

Transforming Care Together

NHS



Our Strategy 2026/31

Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities



Contents

	Page
Introduction.....	3
Executive Summary.....	4
Strategic Objectives.....	5
Staff Involvement, Culture and Improvement	6
Community First	7
Neighbourhood Health	8
Clinical Services Roadmap.....	9
Outpatients	10
Planned Care Redesign	11
Digital Transformation.....	12
Estates Optimisation	13
Productivity and Financial Sustainability.....	14
Workforce Redesign.....	15
Our wider commitments	16
Summary - What this will mean for our patients and staff	17
Governance	19



Introduction

I am delighted to introduce Transforming Care Together, our ambitious five year strategy to reshape how healthcare is delivered across Walsall Healthcare NHS Trust and the Royal Wolverhampton NHS Trust. This strategy belongs to all of us - whether you work at the bedside, in theatres, laboratories, community settings, administration, estates, digital services or any one of the many roles that keep our organisations running. Every colleague, in every team, has a part to play in transforming care together, and in return this strategy commits to investing in your development, improving your working environment and ensuring you feel valued and supported. Through a strategic work programme, we will strengthen community services, develop neighbourhood teams, expand elective capacity, modernise outpatient care and improve access to diagnostics, ensuring patients receive timely, co-ordinated and convenient care.

This strategy will ensure that by 2031 patients experience faster access to care in their communities, staff will work in a digitally enabled and supportive environment, and our organisations are fit for the future. Thank you for your dedication to striving to be the best and delivering excellent care for the communities we serve. I look forward to working with each of you as we transform care together.



Joe Chadwick-Bell
Group Chief Executive The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust

As Chair of our Group, I am proud to present Transforming Care Together, our shared five year strategy that sets a clear and ambitious direction for how we will work as one to better serve our communities. This strategy applies to all age groups, including children and young people, reflects our commitment to care that is compassionate, accessible and delivered in the right place, at the right time. It strengthens our partnership, builds on the dedication of our colleagues, and sets out the changes needed to deliver more integrated, digitally enabled, community-focused services. We will maintain regular, meaningful engagement with our staff, patients and stakeholders by sharing our progress, listening to feedback, and working collaboratively to ensure our Transforming Care Together strategy delivers the improvements that matter most. Together, we are creating the foundation for a healthier future - one that ensures our hospitals can focus on those who need them most, whilst empowering people to live well in their communities.



Sir David Nicholson KCB CBE
Group Chair The Royal Wolverhampton NHS Trust & Walsall Healthcare NHS Trust



Executive Summary

Our Vision for 2031

By 2031, we will have transformed into digitally-enabled, community-focused organisations that deliver exceptional quality of care closer to home, where clinically appropriate. We will operate within our means, and empower our staff to innovate and excel.

We will have transformed our services so care is delivered in communities, hospitals focus on emergency and complex care, and digital innovation empowers both patients and staff to achieve better outcomes.

We will work effectively with primary care and our partners across integrated neighbourhood health teams to provide co-ordinated, person-centred care that keeps people healthy and independent in their communities. We will be guided by our strategic aims which are the four Cs: Care, Colleagues, Collaboration and Communities.

The case for change is clear:

- Quality of care is impacted because patients wait too long for access to clinical services
- Hospital Emergency Departments are overwhelmed with patients who could be better served differently or in community settings
- We need to reduce the time patients wait for decisions and access to care for diagnostics, treatment, and specialist appointments
- Digital technology offers great potential which we have yet to fully harness
- The NHS 10-year Health Plan requires fundamental shifts towards neighbourhood health and prevention
- There is an ongoing financial challenge, but we have opportunities through changing clinical practice and improving how we use our resources to become financially sustainable
- Our workforce needs new skills and ways of working to deliver care in a changing environment



Care

Excellence in clinical outcomes, closer to home



Colleagues

Engaged, empowered staff driving improvement



Collaboration

Integrated teams, shared goals, better outcomes



Communities

Care designed around local population needs

How healthcare will look in 2031

- | | |
|---|--|
| ✓ Integrated neighbourhood teams caring for patients in their communities | ✓ Financially sustainable services |
| ✓ Emergency Departments focused on true emergencies | ✓ Good progress being made on Integrated Health Organisation status |
| ✓ Digital first approach with patients managing their own care and appointments | ✓ Organisationally aligned with the NHS 10-year Health Plan |
| ✓ Protected elective capacity delivering elective standards | ✓ Integrated digital and automated systems to reduce the administrative burden for our staff and services more accessible for patients |
| ✓ An engaged workforce with improvement methods embedded in daily practice | ✓ Using population health data, we will provide person-centred care that keeps people healthy and independent in their communities |





Strategic Objectives



Staff Involvement, Culture and Improvement



Every person working across our organisations matters, and your contributions are key to achieving the priorities outlined in this strategy.

What this will look like:

Everyone feels psychologically safe, respected, and able to speak openly without fear.

We learn from experiences together – especially when things do not go as planned.

Your voice will shape how services are designed, delivered, and improved.

Leaders prioritise wellbeing at work, actively listening with regular communication and responding to what matters to you.

We will have a Quality Management System which is the way we make sure we do things consistently, spot problems early, and improve care every day. Improvement is something we all participate in, using simple and accessible methods.

What we will measure:

- Ambition for NHS Staff Survey results to be in the top quartile nationally
- Year-on-year improvements on NHS Staff Survey engagement score
- Improve staff retention rates, reduce sickness absence, grievances, bullying and harassment cases
- Number of colleagues trained in Improvement methodology
- Evidence of action and learning from Freedom to Speak Up and staff feedback routes

What we will do:

- Review current engagement and improvement practices to understand how they can be improved to make them accessible and easily applied
- The strategy will be underpinned by our behavioural framework which ensures we listen openly, act with kindness, include every voice, and model professional standards in all that we do
- Provide additional forums for you to give honest feedback, where you will be actively heard and your views contribute to changes that matter
- Take a people-focused approach to improving organisational culture promoting inclusion, belonging and wellbeing
- Embed a quality management system which allows everybody to understand their role in delivering the organisational priorities, enabling people to feel engaged in identifying and solving the opportunities for improvement, as locally as possible
- Focus leadership development on compassionate leadership, quality improvement, and staff wellbeing
- Provide opportunities for growth, development, and learning, tailored to your needs and aspirations

Milestones:

2026/27

- Establish colleague listening and engagement forums at organisational and divisional level
- Review Joint People Enabling Framework against local, system, regional and national priorities
- Develop Improvement and Quality Management System plans
- Review management and leadership development offer across the Trusts, connecting with regional and national opportunities
- Review and implement colleague appraisal process aligning with national approach

2027/28

- Embed Engagement and Improvement plans at organisation and divisional level
- Embed the Quality Management System

2028/29

- Continued implementation of Engagement and Improvement plans
- Review and evaluate the impact of people and improvement initiatives
- Review the effectiveness of our Quality Management System



Community First



Our aim is to keep people healthy, happy and independent for as long as possible. We will provide as many services to people within their own homes and community settings to avoid the need to go to hospital.

What this will look like:

Patient care will be provided in the community where possible and in hospital only when necessary.

Co-ordination between hospital and community services will work well.

A Community First Transformation Plan that will be delivered in collaboration with our partners over the next three years.

Build on what we already do well, providing specific and targeted care in a person's home or community settings.

Neighbourhood Teams will be operational across Walsall and Wolverhampton.

New community pathways will provide alternatives to hospital attendance and admission.

What we will do:

- Move the focus of care from hospitals to communities and home settings by ensuring patients have better access to services in the community for all ages
- Work with our partners in our OneWolverhampton and Walsall Together place-based partnerships to deliver more services within a community setting including neighbourhood health centres with co-located services and access to urgent care
- Continue to develop care and services in the community with primary care and further improve the link between primary and secondary care focusing on improving pathways
- Create neighbourhood teams with our partners to co-ordinate care for our most complex patients
- Implement a three-year Community First Transformation Plan to move appropriate care from our hospitals into our communities
- Pro-actively identify high priority groups of patients living with moderate to severe frailty, living in care homes, housebound and end of life to help them avoid hospital admissions
- Optimise the use of short-term reablement and rehabilitation capacity
- A specific focus on prevention and long term wellbeing in early years of life
- Co-design solutions with our population and empower people to manage their care and wellbeing

Milestones:

2026/27

- Redesigned frailty pathways
- Improved use of Virtual Wards
- Increased capacity of community health services by 3%
- Neighbourhood Health Plans
- Community services working in Neighbourhood Teams
- 78% of community health services provided within 18 weeks

2027/28

- Development of Neighbourhood Health Hubs
- Increased investment in prevention
- Frailty Hubs fully operational

2028/29

- 10% reduction in non-elective admissions and bed days for people with mid to severe frailty, care home residents and housebound patients
- 10% increase in people identified as end of life and 10% reduction in their non-elective admissions and bed days
- 10% improvement in evidence-based clinical outcomes for people with CVD, diabetes, COPD, mental health conditions and dementia

What we will measure:

- A reduction in Emergency Department (ED) attendances and unnecessary emergency admissions
- Reduction in repeated or avoidable attendances by better co-ordinating care for patients who use our services regularly
- Improved outcomes for frailty, falls prevention, and reduction in ED attendances from care homes
- Percentage of community services provided within 18 weeks from referral
- Percentage of capacity available in our community health services



Neighbourhood Health



We will work with our partners in Walsall Together and OneWolverhampton place-based partnerships to create healthier communities, helping people of all ages to live healthy, active and independent lives for as long as possible. We will improve their experience of health and social care and empower people to manage their own care. We will do this through our defined neighbourhoods across Wolverhampton and Walsall.

What this will look like:

Co-located, multi-disciplinary neighbourhood health and care services that are person-centred, co-ordinated and delivered in our communities. These will be supported by digital systems and community-based neighbourhood hubs and diagnostic centres.

Integrated neighbourhood teams will, through holistic care, improve prevention and population health reducing the need for unnecessary hospital attendances.

With our partners, we will be responsible for delivery of neighbourhood-based care and wellbeing that meets the needs of all, and delivers improved health outcomes for those people who currently have the worst outcomes.

What we will do:

- Work with our partners to continually strengthen and evolve the Walsall Together and OneWolverhampton place-based partnerships
- Develop integrated models to improve pathways and ensure our primary care services are working in partnership to deliver integrated care
- Operationalise Integrated Neighbourhood Teams providing a patient-centred and co-ordinated approach
- Create a “permissive framework” that allows and empowers staff teams to be solution focused and to work with partners to design their own teams
- Develop our workforce to have diverse skillsets working in multi-disciplinary teams tailored to meet the needs of our local populations, particularly with groups that currently face access barriers
- Implement digital improvements to community services to drive better communication, improved efficiency and co-ordinated care (including remote monitoring and technology-enabled care)
- Receive delegated accountability to deliver neighbourhood care for our local population via the place partnerships

What we will measure:

- Creation of multi-disciplinary integrated teams in each neighbourhood
- Access to strong population health data to develop services and to identify those at risk of hospital attendance or admission
- The neighbourhood teams will use population health data to identify those people that need proactive and co-ordinated care
- Implement neighbourhood health and care teams that ensure care is co-ordinated around the person
- Monitor outcomes by age, sex, ethnic group and socioeconomic deprivation, to ensure that care provision is fair and inclusive

Milestones:

2026/27

- Core community services will be organised and operating in neighbourhood teams
- Neighbourhood Health Plans to include transformation plans for non-elective admissions and modernised outpatients
- Delegation of commissioning of community-based services to place-based partnerships

2027/28

- Every community team will be aligned in a “team of teams” to deliver the Community First agenda
- Neighbourhood Teams to provide in-reach services
- Creation of Neighbourhood Health Hub with co-location of integrated teams
- Improved digital infrastructure for community services

2028/29

- Neighbourhood Health Teams using data to identify those who need help (population health management)
- Neighbourhood health and care is fully embedded with a shift of any agreed resources to the most appropriate provider of care
- A Neighbourhood level inequalities assessment matrix



Clinical Services Roadmap



Our Clinical Services Roadmap will use digital technology and evidence-based practices to deliver patient-centred care that is more innovative, accessible, and sustainable for all.

What this will look like:

We will enhance patient-centred care by using digital tools that make healthcare more accessible, efficient and personalised. This will give patients more control over their healthcare, freeing up the administrative burden of our clinical staff. Our staff will work flexibly, delivering care in a variety of settings, closer to patients home and communities.

We will commit to providing Urgent Care, Maternity Services, Paediatric Care and Cancer Services at both Trusts.

We will increase our research capability and number of clinical trials, and develop innovative treatment and technologies as a consequence of gaining University Hospital Trust status.

What we will do:

Develop a Clinical Services Roadmap aligned to the NHS 10-Year Health Plan that will:

- Minimise unnecessary duplication of clinical services
- Provide optimal care for patients in the right environment
- Improve our Model Health / Getting It Right First Time (GIRFT) metrics, which focus on improving patient outcomes and reducing unwarranted variation in care
- Reduce health inequalities
- Adopt a digital-first mindset and incorporate digital technology into the delivery of our services to improve outcomes and productivity
- We will increase opportunities for patients to take part in clinical trials and new innovation projects so patients' benefit from the latest advances in treatment and technology
- Staff will be supported to develop research skills, to work with academic partners and use evidence to improve care
- Use data to inform our decision making and drive forward service transformation

What we will measure:

- Model Health and Getting It Right First Time (GIRFT) improvement metrics
- Waiting time standards
- Reduction in overall cost of delivery of services whilst improving quality
- Continued improvement of Friends and Family Test scores
- Health inequality measures: outcomes by age, sex, ethnic group and socioeconomic deprivation
- Patient recommendation score will be in the top 25% in the country

Milestones:

2026/27

- High level roadmap – March 2026
- Wider stakeholder meetings to further develop the plan – Q1
- Engagement and Roadmap Implementation Plan (Phase 2)

2027/28

- Roadmap Implementation Plan (Phase 3)
- Evaluate requirements and application process for University Hospital status
- Joint academic posts to support University Hospital application

2028/29

- Continued implementation of Roadmap
- Finalise submission of application for University Hospital Trust Status



Outpatients



We will transform our Outpatient Services to change how and where these are delivered. Using well communicated and redesigned pathways ensuring right patient, first time in the right place. We will maximise our capacity and use digital technologies, providing the best experience for our patients and staff.

What this will look like:

Patients will experience faster, more convenient access to care through streamlined pathways, first-appointment diagnosis and treatment where appropriate through one-stop clinics, and the ability to request follow-up only when they need it.

The service will be redesigned to give patients more control and greater choice in accessing care, interacting with our services through digital technology in a way that suits them.

Our services will offer personalised and flexible care with virtual and closer-to-home options, where appropriate, in line with the new national approach.

What we will do:

- Improve access to care, reduce waiting times, make appointments closer to, or at, home, including virtual appointments, and avoid unnecessary follow-up appointments
- We will work with primary care to strengthen and streamline our clinical pathways, helping patients receive the right support in the community and reducing the number of referrals that need to come into hospital-based outpatient services
- Increase the number of patients who receive a diagnosis and start treatment on their first appointment
- Use digital solutions that will support patients to manage their conditions where appropriate, while also freeing up the administrative burden on our staff to spend more time with patients
- Patients can choose when to request a follow-up if needed through 'Patient Initiated Follow-Up' (PIFU), remote consultation and monitoring
- Have straight to test pathways and one-stop clinics in all specialties where clinically appropriate
- Ensure all patients have the support and guidance to confidently use digital options, while always providing non-digital alternatives for anyone who prefers or requires them

What we will measure:

- Digital first and a patient-led model with virtual triage for all new referrals
- All appropriate services will fully utilise the Electronic Referral Service and triage through a Single Point of Access
- Patient Initiated Follow-Up (PIFU) rates: 7% for all services at Walsall Healthcare NHS Trust and 8% at The Royal Wolverhampton NHS Trust (2026/27)
- Year-on-year increase in virtual consultations and remote care
- GIRFT metrics in the top quartile nationally
- Continued improvement of Friends and Family Test scores
- Patient recommendation score will be in the top 25% in the country
- 10% reduction in follow up appointments

Milestones:

2026/27

- At least 10% reduction in follow up appointments
- Achieve national waiting time standards and PIFU rates of up to 8%
- Rollout of Ambient Voice Technology (AVT) in Outpatients
- Straight to test and one-stop clinics in 10 specialties
- At least 25% diversion rate from outpatient referrals through "single points of access" in at least 10 high-volume specialties

2027/28

- Delivery of the patient engagement portal and functionality of NHS App
- 100% of applicable new referrals will be digitally triaged through a Single Point of Access
- Top 10 specialties will have agreed pathways with primary care
- All specialties will provide virtual consultations and remote care
- 95% of all of appointments will be bookable via NHS App

2028/29

- Achieve 92% Referral To Treatment (RTT) waiting times
- All clinically appropriate specialties will have straight to test pathways and one-stop clinics
- A 10% reduction in acute outpatient appointments in under 16s by March 2028/29



Planned Care Redesign



We will cut waiting times by working together and consolidating services where it improves quality and equity. Patients will get tests and diagnostics closer to home, faster answers, and quicker treatment – all without needing to come into hospital unless clinically necessary.

What this will look like:

There will be dedicated hospital theatre slots that are protected from emergency pressures, meaning less chance of patients' surgeries being cancelled.

We will provide vital tests closer to our patients' homes, and in doing so, reduce waiting times, and speed up diagnoses so people get answers and treatment sooner.

Patients will receive support before surgery to optimise their health and improve recovery across their care pathway.

Our clinical pathways align with recommendations from the national 'Getting It Right First Time' (GIRFT) programme, which focuses on improving patient outcomes and reducing unwarranted variation in care.

What we will measure:

- Reduction in cancellations and 90% consistent utilisation of theatres and procedure rooms
- Higher percentage of patients treated within national targets (e.g., 18 weeks standards)
- Fewer unplanned readmission rates within 30 days
- Percentage of patients seen within target time-frames for diagnostics
- GIRFT metrics in the top quartile nationally
- Continued improvement of Friends and Family Test scores
- Patient recommendation score will be in the top 25% in the country

What we will do:

- Expand Cannock Hospital elective hub which will provide vital additional capacity to reduce waiting times and improve patient outcomes through standardisation of treatments
- Develop a new community diagnostic centre (CDC), a local site between Walsall and Wolverhampton, for tests such as X-rays and blood checks, closer to home
- Have a co-ordinated diagnostic centre which is digitally connected and integrated with all systems needed to ensure a full picture of patients' health needs
- Better protect theatre lists by creating more slots for patients and avoiding cancellations
- Develop staff to be highly specialised in specific procedures, leading to faster turnaround times, reduced complications and better outcomes for our patients
- Where possible, outpatient, day case and post operative care will be delivered closer to home where clinically appropriate
- Pathology and healthcare sciences will be central to delivering faster, high-quality diagnostics through our new hubs

Milestones:

2026/27

- Development of the elective hub expansion at Cannock to be completed
- Development of the CDC business case to be completed
- Building works to start
- Rollout of prehabilitation, to optimise patients before surgery

2027/28

- Continued development of highly specialised elective surgical teams
- Expansion of pathways that move care out of hospital into community settings
- Increased use of remote and local options for pre-operative and post-operative care

2028/29

- Completion and opening of expanded elective hub
- Completion and opening of expanded CDC



Digital Transformation



We will embrace digital technologies and release time for our clinical staff to focus on patient care, while also empowering our patients with the digital tools needed for self-management, appointment scheduling and direct communication.

What this will look like:

Patients will be digitally empowered to access our services and actively participate in their care, using the NHS App. We will have a single, secure record for personalised care, supporting both patients and clinicians. Paper processes will be eliminated as data is captured digitally at the point of care.

Digital solutions will streamline our booking processes, making full use of our technology to optimise the scheduling of outpatient appointments and theatre services

What we will do:

- Patients can communicate, book and manage their appointments digitally via the NHS App and patient portal, with digital correspondence
- Reduce the administrative burden of delivering healthcare and introduce Ambient Voice Technology (AVT) and automation across all our healthcare services
- Implement all aspects of Electronic Patient Record, including community solutions, so all clinicians are working in a noteless way
- Implement a secure and resilient IT infrastructure across all digital systems, ensuring modern, reliable equipment is available to every member of staff to support high-quality patient care
- We will make sure patients, including children and young people, have the support they need to use digital services confidently, while always offering alternatives for those who need them
- Provide proactive care through the use of risk stratification tools to identify patients who need more support

What we will measure:

- Patient portal fully operational across all services and increased information to Regional Shared Care Record
- Full deployment of Electronic Patient Record (EPR) across the Group, along with noteless working for our clinicians
- All services will offer patients the opportunity to book appointments through the patient portal
- By 2027 our Federated Data Platform (the secure system that connects separate data sources), will be fully integrated
- Our 'Digital Healthcheck' score will improve, reflecting our digital capability and effectiveness
- By 2028, the NHS App will become the platform for patient Digital Front Door

Milestones:

2026/27

- Procurement of an AVT supplier and funding route established
- Start AVT adoption across all specialties
- Full implementation of the patient portal
- Infrastructure IT systems aligned across the Group
- Implementation of year one Digital Enabling Plan

2027/28

- AVT successfully rolled out across all specialties
- Implementation of all functionalities of the NHS App
- Deployment of EPR across the Group with noteless working.
- Federated Data Platform (FDP) is integrated with Trust data sources
- Digital Prescribing capability deployed across the Group

2028/29

- FDP enabling up-to-date analytics for operational decisions, and patient care
- Eliminate paper-based processes for clinical documentation, referrals, discharge summaries
- Full managed print solutions deployed across the Group
- Fully functioning single patient record accessible across all care settings



Estates Optimisation



We will ensure our estate has the right amount of well-designed space to meet patient demand, enabling care to be delivered in the most appropriate setting and aligned to our Clinical Services Roadmap. We will create an environment where staff can deliver safe care, having the space to work, learn and support their wellbeing

What this will look like:

We will have an estate that provides enough of the right space to see patients safely and efficiently. For staff, this will mean working in safe, well-designed spaces that support good teamwork, provide room to learn and develop, and promote wellbeing while helping them deliver the highest quality care.

Our premises will be optimised to ensure we provide clean and safe care to support the prevention of infection.

What we will measure:

NHS Staff Survey results, improvement in:

- Staff satisfaction with their working environment
- Staff reporting they have the space, tools and equipment to do their job well
- Staff perception of health and safety climate
- Staff engagement scores
- Staff wellbeing scores

What we will do:

- Develop an Estate Optimisation plan to repurpose our buildings to ensure space is used effectively, while providing staff with a supportive environment that enables learning, wellbeing and high-quality care
- Strengthen partnerships and co-locations through cross-Trust collaboration and continued work with our strategic local partners with the aim of developing more multi-service community health hubs
- Enable digital transformation and optimise hybrid and agile working where possible to create greater flexibility of space

Milestones:

2026/27

- Publication of a new Estates Plan
- Identify key estate changes driven by Clinical Services Roadmap

2027/28

- Introduce Estates Optimisation Plan
- Develop digital building data platform
- Implement estate changes to deliver Community First workstream

2028/29

- Continued implementation of changes informed by Clinical Services Roadmap and Community First workstreams



Productivity and Financial Sustainability



We will use our resources wisely and work more efficiently so we can protect frontline care, invest in our services and ensure long-term stability for our patients and staff.

What this will look like:

We will become more productive, achieving lasting financial balance aligned with the NHS 10-year Health Plan.

Service provision will be efficient and effective, delivering high-quality care for our patients.

We will have delivered a financial balance without deficit support funding by the end of 2027/28.

What we will do:

- Enhance productivity, reduce duplication and eliminate waste across the Group
- Deliver efficiency gains by maximising opportunities identified in Model Health and Getting It Right First Time (GIRFT) initiatives which focus on improving patient outcomes and reducing unwarranted variation in care
- Ensure financial resources support clinical service redesign and innovation for quality care
- Eliminate any unnecessary or unsuitable spending, managing our budgets more effectively to meet recurring costs so that services are sustainable in the future

What we will measure:

- Through delivery of our Financial Plan, including the productivity plan, our services will be financially sustainable
- Major project and capital plan to ensure sufficient funds to address the service redesign work
- Delivery of our year-on-year efficiency and productivity programmes
- Delivered financial balance without deficit support funding by the end of 2027/28

Milestones:

2026/27

- Agree four-year capital plan
- Draft multi-year productivity plan (three-year plan)
- Sign off detailed 2026/27 productivity plan and outline 2027/28 plan
- Develop detailed delivery plans for income, activity, productivity
- Outline 2027/28 delivery plans

2027/28

- Adjust and agree year two detailed revenue Financial Plan to agreed forecast
- Adjust and agree year two of capital investment plan
- Sign off detailed 2027/28 productivity plan and outline 2028/29 productivity plan
- Deliver in year Financial Plans

2028/29

- Adjust and agree year three detailed revenue Financial Plan to agreed forecast
- Adjust and agree year three of capital investment plan
- Sign off detailed 2028/29 productivity plan and outline 2029/30 productivity plan
- Deliver in year Financial Plans



Workforce Redesign



We will work with our staff to co-design a future workforce that strengthens skills, expands career opportunities and provides security and support to meet new ways of working.

What this will look like:

We will build a workforce that has the right number of people with the right skills in the right places, while actively addressing unfair gaps - for example where some staff groups, roles or communities are under-represented or face barriers to progression.

Our staff will have the capabilities to flex and adapt to better support the communities we serve.

Staff will describe being supported to develop their potential and have clarity of their role in workforce transformation.

What we will do:

- Establish a framework to re-design and plan the workforce
- Develop a long-term high level workforce plan that includes identifying skills, roles and numbers of staff needed to meet future service delivery requirements
- We will deliver an operational workforce plan to meet specific service delivery changes alongside the development of a strategic long-term workforce plan aligned to the new Clinical Services Roadmap
- Work with universities and colleges to deliver the future workforce requirements
- Embed the Health and Safety Work-Related Stress Risk Assessment Framework within Workforce plans to identify, prevent and manage work-related stressors
- Develop clear career pathways and expand apprenticeships, T-Levels and emerging talent programmes to grow our own workforce, fill skills gaps and attract younger generations into the NHS

Milestones:

2026/27

- Establish clear interfaces with other workstreams
- Finalise and communicate the Operational and Strategic Workforce plans
- Development of recruitment plan
- Develop skills portfolios

2027/28

- Evaluate and adjust development of new or amended roles aligned to the Clinical Services Roadmap
- Training skills analysis aligned to workforce plans – Q1
- Staff skills development plan in place – Q2

2028/29

- Evaluate and adjust development of new or amended roles aligned to the Clinical Services Roadmap
- Reassess plans against digital progression
- Review traditional career ladders and redesign
- Aligned expansion of training places for all professions

What we will measure:

- Improvement in NHS Staff Survey results for subsection 'We are always learning'
- Patient productivity data
- Reduced temporary staffing spend
- Reduced sickness absence
- Increased number of staff working effectively in out-of-hospital or community bases



Our wider commitments

Health Inequalities

The communities we serve across Wolverhampton and Walsall experience some of the greatest health inequalities in England, with significant gaps in healthy life expectancy linked to deprivation, ethnicity and social circumstance. Addressing these inequalities is not an add-on to our strategy - it is central to everything we do.

We will use population health data to identify the communities and groups most at risk, prioritising them in the design and delivery of our neighbourhood health, community pathways and prevention activity. We will ensure that our shift of care closer to home benefits those who need it most first, and we will measure our success not just by average outcomes but by whether we are closing the gap for our most disadvantaged residents.

Sustainability and Net Zero

We have a responsibility to protect the health of our planet as well as the health of our communities. Both Trusts have published Green Plans setting out clear pathways to reach NHS Net Zero targets, reducing our direct emissions by 2040 and our wider supply chain emissions by 2045. We will embed sustainability into everything we do - from how we design clinical pathways and manage our buildings, to how our staff travel and how we buy goods and services.

We will de-carbonise our estates through renewable energy and modern building upgrades, introduce low-carbon clinical pathways and ensure every pound we spend considers its environmental impact. We will track and report our progress publicly, ensuring our ambition to be a greener, more sustainable organisation is matched by real and measurable action.

Prevention and Population Health

Good health begins long before a person needs a hospital, and prevention must start in early life. We are committed to shifting the focus of care from treatment to prevention. Working with partners across local government, primary care and the voluntary sector, we will support people to make healthier choices, identify risks earlier and intervene before conditions become serious. This includes recognising the importance of early years and school-age prevention, with School Nursing contributing to safeguarding, health education and immunisation uptake as part of a wider preventative approach.

Ensuring that children and young people are included in our prevention ambition will help build healthier communities from the start. Through our neighbourhood health teams, we will continue to proactively reach people living with frailty, long-term conditions and complex social needs, supporting independence and wellbeing within their communities. We will invest in prevention as our services develop, with a particular focus on reducing the burden of avoidable disease and supporting the national ambition to raise the healthiest generation of children ever seen.

Collaboration and Integration

By working as a Group, we will deliver more joined-up, efficient services for our communities than either organisation could achieve alone. We will simplify governance and decision-making, reduce duplicated processes and align our corporate services so that resources are directed where they matter most - to the front line.

We will work closely with partners across the Black Country to develop specialised centres of excellence, ensuring our communities have access to the very best care without having to travel far. We will deepen our relationships with local government, primary care and the voluntary sector to design services that truly reflect the needs of our local populations.

We will pursue Foundation Trust status within five years, giving us greater freedoms to invest, retain surpluses and innovate in how we deliver care. Building on this, we will develop our research capability and expand our involvement in clinical trials through University Hospital Trust status - bringing the benefits of cutting-edge treatments, technologies and academic partnerships directly to the patients and communities we are privileged to serve.



Summary

By 2031 our patients will experience:

Care closer to home:

- ✓ Services delivered in their neighbourhood where possible
- ✓ Co-ordinated care from teams who know them
- ✓ Tests and diagnostics nearer to where they live
- ✓ Reduced travel time and environmental impact

Better access and control:

- ✓ Book and manage appointments online 24/7
- ✓ Access to records through the NHS App
- ✓ Virtual consultations when appropriate
- ✓ Clear communication at every stage of their care

Faster, Better Treatment:

- ✓ Shorter waiting times for appointments and procedures
- ✓ Quicker diagnosis with earlier tests
- ✓ Treatment started at first appointment when possible
- ✓ Protected operating capacity reducing cancellations

Seamless care:

- ✓ One co-ordinated team managing their care
- ✓ Right place, first time, hospital only when necessary
- ✓ Smooth transitions between services
- ✓ Support to stay well and independent at home





By 2031 our staff will experience:

A better place to work:

- ✓ Modern, well-maintained facilities and a cleaner, safer working environment for everyone
- ✓ Reliable equipment and resources available to all staff, in every role and location
- ✓ Digital tools that reduce unnecessary paperwork across all departments
- ✓ Whether you work on a ward, in an office, in a kitchen or in a corridor, your day-to-day working conditions will get better year on year

Your development and career growth

- ✓ Clear pathways to develop your skills and progress your career, whatever your role
- ✓ Apprenticeships, T-Levels and training programmes open to all staff groups
- ✓ Quality improvement learning embedded in everyday practice across all teams
- ✓ We will help staff to develop the digital skills they need, ensuring nobody is left behind or disadvantaged

The right tools to do your job:

- ✓ Up-to-date technology and streamlined systems that make your role easier
- ✓ Joined-up ways of working that cut through frustrating processes
- ✓ With less administrative burden, staff can focus on meaningful work, supported by the tools, spaces and resources they need
- ✓ Equipment and systems that work the same way whether you're at your base site or working across different locations

Your health, wellbeing and voice:

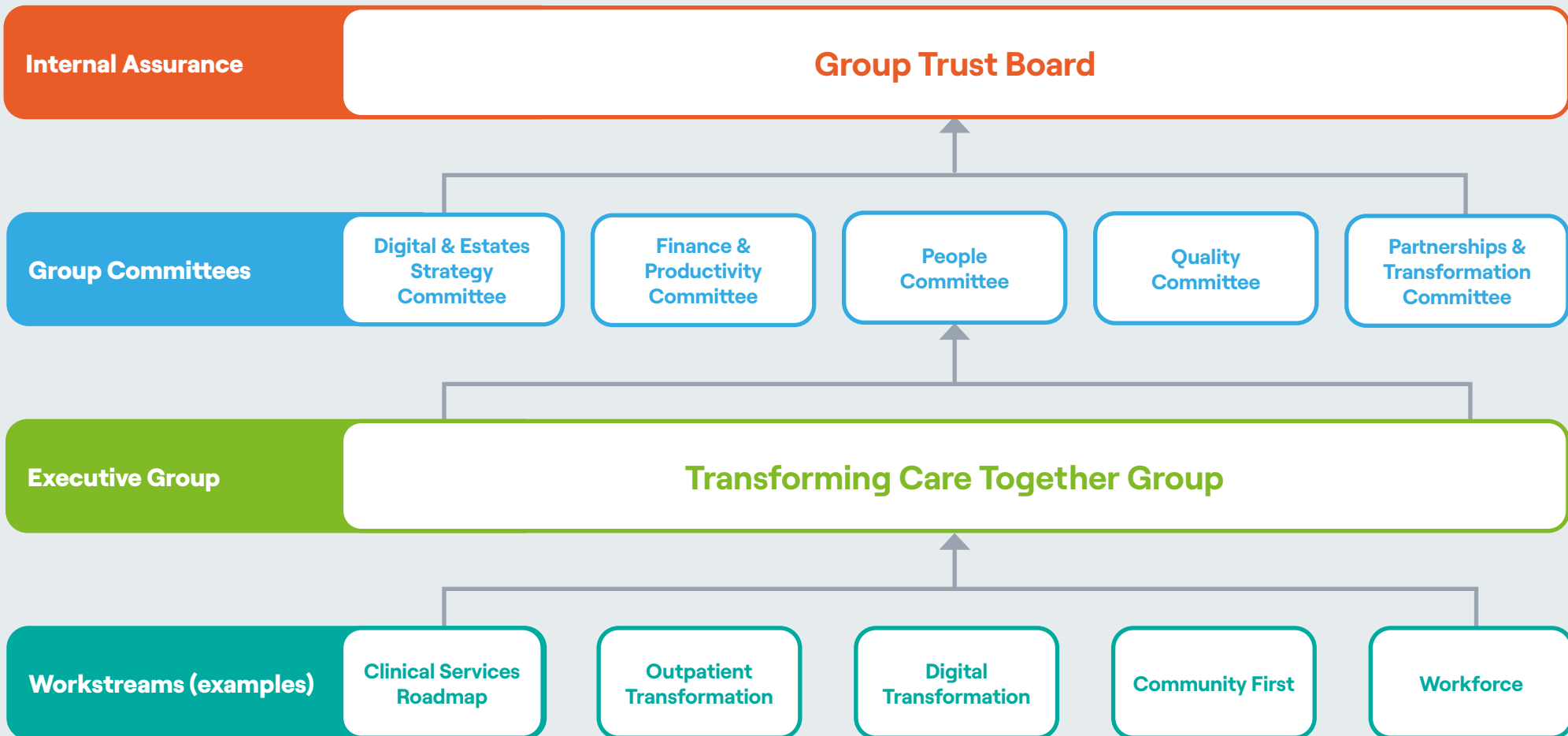
- ✓ Wellbeing actively supported with a real focus on reducing work-related stress
- ✓ A culture of psychological safety where everyone feels respected and valued
- ✓ Agile and hybrid working options where appropriate will give you greater flexibility
- ✓ Genuine opportunities to speak up and see your ideas make a real difference



Governance

Our governance process sets out how we will monitor the delivery of our Transformation Plan. This shows the flow of our internal assurance mechanisms such as Board and sub-committees through to the key working groups of each of the transformation and enabling programmes.

It will be the role of the various Group Committees to routinely monitor the achievement of the plan's aims and objectives, reporting into the Group Trust Board. The individual programme workstreams are responsible for implementing the aims and objectives, ensuring progress to timelines. We will continue to maintain strong organisational resilience and emergency preparedness to ensure our services remains safe as we introduce new models of care, digital tools and community-based pathways.



Transforming Care Together

Click the icons for more detail

