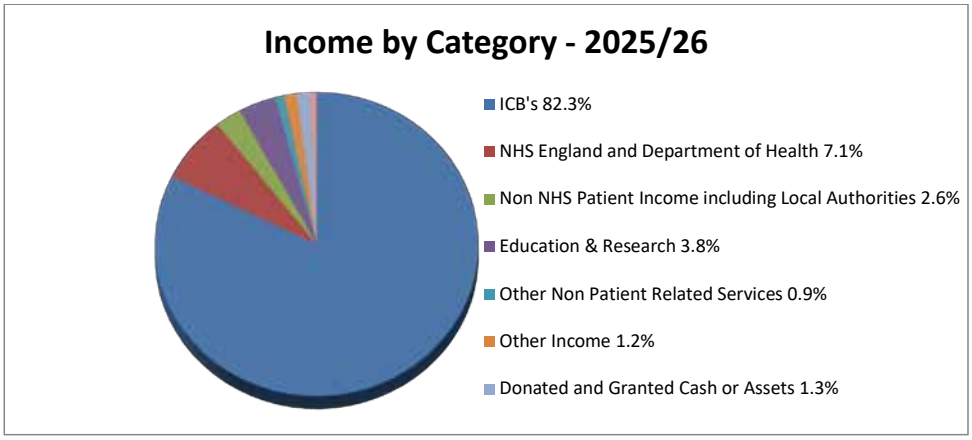
The remaining increase is driven by the income received by commissioners, under the income block arrangements.

Figure 2 Sources of Income

Sources of Income	2025/26 £000s	2024/25 £000s
NHS England and Department of Health	59,814	54,616
NHS Trusts and Foundation Trusts	6,241	6,462
ICB's	689,820	677,763
NHS Other (including Public Health England and Prop Co)	6	11
Non-NHS Patient Income including Local Authorities	22,083	18,039
Education & Research	31,571	29,331
Other Non-Patient Related Services	7,556	9,824
Donated Assets	10,547	6,336
Other Income	10,434	15,418
Total Income	**838,072**	**817,800**

Within Figure 3, the pie chart below, the largest element of the Trust's resources flowed directly from ICBs, 7.1% from NHSE, and education training and research funds at 3.80%. The Trust is an accredited body for the purposes of training undergraduate medical students, postgraduate Doctors, and other clinical trainees. It also has an active and successful research community, which continued during and since the pandemic. The proportions of income received are consistent to previous years.

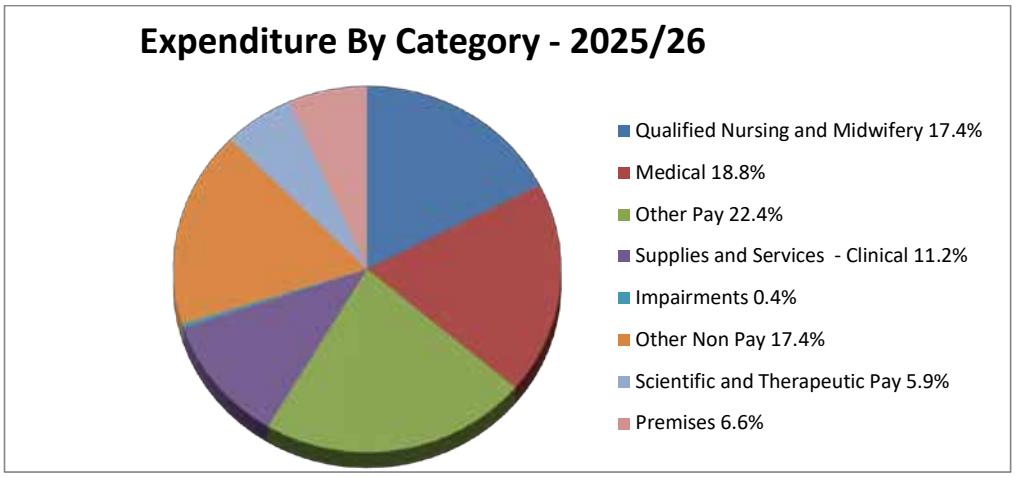
Figure 3 – Income by Category



Expenditure

Figure 4 shows that this year, 64.43% (24/25, 53.4%) of the Trust's cost was pay and, within this, Nursing and Midwifery 17.4% (24/25, 13.2%), Medical staff 18.8% (24/25, 15.1%), other pay 22.4% (24/25, 20.1%) and Scientific and Therapeutic 5.9% (23/24, 6.1%). The categories contain total annual agency spend of £5.382m for the Trust (24/25 £17.579m). This included the continued impact of additional capacity (beds) required for urgent and emergency care pressures, elective recovery during the year, and the filling of vacancies and sickness backfill. The remaining 35.57% (24/25, 46.6%) of operational expenditure was non pay, the largest elements of which were clinical supplies and services at 11.2% (24/25, 12%), which includes drug costs. Excluding Asset Impairments, the overall analysis of expenditure shows Pay at 64.68% and Non-Pay at 35.32%.

Figure 4 Expenditure by category



Use of Capital Resources

Capital expenditure differs to day-to-day operational budgets and involves tangible and non-tangible items costing more than £5,000 and having an expected life of more than one year. The Trust is provided with Capital Resource as part of the ICS arrangements for managing a fair distribution of funds to all providers in the System. Monitoring of Capital Resource utilisation is reviewed monthly by the ICB to ensure that that funds are used effectively and within the appropriate financial year. In total, the Trust's gross spend during 25/26 on capital items was £68.547m, including self-funded schemes and those externally funded by PDC, the latter being mainly MMUH and PDC awards to support an Elective Hub development together with IT and Medical Equipment Purchases in line within national initiatives. This figure is adjusted by any donated items and the book value of assets disposed when measured against the CRL (see above). A breakdown of this gross expenditure is shown in the pie chart below.

The Trust spent, 9.1% (24/25, 54.1%) of its capital budget on the Midland Metropolitan University Hospital (MMUH); the spend of £6.250m was funded by PDC contributions. The Trust also spent £37.114m (24/25, £36.122m) on upgrading the Trust's residual Estate, including ensuring compliance with statutory standards.

Key schemes within the Estates capital programme included:

- Expenditure for the new Learning Campus on the MMUH site
- £2m of Expenditure on RAAC Schemes (the eradication of Reinforced Autoclaved Aerated Concrete)
- Local projects at the City and Sandwell sites
- Backlog maintenance and statutory standards.

Medical and Other Equipment accounted for £14.821m all of which has a direct impact on clinical quality improvement. Key schemes include:

- Routine replacement rolling programme.
- Additional MRI Imaging Equipment
- Managed Equipment Service

IT spend included planned investment on the IT Infrastructure, including networks and end user devices. This totalled £7.174m. Key schemes include:

- Continued development of the Trust's EPR system.
- Network infrastructure investment.
- Hardware
- Telephony

Figure 5 Capital Spend, 2025/26

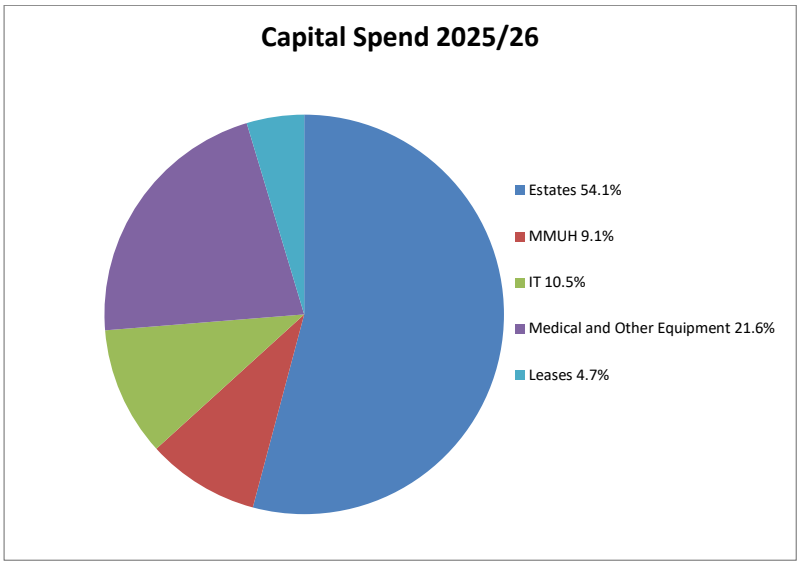
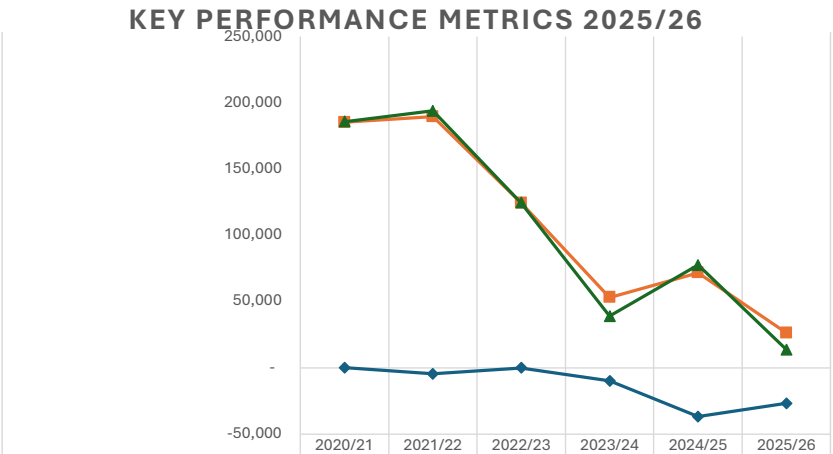


Figure 6: trend analysis of spend in the budgeting currencies



	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
Adjusted Financial Performance	383	4,411	99	-14,079	5,951	-12,598
CDEL	185,076	194,061	124,474	62,892	108,372	53,253
RDEL	228	-4,487	22	-9,792	-36,668	-26,784

RDEL stands for Revenue Departmental Expenditure Limit. It's a budget limit set by the Department of Health and Social Care (DHSC) for the Trust's day-to-day operational spending, like staff salaries, medicines, and other recurring costs.

CDEL stands for Capital Departmental Expenditure Limit. It's the limit set by the government on the total amount of capital spending that the Department of Health and Social Care (DHSC) and the Trust can undertake annually.

Adjusted Financial Performance - as reported to NHS England, excludes certain technical accounting adjustments like donated assets and government grants. It provides a more operational view of an organization's financial performance.

Audit

The Trust's External Auditors are Grant Thornton UK LLP. They were appointed for the 2025/26 audit by the Trust, following a competitive tendering process undertaken during 2024/25.

The cost of the work undertaken by the Auditor in 2025/26 was £0.338m including VAT.

As far as the Directors are aware, there is no relevant audit information of which the Trust's Auditors are not aware. In addition, the Directors have taken all the steps they ought to have taken as directors to ensure they are aware of any relevant audit information and to establish that the Trust's Auditor is aware of that information.

The members of the Audit Committee as at 31 March 2026 were Andrew Argyle (Chair), Rachel Hardy, Lesley Writtle, Mick Laverty, Lorraine Harper, Mike Hallisey, Jatinder Sharma, Val Taylor, Atif Ali and Amrick Uhbi.

Statement of the chief executive's responsibilities as the accountable officer of the trust

The Chief Executive of NHS England has designated that the Chief Executive should be the Accountable Officer of the trust. The relevant responsibilities of Accountable Officers are set out in the *NHS Trust Accountable Officer Memorandum*. These include ensuring that:

- there are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- value for money is achieved from the resources available to the trust
- the expenditure and income of the trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- effective and sound financial management systems are in place and
- annual statutory accounts are prepared in a format directed by the Secretary of State to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, other items of comprehensive income and cash flows for the year.

As far as I am aware, there is no relevant audit information of which the trust's auditors are unaware, and I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the entity's auditors are aware of that information.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Date : 9th July 2026 ..... Chief Executive

Statement of directors' responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of HM Treasury, directs that these accounts give a true and fair view of the state of affairs of the trust and of the income and expenditure, other items of comprehensive income and cash flows for the year. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- make judgements and estimates which are reasonable and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts and
- prepare the financial statements on a going concern basis and disclose any material uncertainties over going concern.

The directors are responsible for keeping proper accounting records which

disclose with reasonable accuracy at any time the financial position of the trust and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

The directors confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS trust's performance, business model and strategy

Date : 9th July 2026 ..... Chief Executive

Date : 9th July 2026 ..... Finance Director

Statement of Comprehensive Income

	Note	2025/26 £000	2024/25 £000
Operating income from patient care activities	3	777,964	756,891
Other operating income	4	60,108	60,909
Operating expenses	6,9	(819,702)	(792,058)
Impairment		(3,158)	(166,473)
Operating (Deficit)/Surplus from continuing operations		**15,212**	**(140,731)**
Finance income	11	1,779	2,655
Finance expenses	12	(4,112)	(4,349)
PDC dividends payable		(21,090)	(13,010)
Net finance costs		**(23,423)**	**(14,704)**
Other gains / (losses)	13	(478)	(386)
(Deficit)/Surplus for the year		**(8,689)**	**(155,821)**
Other comprehensive income			
Will not be reclassified to income and expenditure:			
Impairments	8	(794)	8,317
Revaluations	8	4,738	2,583
Other reserve movements	16	3	-
Total comprehensive (expense) / income for the year		**3,947**	**10,900**
Total comprehensive expense for the period		**(4,742)**	**(144,921)**

Statement of Financial Position

	Note	31 March 2026 £000	31 March 2025 £000
Non-current assets			
Intangible assets	14	8,195	10,943
Property, plant and equipment	15	819,783	790,415
Right of use assets	17	8,725	9,738
Receivables	19	498	529
Total non-current assets		**837,201**	**811,625**
Current assets			
Inventories	18	5,435	5,735
Receivables	19	32,865	35,415
Cash and cash equivalents	20	47,006	46,083
Total current assets		**85,306**	**87,233**
Current liabilities			
Trade and other payables	21	(91,751)	(81,314)
Borrowings	23	(4,888)	(6,879)
Provisions	24	(2,236)	(1,578)
Other liabilities	22	(5,892)	(5,678)
Total current liabilities		**(104,767)**	**(95,449)**
Total assets less current liabilities		**817,740**	**803,409**
Non-current liabilities			
Borrowings	23	(45,229)	(46,010)
Provisions	24	(2,590)	(2,907)
Other liabilities	22	(16,270)	(16,956)
Total non-current liabilities		**(64,089)**	**(65,873)**
Total assets employed		**753,651**	**737,536**
Financed by			
Public dividend capital		903,620	882,763
Revaluation reserve		23,966	20,864
Other reserves		9,058	9,058
Income and expenditure reserve		(182,993)	(175,149)
Total taxpayers' equity		**753,651**	**737,536**

The notes on pages 126 to 192 form part of these accounts.

Name 

Position Chief Executive

Date 9th July 2026

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2026

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2025 - brought forward	**882,763**	**20,864**	**9,058**	**(175,149)**	**737,536**
Deficit for the year	-	-	-	(8,689)	**(8,689)**
Other transfers between reserves	-	(845)	-	845	**-**
Impairments	-	(794)	-	-	**(794)**
Revaluations	-	4,738	-	-	**4,738**
Public dividend capital received	20,857	-	-	-	**20,857**
Other reserve movements	-	3	-	-	**3**
Taxpayers' equity at 31 March 2026	**903,620**	**23,966**	**9,058**	**(182,993)**	**753,651**

Statement of Changes in Taxpayers Equity for the year ended 31 March 2025

	Public dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total
	£000	£000	£000	£000	£000
Taxpayers' and others' equity at 1 April 2024 - brought forward	**803,717**	**12,534**	**9,058**	**(21,898)**	**803,411**
Deficit for the year	-	-	-	(155,821)	**(155,821)**
Other transfers between reserves	-	(2,570)	-	2,570	**-**
Impairments	-	8,317	-		**8,317**
Revaluations		2,583	-		**2,583**
Public dividend capital received	83,197	**-**	**-**		**83,197**
Public dividend capital repaid	(4,151)	-	-		**(4,151)**
Taxpayers' and others' equity at 31 March 2025	**882,763**	**20,864**	**9,058**	**(175,149)**	**737,536**

Information on reserves

Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. Additional PDC may also be issued to trusts by the Department of Health and Social Care. A charge, reflecting the cost of capital utilised by the trust, is payable to the Department of Health as the public dividend capital dividend.

Revaluation reserve

Increases in asset values arising from revaluations are recognised in the revaluation reserve, except where, and to the extent that, they reverse impairments previously recognised in operating expenses, in which case they are recognised in operating income. Subsequent downward movements in asset valuations are charged to the revaluation reserve to the extent that a previous gain was recognised unless the downward movement represents a clear consumption of economic benefit or a reduction in service potential.

Other reserves

The other Reserve of £9.058m (as per the Statement of Financial Position) represents the difference between the carrying value of Assets at the Trust inception date and the value of PDC attributed to the Trust. This reserve was created under the guidance of the Department of Health as a result of imbalances between the transfer of assets to Sandwell Primary Care Trusts and the issue of Public Dividend Capital (PDC) to Sandwell & West Birmingham Hospitals when the remainder of the Trust merged with City Hospital NHS Trust to become Sandwell and West Birmingham Hospitals NHS Trust on 1st April 2002.

Income and expenditure reserve

The balance of this reserve is the accumulated surpluses and deficits of the trust.

Statement of Cash Flows

	Note	2025/26 £000	2024/25 £000
Cash flows from operating activities			
Operating (Deficit) /Surplus		15212	(140,731)
Non-cash income and expense:			
Depreciation and amortisation	6.1	41,980	35,782
Net impairments	8	3,158	166,473
Income recognised in respect of capital donations	4	(10,547)	(6,336)
Amortisation of PFI deferred credit		(532)	(532)
(Increase) / decrease in receivables and other assets		1,334	8,417
(Increase) / decrease in inventories		300	(1,218)
Increase / (decrease) in payables and other liabilities		564	(14,063)
Increase / (decrease) in provisions		277	(1,791)
Net cash flows from / (used in) operating activities		**51,746**	**46,001**
Cash flows from investing activities			
Interest received		1,779	2,655
Purchase of intangible assets		(2,044)	-
Purchase of PPE and investment property		(54,125)	(138,318)
Initial direct costs or up front payments in respect of new right of use assets (lessee)		(35)	-
Receipt of cash donations to purchase assets		10,547	6,336
Net cash flows from / (used in) investing activities		**(43,878)**	**(129,327)**
Cash flows from financing activities			
Public dividend capital received		20,857	83,197
Public dividend capital repaid		-	(4,151)
Capital element of lease rental payments		(2,955)	(2,954)
Capital element of PFI, LIFT and other service concession payments		(3,624)	(21)
Interest paid on lease liability repayments		(235)	(164)
Interest paid on PFI, LIFT and other service concession obligations		(1,931)	(1,944)
PDC dividend (paid) / refunded		(19,057)	(13,542)
Net cash flows from / (used in) financing activities		**(6,945)**	**60,421**
Increase / (decrease) in cash and cash equivalents		**923**	**(22,905)**
Cash and cash equivalents at 1 April - brought forward		**46,083**	**68,988**
Cash and cash equivalents at 31 March	**20.1**	**47,006**	**46,083**

Notes to the Accounts

Note 1 Accounting policies and other information

Note 1.1 Basis of preparation

The Department of Health and Social Care has directed that the financial statements of the Trust shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (GAM), which shall be agreed with HM Treasury. Consequently, the following financial statements have been prepared in accordance with the GAM 2025/26 issued by the Department of Health and Social Care. The accounting policies contained in the GAM follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the GAM permits a choice of accounting policy, the accounting policy that is judged to be most appropriate to the particular circumstances of the Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with items considered material in relation to the accounts.

Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

Note 1.2 Going concern

These accounts have been prepared on a going concern basis. The financial reporting framework applicable to NHS bodies, derived from the HM Treasury Financial Reporting Manual, defines that the anticipated continued provision of the entity's services in the public sector is normally sufficient evidence of going concern. The directors have a reasonable expectation that this will continue to be the case.

Non trading entities in the public sector are assumed to be going concerns where the continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

Note 1.3 Interests in other entities

The Trust does not have any interests in associates, joint ventures or joint operations.

Note 1.4 Revenue from contracts with customers

Where income is derived from contracts with customers, it is accounted for under IFRS 15. The GAM expands the definition of a contract to include legislation and regulations which enables an entity to receive cash or another financial asset that is not classified as a tax by the Office of National Statistics (ONS).

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

Revenue from NHS contracts

The main source of income for the Trust is contracts with commissioners for health care services. Funding envelopes are set at an Integrated Care System (ICS) level. The majority of the Trust's NHS income is earned from NHS commissioners under the NHS Payment Scheme (NHSPS). The NHSPS sets out rules to establish the amount payable to trusts for NHS-funded secondary healthcare.

Aligned payment and incentive contracts form the main payment mechanism under the NHSPS. API contracts contain both a fixed and variable element. Under the variable element, providers earn income for elective activity (both ordinary and day case), out-patient procedures, out-patient first attendances, diagnostic imaging and nuclear medicine, and chemotherapy delivery activity. The precise definition of these activities is given in the NHSPS. Income is earned at NHSPS prices based on actual activity. The fixed element includes income for all other services covered by the NHSPS assuming an agreed level of activity with 'fixed' in this context meaning not varying based on units of activity. Elements within this are accounted for as variable consideration under IFRS 15 as explained below.

The Trust also receives income from commissioners under the Best Practice Tariff (BPT) scheme. Delivery under the scheme is part of how care is provided to patients. As such BPT payments are not considered distinct performance obligations in their own right; instead they form part of the transaction price for performance obligations under the overall contract with the commissioner and are accounted for as variable consideration under IFRS 15. Payment for BPT on non-elective services is included in the fixed element of API contracts with adjustments for actual achievement being made at the end of the year. BPT earned on elective activity is included in the variable element of API contracts and paid in line with actual activity performed.

Where the relationship with a particular integrated care board is expected to be a low volume of activity (annual value below £0.5m), an annual fixed payment is received by the provider as determined in the NHSPS documentation. Such income is classified as 'other clinical income' in these accounts.

Elective recovery funding provides additional funding to integrated care boards to fund the commissioning of elective services within their systems. Trusts do not directly earn elective recovery funding, instead earning income for actual activity performed under API contract arrangements as explained above. The level of activity delivered by the trust contributes to system performance and therefore the availability of funding to the trust's commissioners.

Revenue for Education and Training

The Trust receives income from NHS England Core for education and training of medical and non-medical trainees. Revenue is in respect of training provided and is recognised when performance obligations are satisfied when training has been performed. All performance obligations are undertaken within the financial year and is agreed and invoiced to NHS England Core.

Revenue from Local Authorities:

The Trust's main income from Local Authorities is from a contract held with Sandwell Council for Public Health Services The related performance obligation is the delivery of Healthcare and related services during the period, with the trust's entitlement to consideration based on the levels of activity performed.

Note 1.5 Other forms of income

Grants and donations

Government grants are grants from government bodies other than income from commissioners or trusts for the provision of services. Where a grant is used to fund revenue expenditure it is taken to the Statement of Comprehensive Income to match that expenditure. Where the grants is used to fund capital expenditure, it is credited to the Statement of Comprehensive Income once conditions attached to the grant have been met. Donations are treated in the same way as government grants.

Apprenticeship service income

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income in accordance with IAS 20, Accounting for Government Grants. Where these funds are paid directly to an accredited training provider from the Trust's Digital Apprenticeship Service (DAS) account held by the Department for Education, non cash income and a corresponding non cash training expense are recognised, both equal to the cost of the training funded.

Note 1.6 Expenditure on employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments such as social security costs and the apprenticeship levy are recognised in the period in which the service is received from employees. The cost of annual leave entitlement earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry-forward leave into the following period.

Pension costs

NHS Pension Scheme

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded, defined benefit schemes that cover NHS employers, general practices and other bodies, allowed under the direction of Secretary of State for Health and Social Care in England and Wales. The scheme is not designed in a way that would enable the trust to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as though it is a defined contribution scheme: the cost to the trust is taken as equal to the employer's pension contributions payable to the scheme for the accounting period. The contributions are charged to operating expenses as and when they become due. In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.The latest

assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

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b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers. The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1st April 2024 at 23.7% which will be maintained for 2025-26. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates. The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

Additional pension liabilities arising from early retirements are not funded by the scheme except where the retirement is due to ill-health. The full amount of the liability for the additional costs is charged to the operating expenses at the time the trust commits itself to the retirement, regardless of the method of payment.

Note 1.7 Expenditure on other goods and services

Expenditure on goods and services is recognised when, and to the extent that they have been received, and is measured at the fair value of those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property, plant and equipment.

Note 1.8 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised where:

- it is held for use in delivering services or for administrative purposes
- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- it is expected to be used for more than one financial year
- the cost of the item can be measured reliably
- the item has cost of at least £5,000, or
- collectively, a number of items have a cost of at least £5,000 and individually have cost of more than £250, where the assets are functionally interdependent, had broadly simultaneous purchase dates, are anticipated to have similar disposal dates and are under single managerial control.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, eg, plant and equipment, then these components are treated as separate assets and depreciated over their own useful lives.

Subsequent expenditure

Subsequent expenditure relating to an item of property, plant and equipment is recognised as an increase in the carrying amount of the asset when it is probable that additional future economic benefits or operational capacity deriving from the cost incurred to replace a component of such item will flow to the enterprise and the cost of the item can be determined reliably. Where a component of an asset is replaced, the cost of the replacement is capitalised if it meets the criteria for recognition above. The carrying amount of the part replaced is de-recognised. Other expenditure that does not generate additional future economic benefits or operational capacity, such as repairs and maintenance, is charged to the Statement of Comprehensive Income in the period in which it is incurred.

Measurement

Valuation

All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land & Building assets are measured subsequently at valuation. Assets which are held for their operational capacity and are in use (ie operational assets used to deliver either front line services or back office functions) are measured at their current value in existing use. Assets that were most recently held for their operational capacity but are surplus with no plan to bring them back into use are measured at fair value where there are no restrictions on sale at the reporting date and where they do not meet the definitions of investment properties or assets held for sale.

Revaluations of property, plant and equipment are performed with sufficient regularity to ensure that carrying values are not materially different from those that would be determined at the end of the reporting period. Current value in existing use are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost on a modern equivalent asset basis.

For specialised assets, current value in existing use is interpreted as the present value of the asset's remaining operational capacity, which is assumed to be at least equal to the cost of replacing that operational capacity. Specialised assets are therefore valued at their depreciated replacement cost (DRC) on a modern equivalent asset (MEA) basis. An MEA basis assumes that the asset will be replaced with a modern asset of equivalent capacity and meeting the location requirements of the services being provided. Assets held at depreciated replacement cost have been valued on an alternative site basis where this would meet the location requirements.

Valuation guidance issued by the Royal Institute of Chartered Surveyors states that valuations are performed net of VAT where the VAT is recoverable by the entity. This basis has been applied to the trust's Private Finance Initiative (PFI) scheme where the construction is completed by a special purpose vehicle and the costs have recoverable VAT for the trust.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowings costs. Assets are revalued and depreciation commences when the assets are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful lives or low values or both, as this is not considered to be materially different from current value in existing use.

Depreciation

Items of owned property, plant and equipment are depreciated on a straight line basis over their remaining useful lives in a manner consistent with the consumption of economic or service delivery benefits. Freehold land is considered

to have an infinite life and is not depreciated. Property, plant and equipment which has been reclassified as 'held for sale' cease to be depreciated upon the reclassification. Assets in the course of construction and residual interests in off-Statement of Financial Position PFI contract assets are not depreciated until the asset is brought into use or reverts to the trust, respectively.

Assets held under finance leases are depreciated over the shorter of the lease term and the estimated useful life, unless the Trust expects to acquire the asset at the end of the lease term, in which case the asset is depreciated in the same manner as for owned assets.

Revaluation gains and losses

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating expenditure.Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses. Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of 'other comprehensive income'.

Impairments

In accordance with the GAM, impairments that arise from a clear consumption of economic benefits or of operational capacity in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of operational capacity is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

De-recognition

Assets intended for disposal are reclassified as 'held for sale' once the criteria in IFRS 5 are met. The sale must be highly probable and the asset available for immediate sale in its present condition.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their 'fair value less costs to sell'. Depreciation ceases to be charged and the assets are not revalued, except where the 'fair value less costs to sell' falls below the carrying amount. Assets are de-recognised when all material sale contract conditions have been met.Property, plant and equipment which is to be scrapped or demolished does not qualify for recognition as 'held for sale' and instead is retained as an operational asset and the asset's useful life is adjusted. The asset is de-recognised when scrapping or demolition occurs.

Donated and grant funded assets

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor has imposed a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

Note 1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration. An adaptation of the relevant accounting standard (IFRS 16) by HM Treasury for the public sector means that for NHS bodies, this includes lease-like arrangements with other public sector entities that do not take the legal form of a contract. It also includes peppercorn leases where consideration paid is nil or nominal (significantly below market value) but in all other respects meet the definition of a lease. The accounting for peppercorn arrangements aligns to that identified for donated assets. Prior to accounting for such arrangements under IFRS 16 the Trust has assessed that in all other respects these arrangements meet the definition of a lease under the Standard. The trust does not apply lease accounting to new contracts for the use of intangible assets.

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise. There are further expedients or election that have been employed by the Trust in applying IFRS 16. These include:

The Trust as a lessee

Recognition and initial measurement

At the commencement date of the lease, being when the asset is made available for use, the Trust recognises a right of use asset and a lease liability.The right of use asset is recognised at cost comprising the lease liability, any lease payments made before or at commencement, any direct costs incurred by the lessee, less any cash lease incentives received. It also includes any estimate of costs to be incurred restoring the site or underlying asset on completion of the lease term.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

Subsequent measurement

As required by a HM Treasury interpretation of the accounting standard for the public sector, the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

The Trust as a lessor

The Trust assesses each of its leases and classifies them as either a finance lease or an operating lease. Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

Finance leases

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Operating leases

Income from operating leases is recognised on a straight-line basis or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Private Finance Initiative (PFI) and Local Improvement Finance Trust (LIFT) transactions

PFI and LIFT transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as 'on-Statement of Financial Position' by the trust. Annual contract payments to the operator (the unitary charge) are apportioned between the repayment of the liability including the finance cost, the charges for services and lifecycle replacement of components of the asset.

On initial recognition of the asset, the difference between the fair value of the asset and the initial value of the PFI liability is recognised as deferred income, representing the future operational capacity to be received by the Trust through the asset being made available to third party users. The balance is subsequently released to operating income over the life of the concession on a straight line basis.

Initial recognition

n accordance with HM Treasury's FReM, the underlying assets are recognised as property, plant and equipment, together with an equivalent liability. Initial measurement of the asset and liability are in accordance with the initial measurement principles of IFRS 16 (see leases accounting policy).

Subsequent measurement

tAssets are subsequently accounted for as property, plant and equipment and/or intangible assets as appropriate. The liability is subsequently reduced by the portion of the unitary charge allocated as payment for the asset and increased by the annual finance cost. The finance cost is calculated by applying the implicit interest rate to the opening liability and is charged to finance costs in the Statement of Comprehensive Income. The element of the unitary charge allocated as payment for the asset is split between payment of the finance cost and repayment of the net liability. Where there are changes in future payments for the asset resulting from indexation of the unitary charge, the Trust remeasures the PFI liability by determining the revised payments for the remainder of the contract once the change in cash flows takes effect. The remeasurement adjustment is charged to finance costs in the Statement of Comprehensive Income.The service charge is recognised in operating expenses in the Statement of Comprehensive Income.

An annual finance cost is calculated by applying the implicit interest rate in the contract to the opening PFI liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

An element of the annual unitary payment is therefore allocated as a financing cost when repaying the PFI liability over the life of the contract.

Where there is a change in future lease payments resulting from a change in an index or a rate used to determine those payments, including for example a change to reflect changes in market rental rates following a market rent review. The Trust remeasures the PFI liability to reflect those revised payments only when there is a change in the cash flows, when the adjustment to the payments takes effect. The Trust will determine the revised payments for the remainder of the PFI arrangement based on the revised contractual payments. As subsequent measurement of the PFI asset is per IAS 16, the opposite entry to adjustment of the PFI liability for such remeasurements is charged to Finance Costs.

Useful lives of property, plant and equipment

Useful lives reflect the total life of an asset and not the remaining life of an asset. The following table reflects the range of useful lives applied in practice to the Trust portfolio of assets during the 2025/26 financial year:

Risk	Min life Years	Max life Years
Buildings, excluding dwellings	15	106
Plant & machinery	5	12
Transport equipment	5	7
Information technology	5	10
Furniture & fittings	2	10

Note 1.9 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance controlled by the Trust. They are capable of being sold separately from the rest of the trust's business or arise from contractual or other legal rights. Intangible assets are recognised only where it is probable that future economic benefits will flow to, or service potential be provided to, the trust and where the cost of the asset can be measured reliably.

Internally generated intangible assetsInternally generated goodwill, brands, mastheads, publishing titles, customer lists and similar items are not capitalised as intangible assets.

Expenditure on research is not capitalised. Expenditure on development is capitalised where it meets the requirements set out in IAS 38.

Software

Software which is integral to the operation of hardware, eg an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software which is not integral to the operation of hardware, eg application software, is capitalised as an intangible asset where it meets recognition criteria.

Measurement

Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management. From 1 April 2025, subsequent measurement of intangible assets is at cost less amortisation.

Prior to 1 April 2025, intangible assets were held under a revaluation approach reflecting current value in existing use. Revaluation gains and losses and impairments were treated in the same manner as for property, plant and equipment. On 1 April 2025, the carrying value of these assets was carried forward as 'deemed cost' and any related revaluation surpluses in the revaluation reserve were transferred to the I&E reserve.

Intangible assets held for sale are measured at the lower of their carrying amount or fair value less costs to sell.

Impairments

Where indicators of impairment exist, the recoverable amount is assessed as the higher of its fair value and the cost to replace the service capacity. Where this is lower than the carrying value an impairment is recognised in expenditure. The recoverable amount of intangible assets under construction is assessed annually, irrespective of indicators of impairment.

Amortisation

Intangible assets are amortised over their expected useful lives in a manner consistent with the consumption of economic or service delivery benefits.

Useful lives of intangible assets

Useful lives reflect the total life of an asset and not the remaining life of an asset. The range of useful lives are shown in the table below:

Risk	Min life Years	Max life Years
Software licences	5	5
Licences & trademarks	5	5

Note 1.10 Inventories

Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the first in, first out (FIFO) method.

Note 1.11 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash, bank and overdraft balances are recorded at current values.

Note 1.12 Financial assets and financial liabilities

Recognition

Financial assets and financial liabilities arise where the Trust is party to the contractual provisions of a financial instrument, and as a result has a legal right to receive or a legal obligation to pay cash or another financial instrument. The GAM expands the definition of a contract to include legislation and regulations which give rise to arrangements that in all other respects would be a financial instrument and do not give rise to transactions classified as a tax by ONS.

This includes the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements and are recognised when, and to the extent which, performance occurs, ie, when receipt or delivery of the goods or services is made.

Classification and measurement

Financial assets and financial liabilities are initially measured at fair value plus or minus directly attributable transaction costs except where the asset or liability is not measured at fair value through income and expenditure. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices or valuation techniques.

Financial assets or financial liabilities in respect of assets acquired or disposed of through leasing arrangements are recognised and measured in accordance with the accounting policy for leases described below.

Financial liabilities classified as subsequently measured at amortised cost.

Financial assets and financial liabilities at amortised cost

Financial assets and financial liabilities at amortised cost are those held with the objective of collecting contractual cash flows and where cash flows are solely payments of principal and interest. This includes cash equivalents, contract and other receivables, trade and other payables, rights and obligations under lease arrangements and loans receivable and payable. Amortised cost is not materially different to fair value.

After initial recognition, these financial assets and financial liabilities are measured at amortised cost using the effective interest method less any impairment (for financial assets). The effective interest rate is the rate that exactly discounts estimated future cash payments or receipts through the expected life of the financial asset or financial liability to the gross carrying amount of a financial asset or to the amortised cost of a financial liability.

Interest revenue or expense is calculated by applying the effective interest rate to the gross carrying amount of a financial asset or amortised cost of a financial liability and recognised in the Statement of Comprehensive Income and a financing income or expense. In the case of loans held from the Department of Health and Social Care, the effective interest rate is the nominal rate of interest charged on the loan.

Impairment of financial assets

For all financial assets measured at amortised cost including lease receivables, contract receivables and contract assets or assets measured at fair value through other comprehensive income, the Trust recognises an allowance for expected credit losses.

The Trust adopts the simplified approach to impairment for contract and other receivables, contract assets and lease receivables, measuring expected losses as at an amount equal to lifetime expected losses. For other financial assets, the loss allowance is initially measured at an amount equal to 12-month expected credit losses (stage 1) and subsequently at an amount equal to lifetime expected credit losses if the credit risk assessed for the financial asset significantly increases (stage 2).

Credit losses are determined by calculation of the lifetime expected credit losses for each individual debt using probability over the last 10 years.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of estimated future cash flows discounted at the financial asset's original effective interest rate.

Expected losses are charged to operating expenditure within the Statement of Comprehensive Income and reduce the net carrying value of the financial asset in the Statement of Financial Position.

Derecognition

Financial assets are de-recognised when the contractual rights to receive cash flows from the assets have expired or the Trust has transferred substantially all the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Note 1.14 Provisions

The Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rates effective from 31 March 2026:

		Nominal rate	Prior year rate
Short-term	Up to 5 years	3.64%	4.26%
Medium-term	After 5 years up to 10 years	4.22%	4.03%
Long-term	After 10 years up to 40 years	5.32%	4.72%
Very long-term	Exceeding 40 years	5.07%	4.40%

HM Treasury provides discount rates for general provisions on a nominal rate basis. Expected future cash flows are therefore adjusted for the impact of inflation before discounting using nominal rates. The following inflation rates are set by HM Treasury, effective from 31 March 2026:

	Inflation rate	Prior year rate
Year 1	2.50%	2.60%
Year 2	2.00%	2.30%
Into perpetuity	2.00%	2.00%

Early retirement provisions and injury benefit provisions both use the HM Treasury's post-employment benefits discount rate of 2.95% in real terms (prior year: 2.40%).

Clinical negligence costs

NHS Resolution operates a risk pooling scheme under which the trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the trust is disclosed at Note 24.2 but is not recognised in the Trust's accounts.

Non-clinical risk pooling

The trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses when the liability arises.

Note 1.15 Contingencies

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the entity's control) are not recognised as assets, but are disclosed in Note 25 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in Note 25, unless the probability of a transfer of economic benefits is remote.

Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or

- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

Note 1.16 Public dividend capital

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS organisation. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32. The Secretary of State can issue new PDC to, and require repayments of PDC from, the trust. PDC is recorded at the value received.A charge, reflecting the cost of capital utilised by the trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, with certain additions and deductions as defined by the Department of Health and Social Care.

Donated and grant funded assets, charitable funds, average daily cash balances held with the Government Banking Service (GBS) and National Loans Fund (NLF) deposits (excluding cash balances held in GBS accounts that relate to a short term working capital facility), approved expenditure on COVID-19 capital assets, assets under construction for nationally directed schemes, Any PDC dividend balance receivable or payable.

The average net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health and Social Care (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts. The dividend calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

Note 1.17 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis.The losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

Note 1.18 Early adoption of standards, amendments and interpretations

No new accounting standards or revisions to existing standards have been early adopted in 2025/26.

Note 1.19 Standards, amendments and interpretations in issue but not yet effective or adopted

From 2026/27 NHS bodies' valuation methodology will be a mandated quinquennial revaluation frequency (or rolling programme) supplemented by annual indexation in the intervening years. The requirement in IAS 16 to revalue an asset when its fair value differs materially from its carrying value is being withdrawn for the public sector. Given the variation in PPE valuations in any given year, and future changes in indices, it is not possible to quantify the impact

of applying these changes in future periods. PPE and right of use assets currently subject to revaluation have a total book value of £733.4m as at 31 March 2026.

The current accounting policy for property assets measures the cost of replacing the operational capacity using a 'modern equivalent asset'. This policy is not changing. In deriving the modern equivalent asset, the Trust and its valuers currently adopt an 'alternative site' assumption for all of its specialised buildings, meaning the replaced operational capacity may be in a different location. The option of using this assumption is being withdrawn for NHS bodies from 1 April 2028. Therefore the hypothetical modern equivalent asset will change to be located on current sites in asset valuations from 2028/29. Land and Building assets have a total book value of £724.6m at 31 March 2026, of which £126.3m is on an alternative site basis. The remaining £598.3m is on a current site basis for Midland Metropolitan Hospital including the learning centre, Birmingham Treatment Centre and Sandwell Multi-Storey Car Park.

IFRS 18 Presentation and Disclosure in Financial Statements - The Standard has been adopted by the UK Endorsement Board to be effective for accounting periods beginning on or after 1 January 2027. The Standard has not yet been adopted by the FReM and early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - The Standard is effective for accounting periods beginning on or after 1 January 2027. The Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted. The expected impact of applying the standard in future periods has not yet been assessed

IFRS 9 Financial Instruments - Amendments are effective for annual periods starting on or after 1 January 2026. Early adoption is permitted but has not been applied by the Trust in 2025-26. The expected impact of applying changes to the standard in future periods has not yet been assessed.

Note 1.20 Critical judgements in applying accounting policies

Service Concession Arrangements (IFRIC12)

Primary Classification and Supersedence of Lease Accounting

The Trust acts as the public sector grantor for three separate Private Finance Initiative (PFI) arrangements detailed below. Management has applied critical judgement to evaluate whether each contract falls within the scope of IFRIC 12 (Service Concession Arrangements) or lease identification frameworks (IFRS 16 / formerly IFRIC 4).

For all three schemes, management concluded that the Trust controls the underlying infrastructure, regulates the public services provided, and retains the significant residual interest. Because the arrangements satisfy the definition of a service concession under IFRIC 12, the application of standard lease identification frameworks is entirely superseded across all three contracts. Alternative classifications under standard lease rules were not used for primary contract categorisation, as service concession accounting takes explicit regulatory precedence.

Scheme-Specific Factors Influencing Management Judgement

Management's annual evaluation of control and risk sharing varies across the three arrangements due to their unique commercial structures:

1. Car Park Scheme (Concession Model - No Unitary Payment)
    - Judgement Factors: Unlike standard PFI arrangements, the Trust does not make any annual unitary payments to the third-party operator. Judgement was applied to determine that control remains with the Trust because it explicitly regulates the public tariff/pricing framework for patients, staff, and visitors, and establishes operational performance standards.

- Remuneration Mechanism: The operator's right to collect and retain parking fees represents their mechanism for contract remuneration rather than a transfer of asset control or an underlying property lease. The infrastructure fully reverts to the Trust at the end of the concession term for zero consideration.

2. BTC Hospital Facility (Availability Model - With Unitary Payment)
   - Judgement Factors: This contract represents a classic availability-based infrastructure project. Management applied judgement to confirm that the Trust controls the facility because it dictates clinical throughput, regulates the healthcare services delivered within the building, and retains full asset ownership at contract expiry.
   - Remuneration Mechanism: The Trust makes a single monthly Unitary Payment to the provider. This payment is subject to active management judgements regarding annual inflation indexation and contractual deduction mechanisms based on facility availability and performance indicators.
3. Managed Equipment Scheme (MES) - Diagnostic and Imaging Equipment (With Unitary Payment)
   - Judgement Factors: This arrangement governs high-value clinical diagnostic and medical imaging infrastructure (including MRI, CT, and X-ray modalities) rather than a physical building. Management applied significant judgement to classify this contract under IFRIC 12 rather than as an asset-hire or procurement lease under IFRS 16. It was determined that the Trust controls the service because it directs the clinical diagnostic pathways, dictates patient scheduling, and retains sole control over which NHS patients receive scans.
   - Remuneration and Refresh Mechanism: The operator is responsible for maintaining strict clinical uptime and executing a contractually mandated rolling technological replacement program to prevent clinical obsolescence of the imaging fleet. These lifecycle refreshes and support services are funded via an annual Unitary Payment linked to RPI. The Trust retains control of the service capacity throughout the arrangement, and the equipment infrastructure remains capitalised on the SoFP.

Alternative Classifications Considered and Financial Significance

Had management concluded that these arrangements did not meet the strict criteria of IFRIC 12, they would instead have been accounted for as standard commercial leases or outsourced service contracts.

The financial significance of these combined judgements to the Statement of Financial Position is substantial. If alternative classifications had been adopted, the underlying assets and corresponding financial liabilities would be entirely derecognised from the Trust's books, fundamentally altering its capital structure.

The carrying amounts determined by these critical judgements, alongside the impact of alternative treatment, are summarised below:

PFI / Concession Scheme	Asset Net Book Value (Current Year)	Outstanding Financial Liability	Alternative Classification Accounting Impact
1. Car Park Scheme	£18.6m	£13.8m	Asset derecognised; recorded as concession rental income stream.
2. BTC Hospital Facility	£26.1m	£36.0m	Asset and debt derecognised; full unitary charge expensed to revenue.
3. Managed Equipment Scheme	£14.2m	£5.2m	Asset and debt derecognised; payments treated as standard operational equipment hire costs rather than public infrastructure capitalisation
Total Balance Sheet Impact	**£58.9m**	**£55.0m**	**Combined reduction in Trust asset base and public-sector debt obligations.**

Note 1.21 Sources of estimation uncertainty

The following are assumptions about the future and other major sources of estimation uncertainty that have a significant risk of resulting in a material adjustment to the carrying amounts of assets and liabilities within the next financial year:

Property Valuation

Assets relating to land and buildings were subject to a desktop valuation at 31st March 2026, completed on an 'alternate MEA' basis. Note 15.1 provides the detail of the carrying value for land and building assets as at this date. The basis assumes the asset would be replaced with a modern equivalent on a smaller site due to changes in the way services are provided. The site is valued based on the size of the modern equivalent, and not the actual site area occupied at current. The objective of the valuation is to place a value upon the asset, and in this the value of the land in providing a modern equivalent facility must be considered. The Depreciated Replacement Cost approach assumes that the current cost of replacing an asset with its modern equivalent less deductions for physical deterioration and all relevant forms of obsolescence and optimisation, and not a building of identical design, with the same operational capacity as the existing asset. VAT is excluded from any IFRIC12 valuations

For classes of asset held at a revalued amount, the effective date of the most recent valuation is 31 March 2026 and was carried out by an independent valuer (Cushman & Wakefield) who applied the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements. Further information is disclosed in Note 16. The carrying value of these assets total £703.6m, as presented in Note 15.1

Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. It is acknowledged that there are uncertainties when using BCIS indices, as these are not formalised in real time, instead finalised and reported historically. It is accepted by the Trust that changes to the indices could have a material impact on the reported carrying values, an example of the range of potential change is presented below:

Possible % change in indices	Revised Carrying value of Assets £000	Change in valuation £000
+3% change in BCIS Indices	745,732	21,108
-3% change in BCIS Indices	703,516	-21,108

The percentage change at 31st March 2025 was 1% and within the limits of the sensitivity analysis provided.

1.22 Standards Not Applied

IFRS 17 Insurance Contracts

IFRS 17 Insurance Contracts became effective for accounting periods beginning on or after 1 January 2023. The Trust has reviewed the requirements of the standard and assessed all contracts and arrangements that could potentially fall within its scope.

The Trust does not issue insurance contracts and does not hold reinsurance contracts as defined by IFRS 17. Arrangements administered through NHS Resolution, including the Clinical Negligence Scheme for Trusts (CNST) and other risk-pooling schemes, are government-backed indemnity arrangements and do not meet the definition of insurance contracts under the standard.

Accordingly, IFRS 17 is not applicable and has no impact on the Trust's financial statements for the reporting period.

The Trust will continue to review new or amended contractual arrangements to ensure that any future applicability of IFRS 17 is identified and appropriately disclosed.

Note 2 Operating Segments

The Board, as 'Chief Operating Decision Maker', has determined that the Trust operates in one material segment which is the provision of healthcare services. The segmental reporting format reflects the Trust's management and internal reporting structure.

The provision of healthcare (including medical treatment, research and education) is within one main geographical segment, the United Kingdom, and materially from Departments of HM Government in England.

The Trust has only one business segment which is provision of healthcare. A segmental analysis is therefore not applicable.

Note 3 Operating income from patient care activities

All income from patient care activities relates to contract income recognised in line with accounting policy 1.4

Note 3.1 Income from patient care activities (by nature)

	2025/26	2024/25
	£000	£000
Acute services		
Income from commissioners under API contracts - variable element*	157,315	160,140
Income from commissioners under API contracts - fixed element*	355,747	355,256
High cost drugs income from commissioners	26,748	26,314
Other NHS clinical income	155,155	135,734
Community services		
Income from commissioners under API contracts*	41,871	40,138
Income from other sources (e.g. local authorities)	12,634	10,269
All services		
Private patient income	441	357
National pay award central funding***	-	1,477
Additional pension contribution central funding**	28,053	27,206
Total income from activities	**777,964**	**756,891**

*Aligned payment and incentive contracts are the main form of contracting between NHS providers and their commissioners.

**Increases to the employer contribution rate for NHS pensions since 1 April 2019 have been funded by NHS England. NHS providers continue to pay at the former rate of 14.38% with the additional amount being paid over by NHS England on providers' behalf. The full cost of employer contributions (23.7%) and related NHS England funding (9.4%) have been recognised in these accounts.

***Additional funding was made available directly to providers by NHS England in 2024/25 for implementing the backdated element of pay awards where government offers were finalised after the end of the 2023/24 financial year. NHS Payment Scheme prices and API contracts are updated for the weighted uplift in in-year pay costs when awards are finalised.

Note 3.2 Income from patient care activities (by source)

	2025/26	2024/25
Income from patient care activities received from:	**£000**	**£000**
NHS England	59,814	54,616
Integrated care boards*	689,820	677,763
Department of Health and Social Care	12	677,763
Other NHS providers	6,241	6,462
NHS other	1,321	1,072
Local authorities	12,814	12,332
Non-NHS: private patients	441	357
Non-NHS: overseas patients (chargeable to patient)	6,359	3,008
Injury cost recovery scheme	1,136	1,270
Non NHS: other	6	11
Total income from activities	**777,964**	**756,891**
Of which:		
Related to continuing operations	777,964	756,891
Related to discontinued operations	-	-

* Includes deficit support income of £14,197 for 2025-26, £33,543 for 2024-25

Note 3.3 Overseas visitors (relating to patients charged directly by the provider)

	2025/26	2024/25
	£000	£000
Income recognised this year	6,359	3,008
Cash payments received in-year	538	334
Amounts added to provision for impairment of receivables	6,372	1,557
Amounts written off in-year	2,865	1,080

Note 4 Other operating income

	2025/26			2024/25		
	Contract income £000	Non-contract income £000	Total £000	Contract income £000	Non-contract income £000	Total £000
Research and development	2,424	-	**2,424**	2,184	-	**2,184**
Education and training	29,027	120	**29,147**	27,147	204	**27,351**
Non-patient care services to other bodies	7,556	-	**7,556**	9,824	-	**9,824**
Receipt of capital grants and donations and peppercorn leases	-	10,547	**10,547**	-	6,336	**6,336**
Amortisation of PFI deferred income / credits	-	532	**532**	-	532	**532**
Other income*	9,902	-	**9,902**	14,682	-	**14,682**
Total other operating income	**48,909**	**11,199**	**60,108**	**53,837**	**7,072**	**60,909**
Of which:						
Related to continuing operations			60,108			60,909
Related to discontinued operations			-			-

*Other income comprises

	2025/26			2024/25		
	Income	Income	Total	Income	Income	Total
Car Parking income	-	-	**-**	1	-	**1**
Catering	-	2,699	**2,699**	-	2,629	**2,629**
Staff accommodation rental	75	-	**75**	119	-	**119**
Toxicology	-	1,426	**1,426**	-	1,429	**1,429**
Distinction awards	-	445	**445**	-	427	**427**
Grants income	-	-	**-**	-	70	**70**
Taper Relief	-	2	**2**	-	-	**-**
Projects income	-	235	**235**	-	333	**333**
Other income	-	3,641	**3,641**	-	7,422	**7,422**
Other income generation schemes	-	1,379	**1,379**	-	2,252	**2,252**
Total 'Other Income'	**75**	**9,827**	**9,902**	**120**	**14,562**	**14,682**

Note 5.1 Additional information on contract revenue (IFRS 15) recognised in the period

	2025/26	2024/25
	£000	£000
Revenue recognised in the reporting period that was included in within contract liabilities at the previous period end	5,300	8,252
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	-	-

Note 5.2 Transaction price allocated to remaining performance obligations

	31 March 2026	31 March 2025
Revenue from existing contracts allocated to remaining performance obligations is expected to be recognised:	£000	£000
within one year	5,360	5,146
after one year, not later than five years	615	615
after five years	2,359	2,513
Total revenue allocated to remaining performance obligations	**8,334**	**8,274**

The trust has exercised the practical expedients permitted by IFRS 15 paragraph 121 in preparing this disclosure. Revenue from (i) contracts with an expected duration of one year or less and (ii) contracts where the trust recognises revenue directly corresponding to work done to date is not disclosed.

Note 5.3 Fees and charges

The following disclosure is of income from charges to service users where the full cost of providing that service exceeds £1 million and is presented as the aggregate of such income. The cost associated with the service that generated the income is also disclosed.

	2025/26	2024/25
	£000	£000
Income	2,699	2,629
Full cost	(2,450)	(2,318)
Surplus / (deficit)	**249**	**311**

Note 6.1 Operating expenses

	2025/26	2024/25
	£000	£000
Purchase of healthcare from NHS and DHSC bodies	29,519	31,171
Purchase of healthcare from non-NHS and non-DHSC bodies	15,688	14,002
Staff and executive directors costs	525,499	508,064
Remuneration of non-executive directors	228	213
Supplies and services - clinical (excluding drugs costs)	47,448	47,670
Supplies and services - general	8,265	13,095
Drug costs (drugs inventory consumed and purchase of non-inventory drugs)	44,869	43,253
Inventories written down	265	135
Consultancy costs	660	391
Establishment	5,593	6,513
Premises	54,396	54,956
Transport (including patient travel)	2,090	2,208
Depreciation on property, plant and equipment	37,196	35,758
Amortisation on intangible assets	4,784	24
Net impairments	3,158	166,473
Movement in credit loss allowance: contract receivables / contract assets	5,827	1,585
Change in provisions discount rate(s)	(96)	10
Fees payable to the external auditor		
audit services- statutory audit*	338	221
Internal audit costs	270	292
Clinical negligence	22,260	19,638
Legal fees	1,363	1,219
Insurance	108	72
Research and development	2,507	2,232
Education and training	3,046	3,509
Expenditure on short term leases	171	176
Redundancy	520	-
Charges to operating expenditure for on-SoFP IFRIC 12 schemes (e.g. PFI / LIFT)	4,155	3,545
Car parking & security	829	24
Losses, ex gratia & special payments	64	64
Other	1,840	2,018
Total	**822,860**	**958,531**
Of which:		
Related to continuing operations	822,860	958,531
Related to discontinued operations	-	-

* The External Audit Fees presented in the table above, represent the Fees paid to the Auditor inclusive of irrecoverable VAT. The fees excluding VAT are £282k, of which are fees relating to the 2025/26 audit are £273k.

Note 7.1 Limitation on auditor's liability

The limitation on auditor's liability for external audit work is £2,000k (2024/25: £1,000k).

Note 8 Impairment of assets

	2025/26	2024/25
	£000	£000
Net impairments charged to operating surplus / deficit resulting from:		
Changes in market price	3,158	166,473
Total net impairments charged to operating surplus / deficit	**3,158**	**166,473**
Impairments charged to the revaluation reserve	794	(8,317)
Total net impairments	**3,952**	**158,156**

The impairment relating to Midland Metropolitan University Hospital of £89.1m is included within the total above.

Note 9 Employee benefits

	2025/26	2024/25
	Total	Total
	£000	£000
Salaries and wages	401,862	384,937
Social security costs	52,177	41,940
Apprenticeship levy	2,046	1,953
Employer's contributions to NHS pensions	71,255	68,562
Temporary staff (including agency)	5,382	17,579
Total gross staff costs	**532,722**	**514,971**
Recoveries in respect of seconded staff	-	-
Total staff costs	**532,722**	**514,971**
Of which		
Costs capitalised as part of assets	2,562	3,246

Note 9.1 Retirements due to ill-health

During 2025/26 there were 3 early retirements from the trust agreed on the grounds of ill-health (8 in the year ended 31 March 2025). The estimated additional pension liabilities of these ill-health retirements is £251k (£662k in 2024/25).

These estimated costs are calculated on an average basis and will be borne by the NHS Pension Scheme.

Note 10 Pension costs

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2024, is based on valuation data as at 31 March 2023, updated to 31 March 2024 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 at 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

Note 11 Finance income

Finance income represents interest received on assets and investments in the period.

	2025/26	2024/25
	£000	£000
Interest on bank accounts	1,779	2,655
Total finance income	**1,779**	**2,655**

Note 12.1 Finance expenditure

Finance expenditure represents interest and other charges involved in the borrowing of money or asset financing.

	2025/26	2024/25
	£000	£000
Interest expense:		
Interest on lease obligations	235	164
Finance costs on PFI, LIFT and other service concession arrangements:		
Main finance costs	1,931	1,944
Remeasurement of the liability resulting from change in index or rate	1,882	2,178
Total interest expense	**4,048**	**4,286**
Unwinding of discount on provisions	64	63
Total finance costs	**4,112**	**4,349**

Note 13 Other gains / (losses)

	2025/26	2024/25
	£000	£000
Gains on disposal of assets	112	-
Losses on disposal of assets	(590)	(386)
Total other gains / (losses)	**(478)**	**(386)**

The above Loss on Disposal consists of the loss for disposals of property, plant and equipment (£583k) and the loss for disposals of intangible assets (£7k)

Note 14.1 Intangible assets - 2025/26

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Cost at 1 April 2025 - brought forward *	**31,051**	**43**	**31,094**
Additions	2,044	-	**2,044**
Disposals / derecognition	(3,500)	-	**(3,500)**
Cost at 31 March 2026	**29,595**	**43**	**29,638**
Amortisation at 1 April 2025 - brought forward	**20,151**	**-**	**20,151**
Provided during the year	4,784	-	**4,784**
Disposals / derecognition	(3,492)	-	**(3,492)**
Amortisation at 31 March 2026	**21,443**	**-**	**21,443**
Net book value at 31 March 2026	**8,152**	**43**	**8,195**
Net book value at 1 April 2025	**10,900**	**43**	**10,943**

* From 1 April 2025, the option to apply the revaluation model in IAS 38 to intangible assets has been withdrawn prospectively. Where assets were previously revalued, the carrying value at the transition date was carried forward as 'deemed cost'.

Note 14.2 Intangible assets - 2024/25

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**443**	**43**	**486**
Prior period adjustments	26,289	-	**26,289**
Valuation / gross cost at 1 April 2024 - restated	**26,732**	**43**	**26,775**
Additions	1,614	-	**1,614**
Reclassifications	2,985	-	**2,985**
Disposals / derecognition	**(280)**	**-**	**(280)**
Valuation / gross cost at 31 March 2025	**31,051**	**43**	**31,094**
Amortisation at 1 April 2024 - as previously stated	**395**	**-**	**395**
Prior period adjustments	**13,579**	**-**	**13,579**
Amortisation at 1 April 2024 - restated	**13,974**	**-**	**13,974**
Provided during the year	**4,096**	**-**	**4,096**
Reclassifications	**2,361**	**-**	**2,361**
Disposals / derecognition	**(280)**	**-**	**(280)**
Amortisation at 31 March 2025	**20,151**	**-**	**20,151**
Net book value at 31 March 2025	**10,900**	**43**	**10,943**
Net book value at 1 April 2024	**12,758**	**43**	**12,801**

Note 15.1 Property, plant and equipment - 2025/26

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation/gross cost at 1 April 2025 - brought forward	**21,013**	**694,602**	**18,565**	**83,625**	**130**	**42,192**	**2,724**	**862,851**
Additions	-	8,416	34,948	14,787	-	5,130	34	**63,315**
Impairments	-	(2,127)	-	-	-	-	-	**(2,127)**
Reversals of impairments	-	1,333	-	-	-	-	-	**1,333**
Revaluations	-	(18,656)	-	-	-	-	-	**(18,656)**
Reclassifications	-	20,056	(20,056)	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(12,238)	-	(25,715)	-	**(37,953)**
Valuation/gross cost at 31 March 2026	**21,013**	**703,624**	**33,457**	**86,174**	**130**	**21,607**	**2,758**	**868,763**
Accumulated depreciation at 1 April 2025 - brought forward	**-**	**-**	**-**	**40,587**	**130**	**29,614**	**2,105**	**72,436**
Provided during the year	-	20,236	-	9,184	-	4,626	105	**34,151**
Impairments	-	14,865	-	-	-	-	-	**14,865**
Reversals of impairments	-	(11,707)	-	-	-	-	-	**(11,707)**
Revaluations	-	(23,394)	-	-	-	-	-	**(23,394)**
Reclassifications	-	-	-	-	-	-	-	**-**
Disposals / derecognition	-	-	-	(11,713)	-	(25,658)	-	**(37,371)**
Accumulated depreciation at 31 March 2026	**-**	**-**	**-**	**38,058**	**130**	**8,582**	**2,210**	**48,980**
Net book value at 31 March 2026	**21,013**	**703,624**	**33,457**	**48,116**	**-**	**13,025**	**548**	**819,783**
Net book value at 1 April 2025	**21,013**	**694,602**	**18,565**	**43,038**	**-**	**12,578**	**619**	**790,415**

Note 15.2 Property, plant and equipment - 2024/25

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**21,015**	**173,217**	**621,260**	**64,508**	**130**	**68,866**	**2,724**	**951,720**
Prior period adjustments	-	-	-	-	-	(26,289)	-	**(26,289)**
Valuation / gross cost at 1 April 2024 - restated	21,015	173,217	621,260	64,508	130	42,577	2,724	**925,431**
Additions	-	56,420	39,264	21,740	-	3,137	-	**120,561**
Impairments	-	(33)	-	-	-	-	-	**(33)**
Reversals of impairments	-	8,350	-	-	-	-	-	**8,350**
Revaluations	(2)	(86,904)	(89,103)	-	-	-	-	**(176,009)**
Reclassifications	**-**	**546,847**	**(552,856)**	**1,876**	**-**	**1,148**	**-**	**(2,985)**
Disposals / derecognition	-	(3,295)	-	(4,499)	-	(4,670)	-	**(12,464)**
Valuation/gross cost at 31 March 2025	**21,013**	**694,602**	**18,565**	**83,625**	**130**	**42,192**	**2,724**	**862,851**
Accumulated depreciation at 1 April 2024 - as previously stated	-	-	-	37,100	128	44,717	2,005	83,950
Prior period adjustments	-	-	-	-	-	(13,579)	-	(13,579)
Accumulated depreciation at 1 April 2024 - restated	-	-	-	37,100	128	31,138	2,005	70,371
Provided during the year	-	15,414	-	7,621	2	5,496	100	28,633
Impairments	5	81,904	89,103	-	-	-	-	171,012
Reversals of impairments	-	(4,539)	-	-	-	-	-	(4,539)
Revaluations	(5)	(89,484)	(89,103)	-	-	-	-	(178,592)
Reclassifications	-	-	-	-	-	(2,361)	-	(2,361)
Disposals / derecognition	-	(3,295)	-	(4,134)	-	(4,659)	-	(12,088)
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**40,587**	**130**	**29,614**	**2,105**	**72,436**
Net book value at 31 March 2025	**21,013**	**694,602**	**18,565**	**43,038**	**-**	**12,578**	**619**	**790,415**
Net book value at 1 April 2024	**21,015**	**173,217**	**621,260**	**27,408**	**2**	**11,439**	**719**	**855,060**

Note 15.3 Property, plant and equipment financing - 31 March 2026

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology restated	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,013	561,237	-	33,457	33,767	-	13,025	548	**663,047**
On-SoFP PFI contracts and other service concession arrangements	-	44,687	-	-	14,189	-	-	-	**58,876**
Owned - donated/granted	-	97,700	-	-	160	-	-	-	**97,860**
Total net book value at 31 March 2026	**21,013**	**703,624**	**-**	**33,457**	**48,116**	**-**	**13,025**	**548**	**819,783**

Note 15.4 Property, plant and equipment financing - 31 March 2025

	Land	Buildings excluding dwellings	Dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology restated	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Owned - purchased	21,013	560,657	-	12,229	29,942	-	12,578	619	**637,038**
On-SoFP PFI contracts and other service concession arrangements	-	44,805	-	-	12,795	-	-	-	**57,600**
Owned - donated/granted	-	89,140	-	6,336	301	-	-	-	**95,777**
Total net book value at 31 March 2025	**21,013**	**694,602**	**-**	**18,565**	**43,038**	**-**	**12,578**	**619**	**790,415**

Note 16 Revaluations of property, plant and equipment

The desktop valuation exercise was carried out with a valuation date of 31 March 2026. In applying the Royal Institute of Chartered Surveyors (RICS) Valuation Global Standards 2020 ('Red Book'). The values in the report have been used to inform the measurement of property assets at valuation in these financial statements and the Valuer continues to exercise professional judgement in providing the valuation and this remains the best information available to the Trust.

The Trust owns non Operational Land assets of £914,250 which are currently held as surplus assets and are included within the Land Valuation in Note 15.1

These assets are required to be valued at 'Fair Value' in accordance with IFRS13. The valuation technique applied by the appointed Valuer in respect of all the Fair Value figures contained in his assessment was the market approach using prices and other relevant information generated by market transactions involving identical or comparable assets.

For classes of asset held at a revalued amounts, the effective date of the most recent valuation is 31 March 2026 and was carried out by an independent valuer.

Methods and significant assumptions applied in valuing the assets comprise; using build cost information published by the RICS Building Costs Information Service. Additionally, the valuers have adjusted the remaining useful lives for each element within a building to take account of the expected physical depreciation since the previous assessment. This has been undertaken on a desktop basis other than for significantly altered buildings and new additions which have been assessed through site inspection.

There have been no changes in accounting estimates related to the valuation of property, plant and equipment - including changes to residual values, useful lives, valuation methodology or depreciation methods.

The Trust holds no temporarily idle assets or assets not in active use but not classified as held for sale.

Note 17 Leases - Sandwell And West Birmingham Hospitals NHS Trust as a lessee

This note details information about leases for which the Trust is a lessee.

The Trust is a Lessee for a number of properties held by NHS Property Services and Community Health Partnerships, in addition the Trust holds leases for fleet vehicles and medical equipment

The Trust determines the term of the lease term with reference to the non-cancellable period and any options to extend or terminate the lease which the Trust is reasonably certain to exercise.

The lease liability is initially measured at the present value of future lease payments discounted at the interest rate implicit in the lease. Lease payments includes fixed lease payments, variable lease payments dependent on an index or rate (if applicable) and amounts payable under residual value guarantees. It also includes amounts payable for purchase options and termination penalties where these options are reasonably certain to be exercised.

Where an implicit rate cannot be readily determined, the Trust's incremental borrowing rate is applied. This rate is determined by HM Treasury annually for each calendar year. A nominal rate of 4.81% applied to new leases commencing in 2025 and 5.32% to new leases commencing in 2026.

The Trust does not apply the above recognition requirements to leases with a term of 12 months or less or to leases where the value of the underlying asset is below £5,000, excluding any irrecoverable VAT. Lease payments associated with these leases are expensed on a straight-line basis over the lease term or other systematic basis. Irrecoverable VAT on lease payments is expensed as it falls due.

As required by a HM Treasury , the Trust employs a revaluation model for subsequent measurement of right of use assets, unless the cost model is considered to be an appropriate proxy for current value in existing use or fair value, in line with the accounting policy for owned assets. Where consideration exchanged is identified as significantly below market value, the cost model is not considered to be an appropriate proxy for the value of the right of use asset.

The Trust subsequently measures the lease liability by increasing the carrying amount for interest arising which is also charged to expenditure as a finance cost and reducing the carrying amount for lease payments made. The liability is also remeasured for changes in assessments impacting the lease term, lease modifications or to reflect actual changes in lease payments. Such remeasurements are also reflected in the cost of the right of use asset. Where there is a change in the lease term or option to purchase the underlying asset, an updated discount rate is applied to the remaining lease payments.

Note 17.1 Right of use assets - 2025/26

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2025 - brought forward	**16,987**	**100**	**643**	**17,730**	**15,652**
Additions	936	186	82	1,204	936
Remeasurements of the lease liability	1,831	-	153	1,984	334
Disposals / derecognition	(1,302)	(100)	(97)	(1,499)	(1,270)
Valuation/gross cost at 31 March 2026	**18,452**	**186**	**781**	**19,419**	**15,652**
Accumulated depreciation at 1 April 2025 - brought forward	**7,364**	**79**	**549**	**7,992**	**6,568**
Provided during the year	2,825	40	180	3,045	2,468
Disposals / derecognition	(167)	(86)	(90)	(343)	(141)
Accumulated depreciation at 31 March 2026	**10,022**	**33**	**639**	**10,694**	**8,895**
Net book value at 31 March 2026	**8,430**	**153**	**142**	**8,725**	**6,757**
Net book value at 1 April 2025	**9,623**	**21**	**94**	**9,738**	**9,084**
Net book value of right of use assets leased from other NHS providers					129
Net book value of right of use assets leased from other DHSC group bodies					6,628

Note 17.2 Right of use assets - 2023/24

	Property (land and buildings)	Plant & machinery	Transport equipment	Total	Of which: leased from DHSC group bodies
	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - brought forward	**15,046**	**78**	**630**	**15,754**	**14,355**
Additions	832	-	-	832	304
Remeasurements of the lease liability	1,166	22	13	1,201	1,050
Disposals / derecognition	(57)	-	-	(57)	(57)
Valuation/gross cost at 31 March 2025	**16,987**	**100**	**643**	**17,730**	**15,652**
Accumulated depreciation at 1 April 2024 - brought forward	**4,571**	**50**	**365**	**4,986**	**4,249**
Accumulated depreciation at 1 April 2024 - restated	**4,571**	**50**	**365**	**4,986**	**4,249**
Provided during the year	2,840	29	184	3,053	2,366
Disposals / derecognition	(47)	-	-	(47)	(47)
Accumulated depreciation at 31 March 2025	**7,364**	**79**	**549**	**7,992**	**6,568**
Net book value at 31 March 2025	**9,623**	**21**	**94**	**9,738**	**9,084**
Net book value at 1 April 2024	**10,475**	**28**	**265**	**10,768**	**10,106**
Net book value of right of use assets leased from other NHS providers					121
Net book value of right of use assets leased from other DHSC group bodies					8,963

Note 17.3 Reconciliation of the carrying value of lease liabilities

Lease liabilities are included within borrowings in the statement of financial position. A breakdown of borrowings is disclosed in note 23.1

	2025/26	2024/25
	£000	£000
Carrying value at 1 April	**9,980**	**10,901**
Lease additions	1,169	832
Lease liability remeasurements	1,984	1,201
Interest charge arising in year	235	164
Early terminations	(1,268)	-
Lease payments (cash outflows)	(3,190)	(3,118)
Carrying value at 31 March	**8,910**	**9,980**

Lease payments for short term leases, leases of low value underlying assets and variable lease payments not dependent on an index or rate are recognised in operating expenditure.

These payments are disclosed in Note 6.1. Cash outflows in respect of leases recognised on-SoFP are disclosed in the reconciliation above.

Note 17.4 Maturity analysis of future lease payments

	Total	Of which leased from DHSC group bodies:	Total	Of which leased from DHSC group bodies:
	31 March 2026 £000	31 March 2026 £000	31 March 2025 £000	31 March 2025 £000
Undiscounted future lease payments payable in:				
- not later than one year;	3,091	2,606	2,662	2,406
- later than one year and not later than five years;	4,163	3,270	4,956	4,544
- later than five years.	2,704	2,008	4,449	3,465
Total gross future lease payments	**9,958**	**7,884**	**12,067**	**10,415**
Finance charges allocated to future periods	(1,048)	(931)	(1,166)	(1,051)
Net lease liabilities at 31 March 2026	**8,910**	**6,953**	**10,901**	**9,364**
Of which:				
Leased from other NHS providers		129		121
Leased from other DHSC group bodies		6,824		9,243

Note 18 Inventories

	31 March 2026	31 March 2025
	£000	£000
Drugs	2,636	2,910
Consumables	2,458	2,385
Energy	341	440
Total inventories	**5,435**	**5,735**
of which:		

Inventories recognised in expenses for the year were £47,547k (2024/25: £47,670k). Write-down of inventories recognised as expenses for the year were £265k (2024/25: £135k).

The deemed cost of these inventories was charged directly to expenditure on receipt with the corresponding benefit recognised in income.

Note 19.1 Receivables

	31 March 2026	31 March 2025
	£000	£000
Current		
Contract receivables	31,014	29,454
Allowance for impaired contract receivables / assets	(7,469)	(4,574)
Prepayments (non-PFI)	5,039	5,667
PFI lifecycle prepayments	178	89
PDC dividend receivable	-	1,247
VAT receivable	4,103	3,531
Other receivables	-	1
Total current receivables	**32,865**	**35,415**
Non-current		
Other receivables	498	529
Total non-current receivables	**498**	**529**
Of which receivable from NHS and DHSC group bodies:		
Current	7,638	10,469
Non-current	498	529

Note 19.2 Allowances for credit losses

	2025/26		2024/25	
	Contract receivables and contract assets £000	All other receivables £000	Contract receivables and contract assets £000	All other receivables £000
Allowances as at 1 April - brought forward	**4,574**	**-**	**4,228**	**-**
New allowances arising	5,827	-	1,585	-
Utilisation of allowances (write offs)	(2,932)	-	(1,239)	-
Allowances as at 31 Mar 2025	**7,469**	**-**	**4,574**	**-**

* Increases in the allowances for credit losses is predominantly represented by a proportionate increase in the Trust's indebtedness with Overseas Patients. Write offs in 2025/26 represent the impact of the Trust writing off debts due from prior years and not solely debts that relate to 2025/26 - see Note 29 of these Accounts

Note 19.3 Exposure to credit risk

Because the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2026 are in receivables from customers, as disclosed in the Trade receivables and other receivables note.

Note 20.1 Cash and cash equivalents movements

Cash and cash equivalents comprise cash at bank, in hand and cash equivalents. Cash equivalents are readily convertible investments of known value which are subject to an insignificant risk of change in value.

	2025/26	2024/25
	£000	£000
At 1 April	**46,083**	**68,988**
Net change in year	923	(22,905)
At 31 March	**47,006**	**46,083**
Broken down into:		
Cash at commercial banks and in hand	29	30
Cash with the Government Banking Service	46,977	46,053
Total cash and cash equivalents as in SoFP	**47,006**	**46,083**
Total cash and cash equivalents as in SoCF	**47,006**	**46,083**

Note 20.2 Third party assets held by the trust

Sandwell And West Birmingham Hospitals NHS Trust held cash and cash equivalents which relate to monies held by the Trust on behalf of patients or other parties and in which the trust has no beneficial interest. This has been excluded from the cash and cash equivalents figure reported in the accounts.

	31 March 2026	31 March 2025
	£000	£000
Bank balances	12	10
Total third party assets	**12**	**10**

Note 21.1 Trade and other payables

	31 March 2026	31 March 2025
	£000	£000
Current		
Trade payables	43,679	44,260
Capital payables	15,545	6,355
Accruals	13,653	13,473
Receipts in advance and payments on account	474	473
Social security costs	5,894	5,163
Other taxes payable	5,651	5,602
Other taxes payable	786	-
Pension contributions payable	6,064	5,988
Other payables	5	-
Total current trade and other payables	**91,751**	**81,314**
Of which payables from NHS and DHSC group bodies:		
Current	8,668	6,482

Note 21.2 Early retirements in NHS payables above

The payables note above includes no amounts in relation to early retirement (2024-25 £0)

Note 22 Other liabilities

	31 March 2026	31 March 2025
	£000	£000
Current		
Deferred income: contract liabilities	5,360	5,146
Deferred PFI credits / income	532	532
Total other current liabilities	**5,892**	**5,678**
Non-current		
Deferred income: contract liabilities	2,974	3,128
Deferred PFI credits / income	13,296	13,828
Total other non-current liabilities	**16,270**	**16,956**

Note 23.1 Borrowings

	31 March 2026	31 March 2025
	£000	£000
Current		
Lease liabilities	2,905	2,856
Obligations under PFI, LIFT or other service concession contracts	1,983	4,023
Total current borrowings	**4,888**	**6,879**
Non-current		
Lease liabilities	6,005	7,124
Obligations under PFI, LIFT or other service concession contracts	39,224	38,886
Total non-current borrowings	**45,229**	**46,010**

Note 23.2 Reconciliation of liabilities arising from financing activities

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2025	**9,980**	**42,909**	**52,889**
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,955)	(3,624)	(6,579)
Financing cash flows - payments of interest	(235)	(1,931)	(2,166)
Non-cash movements:			
Additions	1,169	-	1,169
Lease liability remeasurements	1,984	-	1,984
Remeasurement of PFI / other service concession liability resulting from change in index or rate		1,882	1,882
Application of effective interest rate	235	1,931	2,166
Early terminations	(1,268)	-	(1,268)
Other changes	-	40	40
Carrying value at 31 March 2026	**8,910**	**41,207**	**50,117**

	Lease Liabilities	PFI and LIFT schemes	Total
	£000	£000	£000
Carrying value at 1 April 2024	**10,901**	**40,110**	**51,011**
Cash movements:			
Financing cash flows - payments and receipts of principal	(2,954)	(21)	(2,975)
Financing cash flows - payments of interest	(164)	(1,944)	(2,108)
Non-cash movements:			
Additions	832	630	1,462
Lease liability remeasurements	1,201	-	1,201
Remeasurement of PFI / other service concession liability resulting from change in index or rate		2,178	2,178
Application of effective interest rate	164	1,944	2,108
Other changes	-	12	12
Carrying value at 31 March 2025	**9,980**	**42,909**	**52,889**

Note 24.1 Provisions for liabilities and charges analysis

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2025	**481**	**2,153**	**189**	**1,662**	**4,485**
Change in the discount rate	(9)	(87)	-	(38)	(134)
Arising during the year	84	72	-	1,011	1,167
Utilised during the year	(82)	(179)	(6)	(25)	(292)
Reclassified to liabilities held in disposal groups	-	-	-	-	-
Reversed unused	(34)	(128)	-	(334)	(496)
Unwinding of discount	12	52	-	32	96
At 31 March 2026	**452**	**1,883**	**183**	**2,308**	**4,826**
Expected timing of cash flows:					
- not later than one year;	78	165	183	1,810	2,236
- later than one year and not later than five years;	306	717	-	91	1,114
- later than five years.	68	1,001	-	407	1,476
Total	**452**	**1,883**	**183**	**2,308**	**4,826**

Provisions relating to Early Departure Costs covers pre 1995 early retirement costs. Liabilities and the timing of liabilities are based on pensions provided to individual ex-employees and projected life expectancies using government actuarial tables. The major uncertainties rest around life expectancies assumed for the cases.

Legal claims cover the Trust's potential liabilities for Public and Employer liability. Potential liabilities are calculated using professional assessment of individual cases by the Trust's insurers. The Trust's maximum liability for any individual case is £10,000 with the remainder being covered by insurers.

Other provisions cover Clinician Pension Tax Provision £498k, Equal Value Pay Claims £617k, Water Management Provision £239k and Local Authority Partial Exemption VAT Liability Risk £954k

Pensions: Injury benefit provisions are calculated with reference to the NHS Pensions Agency and actuarial tables for life expectancy.

Redundancy provisions covers staff who will be made redundant as part of the Trust's ongoing restructuring scheme.

The timing and amount of the cash flows is shown above but it must be pointed out that, in the case of provisions, there will always be a measure of uncertainty. However, the values listed are best estimates taking all the relevant information and professional advice into consideration.

Note 24.2 Clinical negligence liabilities

At 31 March 2026, £298,180k was included in provisions of NHS Resolution in respect of clinical negligence liabilities of Sandwell And West Birmingham Hospitals NHS Trust (31 March 2025: £274,546k).

Note 25 Contingent assets and liabilities

	31 March 2026	31 March 2025
	£000	£000
Value of contingent liabilities		
NHS Resolution legal claims	(92)	(60)
Other	(617)	(571)
Gross value of contingent liabilities	**(709)**	**(631)**
Amounts recoverable against liabilities	-	-
Net value of contingent liabilities	**(709)**	**(631)**
Net value of contingent assets	**-**	**-**

NHS Resolution Legal claims are informed by NHS Resolution. Other includes claims for Pension and Injury Benefit which are informed by the NHS Pensions Agency

Note 26 Contractual capital commitments

	31 March 2026	31 March 2025
	£000	£000
Property, plant and equipment	9,245	16,437
Total	**9,245**	**16,437**

Note 27 On-SoFP PFI, LIFT or other service concession arrangements

Birmingham Treatment Centre (BTC) Length of Contract is 30 Years: The purpose of the scheme was to provide a modern, acute facility on the City Hospital site which has now been fully operational since June 2005.The Trust is committed to the full unitary payment until 30th June 2035 at which point the building will revert to the ownership of the Trust.

Multi Storey Car Parking Length of Contract is 25 Years, from March 2020 to March 2045: The purpose of the scheme is to provide car parks with an associated car parking service. The scheme has no unitary payment. Note 1.19 includes a full explanation of the scheme.

Managed Equipment Scheme (MES) Length of Contract is 15 Years: The Scheme provides for the maintenance and replacement of the Trust's Imaging Equipment. This contract was assessed against the scope of IFRC12 to establish the appropriate accounting treatment and it was determined that the criteria to account for the scheme as an on SOFP service concession arrangement had been met. The contract, with Siemens Healthcare Limited, commenced on 1st May 2016 and the Trust is committed to the full unitary payment until May 2031 at which point the Trust has the right to exercise an option to take ownership of the equipment.

Note 27.1 On-SoFP PFI, LIFT or other service concession arrangement obligations

The following obligations in respect of the PFI, LIFT or other service concession arrangements are recognised in the statement of financial position:

	31 March 2026	31 March 2025
	£000	£000
Gross PFI, LIFT or other service concession liabilities	**46,896**	**54,151**
Of which liabilities are due		
- not later than one year;	3,793	5,871
- later than one year and not later than five years;	21,503	20,950
- later than five years.	21,600	27,330
Finance charges allocated to future periods	(5,689)	(11,242)
Net PFI, LIFT or other service concession arrangement obligation	**41,207**	**42,909**
- not later than one year;	1,983	4,023
- later than one year and not later than five years;	15,865	14,989
- later than five years.	23,359	23,897

Note 27.2 Total on-SoFP PFI, LIFT and other service concession arrangement commitments

Total future commitments under these on-SoFP schemes are as follows:

	31 March 2026	31 March 2025
	£000	£000
Total future payments committed in respect of the PFI, LIFT or other service concession arrangements	**88,143**	**99,489**
Of which payments are due:		
- not later than one year;	11,398	11,478
- later than one year and not later than five years;	46,891	47,144
- later than five years.	29,854	40,867

Note 27.3 Analysis of amounts payable to service concession operator

This note provides an analysis of the unitary payments made to the service concession operator:

	2025/26	2024/25
	£000	£000
Unitary payment payable to service concession operator	**11,420**	**10,825**
Consisting of:		
- Interest charge	1,931	1,944
- Repayment of balance sheet obligation	3,624	(664)
- Service element and other charges to operating expenditure	4,155	3,545
- Capital lifecycle maintenance	1,710	6,000
Total amount paid to service concession operator	**11,420**	**10,825**

Note 28 Financial instruments

Note 28.1 Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with CCGs/ICB's and the way those CCGs/ICB's are financed, the NHS Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The NHS Trust has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The treasury activity is subject to review by the Trusts internal auditors.

Credit Risk

As the majority of the Trust's revenue comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposure as at 31st March 2026 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity Risk

The Trust's operating costs are incurred under contract with Integrated Care Boards (ICB's) which are financed by resources voted annually by parliament. Liquidity risk for both Revenue and Capital funding is managed by the availability of Public Dividend Capital from the DHSC . The Trust is not therefore, exposed to significant liquidity risks.

Currency Risk

The Trust is principally a domestic organisation with the majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest Rate Risk

The Trust's capital expenditure is partly Government funded in the form of Public Dividend Capital (PDC) instead of interest-bearing loans. PDC carries a fixed national dividend rate of 3.5% on net relevant assets. Consequently, the Trust holds no commercial borrowings and maintains low exposure to interest rate risk.

Note 28.2 Carrying values of financial assets

Carrying values of financial assets as at 31 March 2026	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	23,545	-	-	23,545
Cash and cash equivalents	47,006	-	-	47,006
Total at 31 March 2026	**70,551**	**-**	**-**	**70,551**

Carrying values of financial assets as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Held at fair value through OCI	Total book value
	£000	£000	£000	£000
Trade and other receivables excluding non financial assets	24,880	-	-	24,880
Cash and cash equivalents	46,083	-	-	46,083
Total at 31 March 2025	**70,963**	**-**	**-**	**70,963**

A financial asset is measured at fair value through other comprehensive income where business model objectives are met by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest. Movements in the fair value of financial assets in this category are recognised as gains or losses in other comprehensive income except for impairment losses. On derecognition, cumulative gains and losses previously recognised in other comprehensive income are reclassified from equity to income and expenditure, except where the Trust elected to measure an equity instrument in this category on initial recognition.

Note 28.3 Carrying values of financial liabilities

Carrying values of financial liabilities as at 31 March 2026	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	8,910	-	**8,910**
Obligations under PFI, LIFT and other service concession contracts	41,207	-	**41,207**
Trade and other payables excluding non financial liabilities	72,882	-	**72,882**
Total at 31 March 2026	**122,999**	**-**	**122,999**

Carrying values of financial liabilities as at 31 March 2025	Held at amortised cost	Held at fair value through I&E	Total book value
	£000	£000	£000
Obligations under leases	9,980	-	9,980
Obligations under PFI, LIFT and other service concession contracts	42,909	-	42,909
Trade and other payables excluding non financial liabilities	64,088	-	64,088
Total at 31 March 2025	**116,977**	**-**	**116,977**

Note 28.4 Maturity of financial liabilities

The following maturity profile of financial liabilities is based on the contractual undiscounted cash flows. This differs to the amounts recognised in the statement of financial position which are discounted to present value.

	31 March 2026	31 March 2025
	£000	£000
In one year or less	79,766	72,939
In more than one year but not more than five years	25,666	25,546
In more than five years	24,304	30,795
Total	**129,736**	**129,280**

Note 28.5 Fair values of financial assets and liabilities

All of the financial assets and all of the financial liabilities of the Trust are measured at fair value on recognition and subsequently amortised cost.

The carrying values included in Note 28.2 & Note 28.3 for Trade and other receivables, Cash and cash equivalents and Trade and other payables are considered to be reasonable approximations of fair value.

Note 29 Losses and special payments

	2025/26		2024/25	
	Total number of cases	Total value of cases	Total number of cases	Total value of cases
	Number	£000	Number	£000
Losses				
Cash losses	3	-	-	-
Fruitless payments and constructive losses	-	-	5	-
Claims waived or abandoned (excluding cases between DHSC group bodies)	589	2,938	479	1,247
Stores losses and damage to property	6	281	15	137
Total losses	**598**	**3,220**	**499**	**1,384**
Special payments				
Ex-gratia payments	50	64	52	104
Total special payments	**50**	**64**	**52**	**104**
Total losses and special payments	**648**	**3,284**	**551**	**1,488**
Compensation payments received				

'These amounts are reported on an accruals basis but excluding provisions for future losses.

Note 30 Related parties

During the year none of the Department of Health Ministers, Trust Board members or members of the key management staff, or parties related to any of them, have undertaken material transactions with Sandwell & West Birmingham Hospitals NHS Trust.

"The Department of Health and Social Care is regarded as a related party as parent organisation of the Trust. During the year 2025/26 Sandwell and West Birmingham Hospitals NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These are NHS Black Country ICB, NHS Birmingham and Solihull ICB, The Royal Wolverhampton NHS Trust, NHS Resolution, NHS England (Central Specialised Commissioning Unit), Midlands Regional Office and NHS England Core, incorporating Health Education England from 1st Apr 23.

The Trust has also received income from Your City & Metropolitan Hospitals Charity, certain of the trustees for which are also members of the Trust board, the transactions in 2025-26 were material to the Charity and are disclosed below

	Revenue	Expenditure
	£'000s	£'000s
Your City & Metropolitan Hospitals Charity	1	119

Note 31 Events after the reporting date

There were no events after the reporting date

Note 32 Better Payment Practice code

	2025/26	2025/26	2024/25	2024/25
	Number	£000	Number	£000
Non-NHS Payables				
Total non-NHS trade invoices paid in the year	86,231	439,937	91,393	514,872
Total non-NHS trade invoices paid within target	77,910	406,526	80,423	465,330
Percentage of non-NHS trade invoices paid within target	90.4%	92.4%	88.0%	90.4%
NHS Payables				
Total NHS trade invoices paid in the year	2,041	53,515	2,319	51,392
Total NHS trade invoices paid within target	1,575	46,109	1,692	41,855
Percentage of NHS trade invoices paid within target	77.2%	86.2%	73.0%	81.4%

The Better Payment Practice code requires the NHS body to aim to pay all valid invoices by the due date or within 30 days of receipt of valid invoice, whichever is later. **The NHS recommended target is 95%.**

Note 33 Capital Resource Limit

	2025/26	2024/25
	£000	£000
Gross capital expenditure	68,547	124,208
Less: Disposals	(1,746)	(386)
Less: Donated and granted capital additions	(10,547)	(6,336)
Charge against Capital Resource Limit	**56,254**	**117,486**
Capital Resource Limit	56,429	117,486
Under / (over) spend against CRL	**175**	**-**

Note 34 Adjusted financial performance

	2025/26	2024/25
	£000	£000
Surplus / (deficit) for the period per SOCI	(8,689)	(155,821)
Remove net impairments not scoring to the departmental expenditure limit	3,158	166,473
Remove I&E impact of capital grants and donations	(8,284)	730
Remove I&E impact of IFRIC 12 schemes on an IFRS 16 basis	10,897	(5,431)
Add back I&E impact of IFRIC 12 schemes on former UK GAAP basis	**(9,680)**	**5,951**
Adjusted financial performance deficit	**(12,598)**	**5,951**

In 2025/26 the Trust revalued assets which resulted in a net impairment of £3,158k (£166,473k in 2024-25 as a result of bringing into use the Midland Metropolitan University Hospital), the details for which can be found at Note 1.20 , Note 15.1 and Note 16.

Note 35 Breakeven duty rolling assessment

	1997/98 to 2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance		7,260	2,193	1,863	6,523	6,751	4,653	3,857	(11,933)
Breakeven duty cumulative position	4,669	11,929	14,122	15,985	22,508	29,259	33,912	37,769	25,836
Operating income		384,774	387,870	424,144	433,007	439,022	446,590	443,698	460,197
Cumulative breakeven position as a percentage of operating income		**3.1%**	**3.6%**	**3.8%**	**5.2%**	**6.7%**	**7.6%**	**8.5%**	**5.6%**

	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Breakeven duty in-year financial performance	24,165	17,835	576	383	4,411	449	(14,771)	5,951	(12,598)
Breakeven duty cumulative position	50,001	67,836	68,412	68,795	73,206	73,655	58,884	64,835	52,237
Operating income	494,158	655,374	544,033	615,209	660,315	697,248	726,059	817,800	838,072
Cumulative breakeven position as a percentage of operating income	**10.1%**	**10.4%**	**12.6%**	**11.2%**	**11.1%**	**10.6%**	**8.1%**	**7.9%**	**6.2%**

Material items that have added to the cumulative surplus position have been disclosed for each year where relevant.

The Trusts Financial Performance was materially different to the expected breakeven duty level in the following years:-

In 2016-17 there were environmental factors that contributed to the underlying deficit which continued to impact the Trust. Manifestations of these included greater attendances at A&E, high levels of beds occupied by people medically fit for discharge as well as difficulties in the recruitment of certain staff groups. As a consequence of these factors elective income was below the level planned and agency spend continued at high levels.

In 2017-18 the Trust disposed of land at the City Hospital site in preparation for the completion of the new Midland Metropolitan University Hospital development. As a result, the Trust recorded a profit on disposal of £16,288k.

In 2018-19 the Trust began the year with a headline surplus, over-achieving against its control total by £5m, which attracted a "£2 for £1" Sustainability and Transformation Fund (STF) bonus payment from the Department of Health of £12,573k.

In 2023-24 the Trust began with a planned deficit position which was reviewed during the year and subject to reforecasting to ensure the Trust supported the overall financial position of the Healthcare System it is working in. The final SOCI surplus was £23,083k, this included non-performance/operational elements, including the reversal of past impairments on Assets of £25,988k and Income from Grants of £11,866k - after these are removed - the actual operational performance of the Trust was a £14,771k deficit.

In 2024-25 the Trust began with a planned deficit position which the Trust's commissioners agreed to fund, sharing an amount of funding to bring the Trust to a reduced deficit financial position. The final SOCI deficit was £155,821k, this included non-performance/operational elements, including the impairments of fixed Assets of £166,473k, Income from Grants of £5,431k and adjustments for PFI schemes £730k - after these are removed - the actual operational performance of the Trust was a £5,951k surplus.

In 2025-26 the Trust began with a planned breakeven position which was revised during the year and was subject to reforecasting to ensure the Trust supported the overall financial position of the Healthcare System. The final SOCI deficit was £5,533k, this included non-performance/operational elements, including the impairments of fixed Assets of £2k, Income from Grants of £8,284k and adjustments for PFI schemes £1,217k - after these are removed - the actual operational performance of the Trust was a £12,598k deficit.

Note 36 PPA Disclosure

Original Note 14.2 Intangible assets as per 2024-25 Accounts

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**443**	**43**	**486**
Prior period adjustments	-	-	**-**
Valuation / gross cost at 1 April 2024 - restated	**443**	**43**	**486**
Additions	-	-	**-**
Reclassifications	2,985	-	**2,985**
Disposals / derecognition	-	-	**-**
Valuation / gross cost at 31 March 2025	**3,428**	**43**	**3,471**
Amortisation at 1 April 2024 - as previously stated	395	-	**395**
Prior period adjustments	-	-	**-**
Amortisation at 1 April 2024 - restated	**395**	**-**	**395**
Provided during the year	24	-	**24**
Reclassifications	2,361	-	**2,361**
Disposals / derecognition	-	-	**-**
Amortisation at 31 March 2025	**2,780**	**-**	**2,780**
Net book value at 31 March 2025	**648**	**43**	**691**
Net book value at 1 April 2024	**48**	**43**	**91**

Movement Note 14.2 Intangible assets as per 2024-25 Accounts

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**-**	**-**	**-**
Prior period adjustments	26,289	-	**26,289**
Valuation / gross cost at 1 April 2024 - restated	**26,289**	**-**	**26,289**
Additions	1,614	-	**1,614**
Reclassifications	-	-	**-**
Disposals / derecognition	(280)	-	**(280)**
Valuation / gross cost at 31 March 2025	**-**	**-**	**27,623**
Amortisation at 1 April 2024 - as previously stated	13,579	-	**-**
Prior period adjustments	13,579	-	**13,579**
Amortisation at 1 April 2024 - restated	**4,072**	**-**	**13,579**
Provided during the year	-	-	**4,072**
Reclassifications	(280)	-	**-**
Disposals / derecognition	17,371	-	**(280)**
Amortisation at 31 March 2025	**2,780**	**-**	**17,371**
Net book value at 31 March 2025*	**10,252**	**-**	**10,252**
Net book value at 1 April 2024*	**12,710**	**-**	**12,710**

Restated Note 14.2 Intangible assets as per 2024-25 Accounts

	Software licences	Licences & trademarks	Total
	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**443**	**43**	**486**
Prior period adjustments	26,289	-	**26,289**
Valuation / gross cost at 1 April 2024 - restated	**26,732**	**43**	**26,775**
Additions	1,614	-	**1,614**
Reclassifications	2,985	-	**2,985**
Disposals / derecognition	(280)	-	**(280)**
Valuation / gross cost at 31 March 2025	**31,051**	**43**	**31,094**
Amortisation at 1 April 2024 - as previously stated	395	-	**395**
Prior period adjustments	13,579	-	**13,579**
Amortisation at 1 April 2024 - restated	**13,974**	**-**	**13,974**
Provided during the year	4,096	-	**4,096**
Reclassifications	2,361	-	**2,361**
Disposals / derecognition	(280)	-	**(280)**
Amortisation at 31 March 2025	**20,151**	**-**	**20,151**
Net book value at 31 March 2025*	**10,900**	**43**	**10,943**
Net book value at 1 April 2024*	**12,758**	**43**	**12,801**

* During 2024-25, IT assets with values detailed in table Movement Note 14.2 above were reclassified to Software assets following a review of the asset descriptions. Comparative balances have been restated accordingly. The reclassification does not impact the net financial position but improves transparency of asset categorisation. PPA Note 37 include these adjustments in table Movement Note 15.2 reducing the IT classification of asset in Property, Plant and Equipment.

Note 37 PPA Disclosure Property Plant and Equipment

Original Note 15.2 Property, plant and equipment as per 2024-25 Accounts

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**21,015**	**173,217**	**621,260**	**64,508**	**130**	**68,866**	**2,724**	**951,720**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Valuation / gross cost at 1 April 2024 - restated	**21,015**	**173,217**	**621,260**	**64,508**	**130**	**68,866**	**2,724**	**951,720**
Additions	-	56,420	39,264	21,740	-	4,751	-	**122,175**
Impairments	-	(33)	-	-	-	-	-	**(33)**
Reversals of impairments	-	8,350	-	-	-	-	-	**8,350**
Revaluations	(2)	(86,904)	(89,103)	-	-	-	-	**(176,009)**
Reclassifications	-	546,847	(552,856)	1,876	-	1,148	-	**(2,985)**
Disposals / derecognition	-	(3,295)	-	(4,499)	-	(4,670)	-	**(12,464)**
Valuation/gross cost at 31 March 2025	**21,013**	**694,602**	**18,565**	**83,625**	**130**	**70,095**	**2,724**	**890,754**
Accumulated depreciation at 1 April 2024 - as previously stated	-	-	-	37,100	128	44,717	2,005	**83,950**
Prior period adjustments	-	-	-	-	-	-	-	**-**
Accumulated depreciation at 1 April 2024 - restated	**-**	**-**	**-**	**37,100**	**128**	**44,717**	**2,005**	**83,950**
Provided during the year	-	15,414	-	7,621	2	9,568	100	**32,705**
Impairments	5	81,904	89,103	-	-	-	-	**171,012**
Reversals of impairments	-	(4,539)	-	-	-	-	-	**(4,539)**
Revaluations	(5)	(89,484)	(89,103)	-	-	-	-	**(178,592)**
Reclassifications	-	-	-	-	-	(2,361)	-	**(2,361)**
Disposals / derecognition	-	(3,295)	-	(4,134)	-	(4,659)	-	**(12,088)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**40,587**	**130**	**47,265**	**2,105**	**90,087**
Net book value at 31 March 2025	**21,013**	**694,602**	**18,565**	**43,038**	**-**	**22,830**	**619**	**800,667**
Net book value at 1 April 2024	**21,015**	**173,217**	**621,260**	**27,408**	**2**	**24,149**	**719**	**867,770**

Movement Note 15.2 Property, plant and equipment as per 2024-25 Accounts

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	-	-	-	-	-	-	-	-
Prior period adjustments	-	-	-	-	-	(26,289)	-	**(26,289)**
Valuation / gross cost at 1 April 2024 - restated	-	-	-	-	-	**(26,289)**	-	**(26,289)**
Additions	-	-	-	-	-	(1,614)	-	**(1,614)**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Valuation/gross cost at 31 March 2025	-	-	-	-	-	**(27,903)**	-	**(27,903)**
Accumulated depreciation at 1 April 2024 - as previously stated	-	-	-	-	-	-	-	-
Prior period adjustments	-	-	-	-	-	(13,579)	-	**(13,579)**
Accumulated depreciation at 1 April 2024 - restated	-	-	-	-	-	**(13,579)**	-	**(13,579)**
Provided during the year	-	-	-	-	-	(4,072)	-	**(4,072)**
Impairments	-	-	-	-	-	-	-	-
Reversals of impairments	-	-	-	-	-	-	-	-
Revaluations	-	-	-	-	-	-	-	-
Reclassifications	-	-	-	-	-	-	-	-
Disposals / derecognition	-	-	-	-	-	-	-	-
Accumulated depreciation at 31 March 2025	-	-	-	-	-	**(17,651)**	-	**(17,651)**
Net book value at 31 March 2025	-	-	-	-	-	**(10,252)**	-	**(10,252)**
Net book value at 1 April 2024	-	-	-	-	-	**(12,710)**	-	**(12,710)**

Restated Note 15.2 Property, plant and equipment as per 2024-25 Accounts

	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Valuation / gross cost at 1 April 2024 - as previously stated	**21,015**	**173,217**	**621,260**	**64,508**	**130**	**68,866**	**2,724**	**951,720**
Prior period adjustments	-	-	-	-	-	(26,289)	-	**(26,289)**
Valuation / gross cost at 1 April 2024 - restated	**21,015**	**173,217**	**621,260**	**64,508**	**130**	**42,577**	**2,724**	**925,431**
Additions	-	56,420	39,264	21,740	-	3,137	-	**120,561**
Impairments	-	(33)	-	-	-	-	-	**(33)**
Reversals of impairments	-	8,350	-	-	-	-	-	**8,350**
Revaluations	(2)	(86,904)	(89,103)	-	-	-	-	**(176,009)**
Reclassifications	-	546,847	(552,856)	1,876	-	1,148	-	**(2,985)**
Disposals / derecognition	-	(3,295)	-	(4,499)	-	(4,670)	-	**(12,464)**
Valuation/gross cost at 31 March 2025	**21,013**	**694,602**	**18,565**	**83,625**	**130**	**42,192**	**2,724**	**862,851**
Accumulated depreciation at 1 April 2024 - as previously stated	-	-	-	37,100	128	44,717	2,005	**83,950**
Prior period adjustments	-	-	-	-	-	(13,579)	-	**(13,579)**
Accumulated depreciation at 1 April 2024 - restated	**-**	**-**	**-**	**37,100**	**128**	**31,138**	**2,005**	**70,371**
Provided during the year	-	15,414	-	7,621	2	5,496	100	**28,633**
Impairments	5	81,904	89,103	-	-	-	-	**171,012**
Reversals of impairments	-	(4,539)	-	-	-	-	-	**(4,539)**
Revaluations	(5)	(89,484)	(89,103)	-	-	-	-	**(178,592)**
Reclassifications	-	-	-	-	-	(2,361)	-	**(2,361)**
Disposals / derecognition	-	(3,295)	-	(4,134)	-	(4,659)	-	**(12,088)**
Accumulated depreciation at 31 March 2025	**-**	**-**	**-**	**40,587**	**130**	**29,614**	**2,105**	**72,436**
Net book value at 31 March 2025	21,013	694,602	18,565	43,038	-	**12,578**	619	**790,415**
Net book value at 1 April 2024	21,015	173,217	621,260	27,408	2	**11,439**	719	**855,060**

Members of the Occupational Health team

Independent auditor's report to the directors of Sandwell and West Birmingham NHS Trust

Report on the audit of the financial statements

We have audited the financial statements of Sandwell and West Birmingham NHS Trust (the 'Trust') for the year ended 31 March 2026, which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and Notes to the Financial Statements, including material accounting policy information. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards in conformity with the requirements of the Accounts Directions issued under Schedule 15 of the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2026 and its expenditure and income for the year then ended;
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26; and
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law, as required by the Code of Audit Practice (2024) ("the Code of Audit Practice") approved by the Comptroller and Auditor General. Our responsibilities under those standards are further described in the 'Auditor's responsibilities for the audit of the financial statements' section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

We are responsible for concluding on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify the auditor's opinion. Our conclusions are based on the audit evidence obtained up to the date of our report. However, future events or conditions may cause the Trust to cease to continue as a going concern.

In our evaluation of the directors' conclusions, and in accordance with the expectation set out within the Department of Health and Social Care Group Accounting Manual 2025-26 that the Trust's financial statements shall be prepared on a going concern basis, we considered the inherent risks associated with the continuation of services provided by the Trust. In doing so we had regard to the guidance provided in Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom (Revised 2024) on the application of ISA (UK) 570 Going Concern to public sector entities. We assessed the reasonableness of the basis of preparation used by the Trust and the Trust's disclosures over the going concern period.

In auditing the financial statements, we have concluded that the directors' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the integrated annual report and accounts, other than the financial statements and our auditor's report thereon. The directors are responsible for the other information contained within the integrated annual report and accounts. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other information we are required to report on by exception under the Code of Audit Practice

Under the Code of Audit Practice published by the National Audit Office in November 2024 on behalf of the Comptroller and Auditor General (the Code of Audit Practice) we are required to consider whether the Annual Governance Statement does not comply with the requirements of the Department of Health and Social Care Group Accounting Manual 2025-26 or is misleading or inconsistent with the information of which we are aware from our audit. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in this regard.

Opinion on other matters required by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report to be audited have been properly prepared in accordance with the requirements of the Department of Health and Social Care Group Accounting Manual 2025-26; and
- based on the work undertaken in the course of the audit of the financial statements, the other information published together with the financial statements in the annual report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice, we are required to report to you if:

- we issue a report in the public interest under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit; or
- we refer a matter to the Secretary of State under Section 30 of the Local Audit and Accountability Act 2014 because we have reason to believe that the Trust, or an officer of the Trust, is about to make, or has made, a decision which involves or would involve the body incurring unlawful expenditure, or is about to take, or has begun to take a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency; or
- we make a written recommendation to the Trust under Section 24 of the Local Audit and Accountability Act 2014 in the course of, or at the conclusion of the audit.

We have nothing to report in respect of the above matters.

Responsibilities of directors

As explained more fully in the Statement of Directors' Responsibilities in Respect of the Accounts, the directors are responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions and for being satisfied that they give a true and fair view, and for such internal control as the directors determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the directors are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the Trust without the transfer of its services to another public sector entity.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. The extent to which our procedures are capable of detecting irregularities, including fraud, is detailed below.

- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Trust and determined that the most significant which are directly relevant to specific assertions in the financial statements are those related to the reporting frameworks (international accounting standards and the National Health Service Act 2006, as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2025-26).
- We enquired of Management and the Audit Committee, concerning the Trust's policies and procedures relating to:
    - the identification, evaluation and compliance with laws and regulations;
    - the detection and response to the risks of fraud; and

- the establishment of internal controls to mitigate risks related to fraud or non-compliance with laws and regulations.

- We enquired of management, internal audit and the audit committee, whether they were aware of any instances of non-compliance with laws and regulations or whether they had any knowledge of actual, suspected or alleged fraud.
- We assessed the susceptibility of the Trust's financial statements to material misstatement, including how fraud might occur, evaluating management's incentives and opportunities for manipulation of the financial statements. This included the evaluation of the risk of management override of controls, the risk of fraud in revenue recognition, and the risk of fraud in expenditure recognition. We determined that the principal risks were in relation to:
  - Journal entries used to alter the Trust's reported financial performance;
  - Variable income streams that could be used to manipulate financial performance;
  - Potential management bias in accounting estimates, particularly in relation to the valuation of property, plant and equipment and the completeness and accuracy of accruals and provisions;
  - Significant ledger system control deficiencies, including excessive user privileges, lack of formal access controls over a generic account, and absence of formal change management processes; and
  - The risk that reports provided to audit may not reflect the underlying ledger, due to excessive user privileges and those users' ability to reconfigure reporting parameters.
- Our audit procedures involved:
  - Evaluating the design and implementation of controls to prevent and detect fraud;
  - Performing journal entry testing, with a focus on high-risk journals, including those posted by users with elevated system privileges or where access controls were insufficient;
  - Assessing variable income streams, including testing key income sources and associated controls, to address the risk of manipulation of financial performance;
  - Challenging the assumptions and judgements applied by management in significant accounting estimates, particularly in relation to property, plant and equipment valuations and the completeness and accuracy of accruals and provisions;
  - Performing additional procedures in response to identified IT control deficiencies, including assessing the integrity of system-generated reports and reconciling these to the underlying ledger where appropriate; and
  - Assessing compliance with relevant laws and regulations as part of our testing of related financial statement balances and disclosures.
- These audit procedures were designed to provide reasonable assurance that the financial statements were free from fraud or error. The risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error and detecting irregularities that result from fraud is inherently more difficult than detecting those that result from error, as fraud may involve collusion, deliberate concealment, forgery or intentional misrepresentations. Also, the further removed non-compliance with laws and regulations is from events and transactions reflected in the financial statements, the less likely we would become aware of it.
- We communicated relevant laws and regulations and potential fraud risks to all engagement team members, including the risk of management override of controls and the risk of fraud in revenue recognition We remained alert to any indications of non-compliance with laws and regulations, including fraud, throughout the audit.

- The engagement partner's assessment of the appropriateness of the collective competence and capabilities of the engagement team included consideration of the engagement team's:
  - understanding of, and practical experience with audit engagements of a similar nature and complexity through appropriate training and participation
  - knowledge of the health sector and economy in which the Trust operates
  - understanding of the legal and regulatory requirements specific to the Trust including:
  - the provisions of the applicable legislation
  - NHS England's rules and related guidance
  - the applicable statutory provisions.
- In assessing the potential risks of material misstatement, we obtained an understanding of:
  - The Trust's operations, including the nature of its income and expenditure and its services and of its objectives and strategies to understand the classes of transactions, account balances, expected financial statement disclosures and business risks that may result in risks of material misstatement.
  - The Trust's control environment, including the policies and procedures implemented by the Trust to ensure compliance with the requirements of the financial reporting framework.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: **www.frc.org.uk/auditorsresponsibilities**. This description forms part of our auditor's report.

Report on other legal and regulatory requirements – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception – the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice, we are required to report to you if, in our opinion, we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2026.

We have nothing to report in respect of the above matter except on 20 July 2021 we identified a significant weakness in how the Trust plans and manages it resources to ensure it can continue to deliver its services for the year ended 31 March 2021. This was in relation to the development of cost improvement plans. We recommended that:

- The Trust needs to prioritise the development of the revenue affordability plan.
- Subsequently, on 14 November 2023, we raised further recommendations that:
- The Trust develop its recurrent CIP and vacancy hold programme.
- Financial, clinical and operational colleagues need to work together to identify and deliver transformation schemes, and work with system partners to identify wider opportunities to support financial goals.

As part of our assessment of the Trust's arrangements for ensuring economy, efficiency, and effectiveness in its use of resources for the year ended 31 March 2026, we reviewed the Trust's progress against these recommendations. Unfortunately, we found that only limited progress has been made, and as a result, the significant weakness in arrangements remains.

On 22 June 2026, we made further recommendations that the Trust should accelerate scheme development so that a greater proportion are fully worked up earlier in the planning cycle and commence earlier planning for future years by identifying and developing schemes in advance for 2027/28 and 2028/29.

Responsibilities of the Accountable Officer

As explained in the Statement of the Chief Executive's Responsibilities as the Accountable Officer of the Trust, the Chief Executive, as Accountable Officer, is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under Section 21(2A)(c) of the Local Audit and Accountability Act 2014 to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our review in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in March 2026. This guidance sets out the arrangements that fall within the scope of 'proper arrangements'. When reporting on these arrangements, the Code of Audit Practice requires auditors to structure their commentary on arrangements under three specified reporting criteria:

- Financial sustainability: how the Trust plans and manages its resources to ensure it can continue to deliver its services;
- Governance: how the Trust ensures that it makes informed decisions and properly manages its risks; and
- Improving economy, efficiency and effectiveness: how the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

We have documented our understanding of the arrangements the Trust has in place for each of these three specified reporting criteria, gathering sufficient evidence to support our risk assessment and commentary in our Auditor's Annual Report. In undertaking our work, we have considered whether there is evidence to suggest that there are significant weaknesses in arrangements.

Report on other legal and regulatory requirements – Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate for Sandwell and West Birmingham NHS Trust for the year ended 31 March 2026 in accordance with the requirements of the Local Audit and Accountability Act 2014 and the Code of Audit Practice until we have completed the work necessary in relation to the Trust's consolidation schedules and we have received confirmation from the National Audit Office that the audit of the NHS group consolidation is complete for the year ended 31 March 2026. We are satisfied that this work does not have a material effect on the financial statements for the year ended 31 March 2026.

Use of our report

This report is made solely to the directors of the Trust, as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the Trust's directors those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust and the Trust's directors as a body, for our audit work, for this report, or for the opinions we have formed.

Andrew Smith

Andrew J Smith, Key Audit Partner

for and on behalf of Grant Thornton UK LLP, Local Auditor

Birmingham

13 July 2026

Foundation Year 2 Doctor, Dr Maiar Elhariry

Further information about the Trust

Car Parking

Car parks are situated near the main entrance of each site. Vehicles are parked at owners' risk. Spaces for disabled badge holders are at various points around our sites.

For convenience patients and visitors can now tap in and out on their credit/debit card to save on taking a ticket. Alternatively, they can take a ticket and pay by credit/debit card at the exits of the car parks as well as by cash at the traditional pay stations around site.

The car parks operate a pay on foot facility except for one pay and display car park at City Health Campus next to Hearing Services.

City Health Campus (formerly City Hospital) also has a multi-storey car park available for use.

Please note: The multi-storey car park at Sandwell Health Campus (formerly Sandwell Hospital) is only available to staff.

Besides the car park outside the main and outpatient entrances, patients and visitors attending Sandwell Health Campus or the Lyndon Primary Care Centre are able to access the All Saints car park, situated on Little Lane, opposite the outpatients department.

Midland Metropolitan University Hospital

The car park for the Midland Metropolitan University Hospital, in Grove Lane, Smethwick, is an underground facility. It is accessed via the A457 dual carriageway.

This will take you to Level 0.

Level 1 is accessed via London Street but this is strictly staff parking, and patients/visitors will not be able to enter this way.

Visitor Charges

The visitor charges are:

Standard tariff for City Health Campus, Midland Met and Sandwell Health Campus

Up to 15 minutes – free

Up to 1 hour - £3.50

Up to 2 hours - £4.70

Up to 3 hours - £6

Up to 5 hours – £6.50

Up to 24 hours - £10.00

Season tickets

3 days - £13

7 days - £26.80

3 months - £60.10

Disabled Parking

Parking for Blue Badge Scheme users is free and is located as close to main hospital buildings as possible. To qualify for free parking you must be parked in a blue badge bay with your blue badge clearly displayed while parked on site. Please take a paper ticket to enter. When you are ready to leave please press and hold the telephone symbol on the exit barrier machine and show your blue badge to the camera to leave.

Patients on benefits

Patients on a low income who are entitled to qualifying benefits, or receive income support, can claim for reimbursement of bus fare or receive a ticket to allow free exit from hospital car parks. Bring proof of your benefits/income support to one of the following places:

- Birmingham and Midland Eye Centre general office
- Sandwell Health Campus main reception
- Rowley Regis Hospital main reception

Frequent outpatient attenders

If you attend outpatient appointments three or more times per month for a period of at least three months (eg nine or more appointments per three month period) you can reclaim the cost of your parking. You must ensure that you ask for (and retain) a receipt at the pay station each time you pay for your parking. Once you have reached the nine appointments in three months please take your nine parking receipts and proof of your nine appointments (this might be appointment letters, cards or text messages) to one of the places below to claim your refund. You will be given a V5 parking application form to also fill out:

- Birmingham Treatment Centre reception
- Birmingham and Midland Eye Centre general office
- Sandwell Health Campus main reception
- Rowley Regis Hospital main reception

Parents of sick children staying in hospital overnight

We offer free parking for the parent or guardian of a child or young person, under 18 years of age, who is admitted as an inpatient at hospital overnight. The parent or guardian can receive free parking between the hours of 7.30pm and 8am while visiting the child. This applies to a maximum of two vehicles per child or young person. Please ask a member of staff on the Neonatal or Children's Wards for your car park exit ticket.

Parking Charge Notices

Parking Charge Notices (PCNs) may be issued if a vehicle causes an obstruction or if a permit or pay and display ticket isn't displayed. Please note:

- Only vehicles displaying a valid blue disabled badge can be parked in a disabled bay.
- Vehicles must be parked in designated parking bays. Vehicles must not be parked on double red/double yellow lines or yellow hatched areas.
- Vehicles must not cause an obstruction, e.g. blocking building entrances, fire access/exit routes, cycle-ways, car park entrances, coned off areas and pavements/footpaths

If a vehicle breaches the Trust parking regulations a notice may be placed on it advising that an additional parking charge will be payable. The date, time, location, violation, vehicle make, model and registration will be recorded, and a photograph will be taken showing the position of the vehicle. The PCN will be attached to the windscreen. Payment of PCNs should be made to a third-party contractor by telephone or online. The appeals process and method of payment is detailed on the reverse of the PCN.

If you are not satisfied with the outcome, you can make a further appeal to Parking On Private Land Appeals (POPLA). Imperial may engage with the POPLA service at their discretion should further dispute arise over this charge in the future.

Security at car parks

Security officers are on duty at the Midland Metropolitan University Hospital 24 hours per day, 365 days per year. City and Sandwell Health Campuses have security presence from 7am to 7pm.

Intercoms are linked directly to Security from entry/exit barriers and the pay on foot machines. All car parks at these sites and Rowley Regis Hospital are illuminated at night, monitored by CCTV and patrolled regularly by security officers.

Electric Vehicle Charging

The Trust has installed electric vehicle charging points across our sites to allow patients, visitors and staff to charge their electric vehicles. This is part of our commitment to reduce our environmental impact and is aligned to our Green Strategic Plan. The charge points are located at:

- Midland Metropolitan University Hospital main patient and visitor car park, level zero
- City Health Campus (outside the Sheldon Block entrance, Birmingham and Midland Eye Centre car park, outside and inside of the multi-storey car park)
- Sandwell Health Campus (in the main entrance of the visitor car park and on the outpatients car park)
- Rowley Regis Hospital (in the main car park by the barriers)

Parking spaces and length of stay

Electrical charging points will be given an allocated parking space for vehicles recharging and are available on a first come, first served basis. These spaces must only be used for vehicles that are in charge. The charging point parking area must be vacated (and left empty) immediately once the vehicle has reached a serviceable charge (i.e. sufficient to complete their next journey), this is to ensure that using the charging point is not abused as a means of obtaining a parking space for the day. The maximum stay is three hours. Parking penalties apply.

Out of courtesy to other users, please clearly display your mobile phone number in the vehicle so other users can contact you should they need to.

Loss of power

The Trust runs regular generator tests at City Health Campus and Rowley Regis Hospital which may interrupt power to the charge points. When the power resumes, the charging session should also resume.

Faults and any issues

For any issues or faults, please contact GeniePoint support via the website, call or email: Tel: 020 3598 4087 Email: **geniesupport@chargepointservices.com**.

Compliments and Complaints

When we have not been able to resolve your concerns, you can make a complaint; we can investigate further and respond as soon as we can. We might ask you to meet with us to talk through your concerns and where we need to put things right, we will.

Who can complain?

Anyone who is receiving, or has received, NHS treatment or services can complain. You can complain for yourself, a friend or a relative, but you must have their permission to do so. If the patient is deceased, young or very ill, then you need consent from the next of kin.

How can I complain?

To make a complaint, you can;

- Send it in writing to: Complaints Department, Sandwell and West Birmingham NHS Trust, Sandwell Health Campus, Lyndon, West Bromwich, B71 4HJ
- Fill in the complaints form here(opens in a new tab) and send it to the above address.
- Phone: 0121 507 5892 10am – 4pm, Monday – Friday.
- Email: **swbh.patient-experience@nhs.net**

Further Information on Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator for all health and social care services in England. They can be contacted for information and advice. You can also give them feedback about your experiences of health and social care services, although CQC cannot investigate individual complaints. Telephone: 0300 616161 – Monday to Friday 8.30am – 5.30pm.

We are incredibly proud to have opened Midland Metropolitan University Hospital on 6 October 2024.

INTEGRATED ANNUAL REPORT AND ACCOUNTS 2025/26

Sandwell and West Birmingham NHS Trust

Midland Metropolitan University Hospital
Grove Lane,
Smethwick
B66 2QT

Sandwell Health Campus
Lyndon
West Bromwich
West Midlands
B71 4HJ
Tel: 0121 553 1831

City Health Campus
Dudley Road
Birmingham
West Midlands
B18 7QH
Tel: 0121 554 3801

Birmingham Treatment Centre
Dudley Road
Birmingham
West Midlands
B18 7QH
Tel: 0121 507 6180

Rowley Regis Hospital
Moor Lane
Rowley Regis
West Midlands
B65 8DA
Tel: 0121 507 6300

www.swbh.nhs.uk

Find out more

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