

# Annual Plan

## 2024/2025

**Year One of Delivering Birmingham Community Healthcare's  
Best Care Healthy Communities Strategy 2023-28**



Best Care  
Healthy Communities

# BCHC Trust Priorities



**Work with the people we care for, their families and our partners to ensure equity and excellence in access, experience and outcomes.**

- Improve Quality and Safety by embedding the Essential Care Framework.
- Improve timeliness and equity of access to care.
- Continue to be a research-active, innovative and community-driven organisation.



**Create a great place to work and learn, enabling our colleagues to be the best that they can be and to be themselves at work.**

- Recruit and retain more colleagues to reduce vacancies and use of temporary staff.
- Improve the experience of colleagues of working at BCHC.
- Improve the way our systems and processes work for our colleagues.
- Deliver our commitment to be an actively anti-racist organisation.



**Work with our communities and partners to support people to live healthy in their communities.**

- Deliver integrated care in neighbourhoods and localities.
- Build a successful Community Care Collaborative.

- Become a more digitally-enabled and information-driven organisation.
- Make further progress with delivering our Green Plan commitments.
- Deliver our financial plan and identify opportunities for transformational productivity and efficiency across the organisation and the wider system.

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# Context and the operating landscape

## Strategy Refresh 2023

We refreshed our Trust Strategy in 2023. Our **Best Care: Healthy Communities Strategy 2023-2028<sup>1</sup>** sets out the Vision, Values and Strategic Objectives for the coming years, and is the starting point and framework for the plan for 2024/2025.



Objective	Description	Strategic priority
	Work with the people we care for, their families and our partners to ensure equity and excellence in access, experience and outcomes.	<b>1</b> Improving health outcomes, experiences, and access for all <b>2</b> Delivering harm free care <b>3</b> Driving improvements in direct clinical care through innovation and research
	Create a great place to work and learn, enabling our colleagues to be the best that they can be and to be themselves at work.	<b>1</b> Increasing the capacity of our workforce <b>2</b> Developing our culture, so colleagues feel valued, supported, and have a strong voice <b>3</b> Valuing our diversity, building equality and inclusion into everything we do
	Work with our communities and partners to support people to live healthy in their communities.	<b>1</b> Integrating our services with our partners and communities to deliver seamless multi-professional care, including through the Birmingham Community Integrator <b>2</b> Focusing our efforts on deeper integration in our existing communities and footprints <b>3</b> Addressing the social determinants of health in our communities by using our role as an anchor institution

This will be the first full year of working towards our refreshed Strategy. There is considerable continuity with our objectives from 2023/2024 as our Strategy is ambitious, and achieving the vision we set out requires work programmes that will span more than one year.

<sup>1</sup> Vision, Values and Strategy | Website ([bhamcommunity.nhs.uk](http://bhamcommunity.nhs.uk))

As we recognised when developing the Strategy, our organisational culture is critical to the successful implementation of the Trust's vision and objectives. Our CORRI (Caring, Open, Respectful, Responsible, Inclusive) Values are the framework for how we want and need to work together, and on which our culture is being developed. The work that we have done to see these Values in Action<sup>2</sup>, and to develop the Team BCHC Way<sup>3</sup> for our leadership culture, will be an important foundation for us to build on this year, to support our colleagues to deliver the best care they can.

## Context

### The People We Serve

Birmingham, Solihull and the wider West Midlands are amazing places with rich cultural scenes and wonderfully diverse communities. Our communities are also some of the most deprived in England, experiencing high levels of inequalities and poorer health outcomes, including lower life expectancy.

**The Birmingham and Solihull Integrated Care System strategy<sup>4</sup>** provides an overview of the population we serve.

**The Birmingham and Solihull Integrated Care System** (ICS) brings together the local NHS, councils and voluntary community and faith sectors, with the aim to better service local communities. BCHC and our services are a key part of this system and our plan has been developed in this context.

As part of the Birmingham and Solihull ICS we are involved in a large amount of transformational service redesign work. This transformational work will change the way that health and social care is delivered in our system, to improve outcomes for citizens and ensure that health and care services are sustainable in the long term. Our involvement at BCHC includes leading the work to set up the **Community Care Collaborative<sup>5</sup>**, a partnership which spans the NHS, Local Authorities and the voluntary, community, faith and social enterprise sector across Birmingham and Solihull. It will increasingly shape how we work, and 2024/2025 will see us move into the building phase of setting up the Collaborative.

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<sup>2</sup> Values into Action | Intranet ([bhamcommunity.nhs.uk](http://bhamcommunity.nhs.uk))

<sup>3</sup> Team BCHC Way | Intranet ([bhamcommunity.nhs.uk](http://bhamcommunity.nhs.uk))

<sup>4</sup> A Bolder, Healthier Future for the People of Birmingham and Solihull ([icb.nhs.uk](http://icb.nhs.uk))

<sup>5</sup> Our Community Care Collaborative | Our News | Website ([bhamcommunity.nhs.uk](http://bhamcommunity.nhs.uk))

## Financial Context

In 2024/25 the priorities for the NHS at a national level are set within the context of an overall NHS settlement which is flat in real terms. Locally, in Birmingham and Solihull, we will also be starting the new financial year with a large underlying deficit. When we combine these two things, the financial outlook for the year ahead is extremely challenging.

In order to finance our plans we, along with other providers across the ICS, will need to deliver efficiencies of at least 3.0% – which is much higher than the NHS has historically delivered.

In BCHC we have well-established arrangements for identifying and delivering efficiencies, and our Cost Improvement Plan (CIP) for 2024/2025 is currently under development. However, it is clear that the ask for the year ahead is more demanding, and there will be an increasing focus on productivity across our services. From the second half of the year, NHS England will begin reporting on productivity levels in all providers, which will create further scrutiny and challenge at a level we have not previously experienced.

We need to ensure more than ever that we are getting the most out of our resources. We will need to be brave, rigorous and fair in making choices, and will keep our commitment to our three strategic objectives, and Promoting Equity, at the forefront of our decision-making.

## Organisational Context

There are a number of drivers for change within BCHC:

### Our Patients and Service Users

- We have made huge progress in 2023/2024 in bringing down long waits, and are on track to finish the year with zero 65+ week incomplete Referral to Treatment (RTT) waits, and to have reduced the overall reduction in the size of the Community Services waiting list by 5%. However, in line with national and local ambitions, we want to continue to reduce waits for patients. There are particular areas where waiting times are long, and/or where we are now receiving larger numbers of referrals. These include some children's services, particularly Neurodevelopmental services, Musculoskeletal services (MSK) and Weight Management services.
- In line with our Strategy, we want to provide a holistic, biopsychosocial model of care, viewing our patients and services users as a whole, and integrating care.
- As we work ever more closely with our system partners, including but not only through the Community Care Collaborative, we will increasingly see longitudinal pathways of care, and services that focus on prevention and early intervention.
- Health inequalities - Promoting Equity is at the heart of BCHC's own strategy, and reducing health inequalities is a key part of the Community Care Collaborative's desired outcomes. We are working to use data more effectively to understand the equity of service provision and to drive action to improve access and experience for all citizens and service users.
- Quality of care - continuous improvement in the quality of care we provide is a key driver for change. In 2024/2025 this includes the STOMP programme (Stopping the Over Medication of People with a Learning Disability, Autism, or both), as well as reducing incidents and taking action to ensure they do not happen again (where we heard in the staff survey that we can do better).
- Better involving our patients, service users and communities in our plans and services, will help us to ensure that we are meeting the needs of our communities and hearing a diversity of voices.

## Our People

- Whilst we have made great progress in 2023/2024 in reducing our vacancy rate there is still much to do. We have a vacancy rate of 11.5% (January 2024) and spend too much on temporary staffing. We know the impact that this has on both the quality of care for our patients, and on our colleagues, as well as being expensive, and we will need to continue to reduce our vacancy rate and our use of bank and agency staff during 2024/2025.
- We had the highest ever response to the staff survey in 2023 (58%). Whilst we saw improvements in nearly all areas, we know that there is more work to do: 59% of our staff would recommend BCHC as a place to work, and 66% of our staff would recommend BCHC as a place to be treated. We have improved in 8 of the 9 themes but remain as one of the lower performing Community Trusts. We need to listen to what our colleagues have told us and use the strong response rate as a platform to build an effective 'you said; we did' response.
- Equality and diversity - despite some progress, we know that Black and Minority Ethnic (BME) colleagues have a worse experience of working at BCHC, are more likely to enter a formal disciplinary process than white colleagues, and are underrepresented at senior levels.
- Getting the basics right - we have heard strongly through the Strategy engagement work in 2023 and the Annual Planning sessions the importance of getting the basics right. This includes improving systems and processes, equipment, information and data and also ensuring all our teams are well-led in line with our Trust Values.
- Organisational culture - the continued embedding and demonstration of our Values, and the Team BCHC way will be a key element in enabling us to deliver the aims and objectives of this annual plan.

## Productivity

- The NHS is being challenged to increase productivity and deliver value for money<sup>6</sup>. We will need to learn from best practice, compare ourselves against peers, and aim for both short and longer-term changes to deliver value for patients, service users and taxpayers.

This Annual Plan is underpinned by our **Financial Plan and our Workforce Plan**, as well as individual plans for each clinical division and corporate function.

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<sup>6</sup> The 2024 Budget and NHS productivity - GOV.UK ([www.gov.uk](http://www.gov.uk))

# How the annual plan was developed

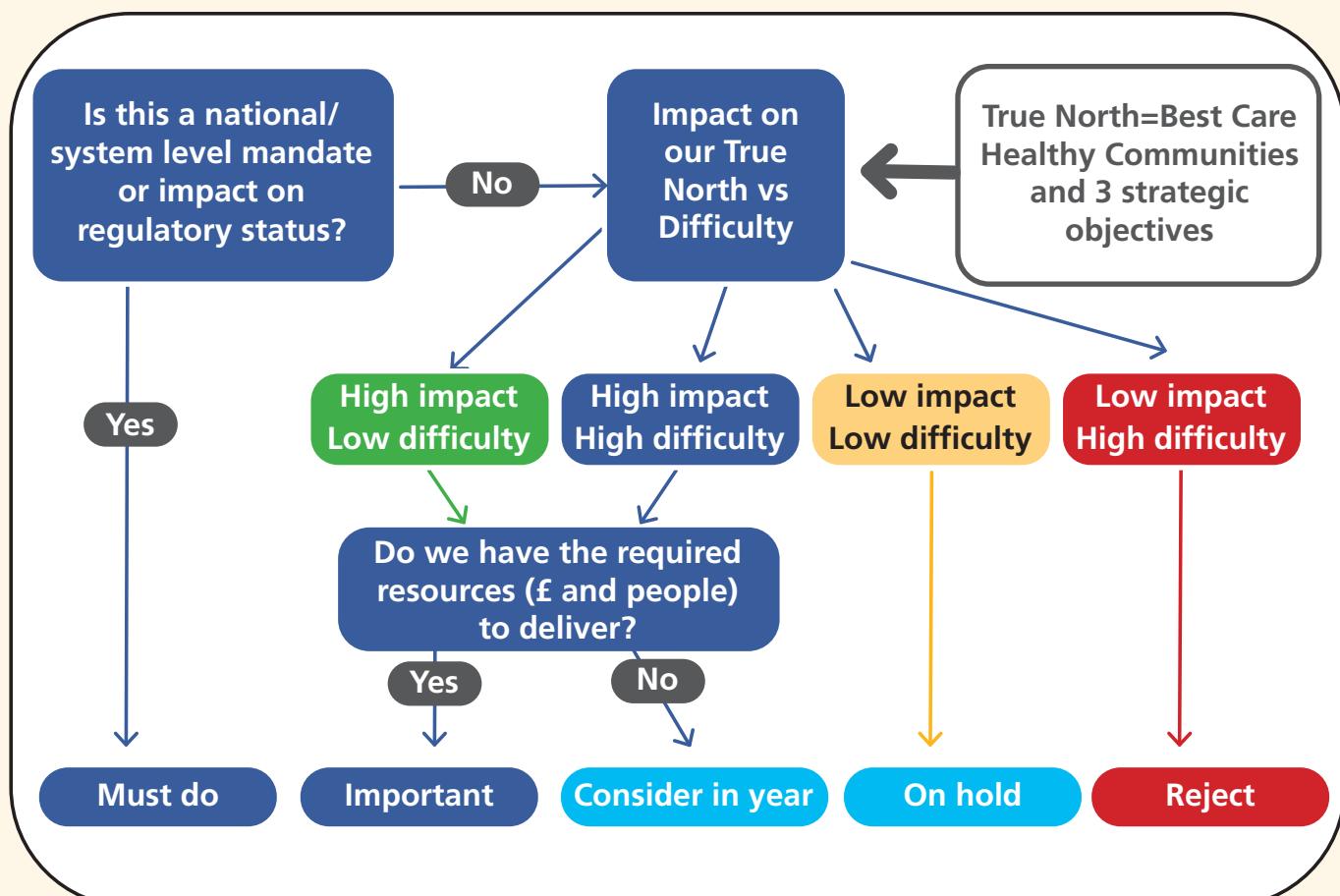
The Annual Planning process at BCHC is a partnership approach between operational, information, finance, quality and Programme Management Office (PMO) teams.

The process to develop this Plan for 2024/2025 was overseen by the Trust Leadership Team which delegated responsibility to the Annual Planning Steering Group which met weekly/fortnightly to provide direction to the Business Planning Process, ensuring that all deadlines were met, interdependencies between workstreams were managed effectively and risks and issues were monitored throughout the process and escalated appropriately.

This Plan, and the Trust Priorities, have been developed by the Trust's Executive Team, Leadership Team, Corporate Services, and Clinical Divisions.

## 1. Longlist

- Prioritisation at Trust Leadership Team (November) from a longlist of 60 (see diagram below)
- Divisional workshops (December/January)

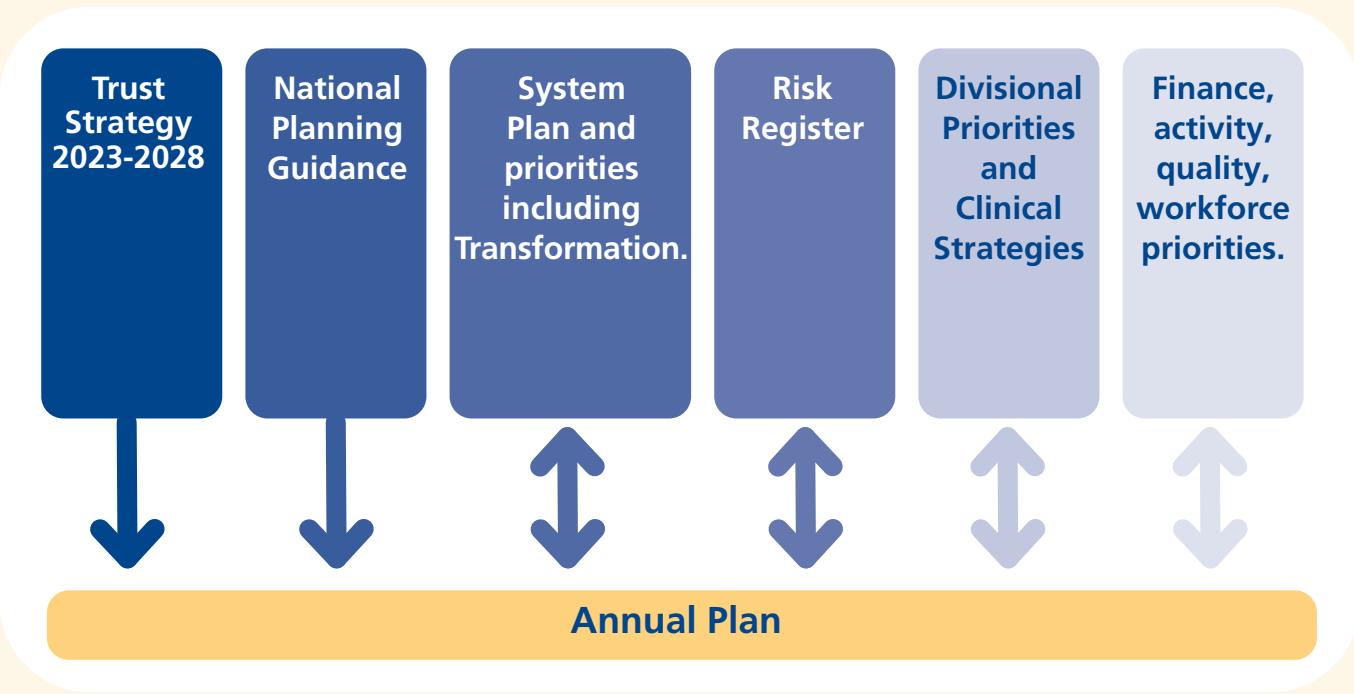


## 2. Prioritisation

- Executive Confirm and Challenge (February)
- Board development (March)

## 3. Plan development

- Corporate services review resourcing requirements
- Development of outcomes and deliverables



# Safe, High Quality Care

## Strategic Priority:

Work with the people we care for, their families and our partners to ensure equity and excellence in access, experience and outcomes.

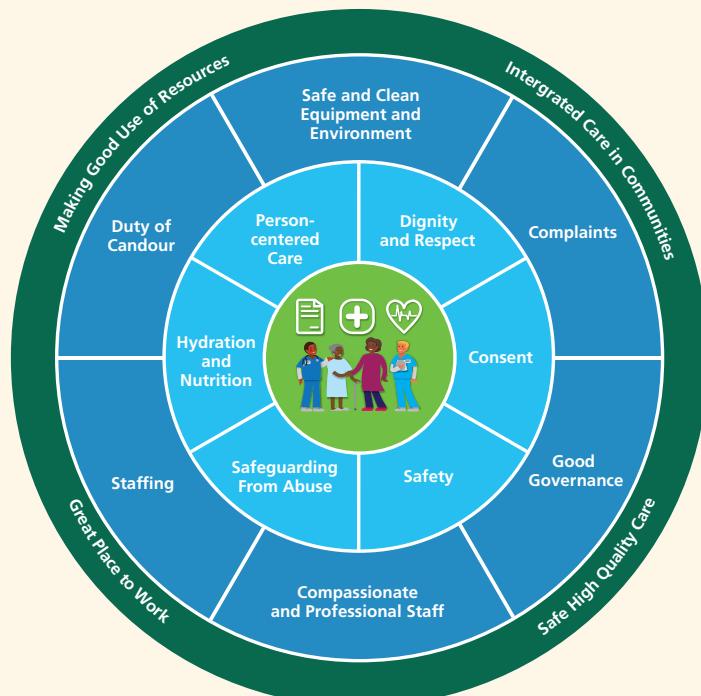


### 1.1 Improve Quality and Safety by embedding the Essential Care Framework

**The Essential Care Framework** provides the guidance and the tools to enable clinical teams to self assess how well they meet what matters most to our patients, service users and families. It is aligned to our strategic priorities and underpinned by our collective commitment to health equity.

It aims to enable clinical teams in BCHC to reflect on the great care they give and consider whether standards are being maintained, to identify areas for improvement and share good practice.

Overarching aims	What we will do
The standards we set for Safe, High Quality Care have been achieved and patient feedback remains at least 99% for good or above.	<ul style="list-style-type: none"><li>• Roll our Essential Care Award accreditation.</li><li>• Review our Essential Care Indicators to align against our 12 standards of care.</li><li>• Increase the number of Essential Care Indicators in all clinical divisions.</li><li>• Increase the number of teams regularly involved in Quality Improvement huddles.</li><li>• Increase the Patient Safety Incident Response Framework (PSIRF) capability across the Trust.</li><li>• Reduce incidents resulting in harm.</li></ul>



## 1.2 Improve timeliness and equity of access to care

In 2023/2024 we have made great progress in reducing waiting times for our patients and service users, in particular in our dental services and in children's therapy services. We acknowledge that there is more to do and that we are not always able to see people as quickly as we (or they) would like. In addition to this, we want to work to ensure the safety of people who are waiting to see us (clinical prioritisation). And, in line with our commitment to Promoting Equity, we want to use the data that we have to understand where there are inequities in who is accessing our services, and begin to address these. This might be geographical difference in the service offered, or demographic differences in terms of who is being referred to or accessing BCHC services or prioritised for treatment.

Overarching aims	What we will do
Reduced waiting times.	<ul style="list-style-type: none"><li>Achieve waiting time standards.</li><li>Maximum wait of 52 weeks for all services other than weight management and NDP where no service user will wait for more than 65 weeks</li></ul>
Reduced harm as a result of delays, through a consistent prioritisation process across our services.	<ul style="list-style-type: none"><li>Agree procedures for clinical prioritisation to ensure service users at higher risk of harm receive timely care.</li><li>Ensure that we identify and record harm as a result of delay in care.</li></ul>
Equitable clinical prioritisation, influenced by active use of data.	<ul style="list-style-type: none"><li>Improve access to population health data that can be meaningfully used for service improvement.</li></ul>

## 1.3 Continue to be a research-active, innovative and community-driven organisation

In line with our Strategy, we commit to using Research and Innovation to look to the future, to develop new treatments and knowledge to provide the best care and a healthier community for our patients.

Overarching aim	What we will do
Our service delivery is influenced through a culture of research, innovation and community engagement.	<ul style="list-style-type: none"><li>Ensure clinically-relevant research activities and training in all divisions.</li><li>Embed our processes for reviewing developments, through the Digital Innovation Forum.</li><li>Support Community Connexions in funded projects and interventional research studies in the community.</li></ul>

# A Great Place to Work

## Strategic Priority:

Create a great place to work and learn, enabling our colleagues to be the best that they can be and to be themselves at work.



### 2.1 Recruit and retain more colleagues to reduce vacancies and reduce the use of temporary staff

We have a vacancy rate of 11.5% (January 2024) and spend over £1m on temporary staffing per month. Whilst these have both reduced from 2023, we have much further to go.

We know that this vacancy rate has an effect on our colleagues and patients - increased burden on substantive staff, impact on health and wellbeing and retention, increased use of bank and agency staff and associated impact on outcomes and patient experience.

There are well-documented wider workforce challenges, and some particular areas of concern such as Health Visitors, District Nursing, and Prison Nursing. We will aim to increase the numbers of new staff, through improved recruitment and innovative workforce models, but also to improve the experience of our staff, retaining those who already work for us by making BCHC a Great Place to Work because of the culture here. We will look to reduce agency spend and increase substantive staff within the existing financial envelope.

Overarching aim	What we will do
There are more people in post, and colleagues feel that there are enough staff at BCHC for them to do their jobs properly.	<ul style="list-style-type: none"><li>Substantive colleagues by recruitment to a further 194 whole time equivalents (WTEs) plus 45WTE new posts.</li><li>Reduce turnover to 7.29%.</li><li>Reduce in agency spend as a % of the pay bill.</li><li>Improve wellbeing leading to reduced sickness absence.</li></ul>

### 2.2 Improve the experience of colleagues of working at BCHC

We want to ensure that colleagues feel supported, empowered, and included. Our staff survey results (2023) have shown that we still have a way to go to improve our culture and make BCHC a Great Place to Work. In 2023, we developed a model for the culture that we want all colleagues to experience, based on everyone who works here sharing and living our Trust Values. In 2024/2025 we will continue to embed this model, ensuring that teams are well-led and that all colleagues know what is expected of them and live up to the Trust Values in everything they do.

Overarching aim	What we will do
More colleagues feel that they have a good experience of working at BCHC, as evidenced through a variety of routes including the staff survey response.	<ul style="list-style-type: none"><li>Values in Action embedded as part of the Team BCHC Way.</li><li>Develop and deliver the Trust's People Promise Plan to support learning and development, experience and health and wellbeing.</li><li>Increase in staff survey response rate.</li><li>Improvement in staff survey results in 2024.</li><li>Complete a review of education across the Trust, and approve an implementation plan.</li></ul>

## 2.3 Improve the way our systems and processes work for our colleagues

We heard strongly in the development of our Trust Strategy and this Annual Plan the importance of getting the basics right. Giving people the tools they need to do their jobs well (whether this is equipment or information) and supporting them with streamlined processes is critical in making our organisation a Great Place To Work. Our focus this year will be on key areas where we have heard from colleagues that improvements are needed.

Overarching aim	What we will do
Colleagues feel that systems, processes and tools support them to be able to do their jobs.	<ul style="list-style-type: none"><li>Focus on improving recruitment processes for managers and candidates.</li><li>Improved onboarding experience for managers and new colleagues</li></ul>

## 2.4 Deliver our commitment to be an actively anti-racist organisation

We can see from our WRRES results, in the staff survey, and in our metrics that we have more to do to fulfil our value of 'inclusive' and to deliver our commitment to be an actively anti-racist organisation, made by the Board in 2023. As part of the wider programme to develop our Equality, Diversity and Inclusion (EDI) programme, we will focus on our commitment to be actively anti-racist in 2024/2025.

Overarching aim	What we will do
Colleagues do not feel discriminated against or disadvantaged on the basis of race.	<ul style="list-style-type: none"><li>Rollout of anti-racism training to leaders and managers</li><li>Share our EDI plans with colleagues.</li><li>Develop resources to help colleagues understand racism and its impact.</li><li>Review and revise our policies to include EDI</li><li>Develop psychological support offer for colleagues who are impacted by racism/exclusion.</li></ul>



# Integrated Care

## Strategic Priority:

Work with our communities and partners to support people to live healthy in their communities.



### 3.1 Integrated Care in neighbourhoods and localities

To tackle the long-standing inequalities in health and care provision and outcomes, it is essential that local services are better integrated and coordinated within local places. BCHC plays a key role in the health and social care system in Birmingham and Solihull. We will work more closely with partners and communities to deliver services to our citizens in localities and neighbourhoods to support people to live well for longer and will work with our partners, communities and service users to develop long-term and sustainable models of care and services.

Overarching aims	What we will do
People receive the care and support they need, when they need it, to live safely, happily and well in their own homes and within the community.	<ul style="list-style-type: none"><li>Progress plans to open Sutton Cottage Hospital in July 2025.</li><li>Roll out Integrated Neighbourhood Teams across Birmingham and Solihull.</li><li>Develop and begin to implement a Locality Operating Model.</li><li>Open integrated Locality Hubs in line with agreed plans.</li><li>Develop a plan for Intermediate Care Beds.</li><li>Reduce the number of patients in Learning Disability (LD) inpatient care beds.</li></ul>
Families with children and young people aged 0-19 (and up to age 25 for those young people with additional needs) are better able to access advice, support and care that meets their needs.	<ul style="list-style-type: none"><li>Deliver the Family Hubs programme in line with Department for Education criteria.</li><li>Design and approval from Birmingham Children and Young People's Partnership Board of an integrated 0-19 model across health and care.</li><li>Ensure that agreed elements of the Family Hubs programme are incorporated into the 0-19 model, in a sustainable way.</li></ul>

### 3.2 Build a successful Community Care Collaborative

The Birmingham and Solihull Community Care Collaborative is a system-wide, all-age partnership of primary care, social care, acute physical and mental health services, community health services and the voluntary, community, faith and social enterprise (VCFSE) sector. It is one of three Provider Collaboratives in the Integrated Care System, working alongside two Place Committees to deliver the ICS's vision of improved healthy life expectancy of local citizens.



This will be a significant shift to provide better connected services and more integrated care in neighbourhoods and localities, helping people to live happier, healthier lives. As the lead for the Community Care Collaborative, we have a real opportunity to deliver major change and improvements to care across the system.

Using our CARE approach (on next page), we will be better able to identify and take action to address inequalities in the provision of existing services, as well as to make better use of our collective resources by working in more integrated and innovative ways across the five work programmes.

Our CARE approach	Our Five Work Programmes
<p><b>Connected:</b> removing barriers and working together in local places.</p> <p><b>Accessible:</b> making it easier for people to access the care they need when they need it.</p> <p><b>Responsive:</b> providing proactive and personalised care.</p> <p><b>Empowering:</b> supporting everyone to live a happy and healthy life.</p>	<ol style="list-style-type: none"> <li>1. Integrated teams in localities and neighbourhoods.</li> <li>2. Intermediate care transformation.</li> <li>3. Long-term condition pathways.</li> <li>4. Supporting primary care development.</li> <li>5. Community children's services.</li> </ol>

In its first year, the Community Care Collaborative has made good progress in development. The Strategic Outline Case, approved by the ICB in November 2023, detailed the purpose, scope, workstreams and governance for the Collaborative. The first two work programmes have been established and partners are working closely to transform services in line with the Collaborative's CARE approach. In 2024/25 we will move from the 'design' phase to the 'build' phase, establishing the Collaborative substantively in the System, with clear and effective governance, and ensuring that the voices of citizens and Experts by Experience are central to decision making.

Overarching aim	What we will do
<p>The Collaborative is an established, credible and valued partnership, across the NHS, Local Authorities, VCFSE sector and local communities.</p> <p>People who receive care and support achieve better health and care outcomes and have better access to services</p>	<ul style="list-style-type: none"> <li>• Develop our Implementation Plan and gain approval from partners and the ICB.</li> <li>• Transfer Intermediate Care services and NHS budgets to BCHC as lead provider.</li> <li>• Set up Locality Delivery Partnerships in Birmingham and Solihull.</li> <li>• Support the development of option appraisals on the future provision of Birmingham and Solihull Community and primary care services.</li> <li>• Transfer of specific services to BCHC as lead provider when agreed.</li> </ul>

# Enabling Programmes

## 4.1 Become a more digitally-enabled and information-driven organisation

The Trust's digital approach aims to deliver affordable, efficient, sustainable, and timely services to support the care of our patients and support organisational transformation.

Equally, we recognise the importance of data and information, in planning, in driving service change, and managing and providing assurance around the quality of our services.

This Plan is supported by a Digital Delivery Plan (2024-2027) and an Information Plan.

Overarching aim	What we will do
Digital will support our teams to make us more efficient, automate processes, and support our teams to release clinical time.	<ul style="list-style-type: none"><li>• All teams will have access to a full Electronic Patient Record (EPR).</li><li>• Reduce the number of forms within the EPR.</li><li>• Deploy Electronic Prescribing (EPMA) in all inpatient settings in BCHC.</li><li>• Rationalisation of systems.</li><li>• Improved infrastructure and connectivity.</li><li>• Establish a single source for our data, to ensure consistency.</li><li>• Improved capability through new technology, integration and automation.</li><li>• Improve resilience and availability of information services.</li><li>• Data and tools to deliver information and support decision making, including modelling and planning of capacity and demand.</li></ul>
People will have access to, and be using, information to support safe, high quality care.	

## 4.2 Make further progress with delivering our Green Plan commitments

BCHC has a three year plan for reducing carbon, waste and water, and improving air quality. Having commissioned specific work in 2023 to understand our carbon footprint further, we are now equipped with the information to drive further change in this area, and deliver services which are fit for purpose today and sustainable for tomorrow.

Overarching aim	What we will do
We understand our environmental impact and opportunities, are striving to make a positive contribution, and supporting people to do the same. We are working with system partners to deliver benefits and to plan for delivery of NHS Net Zero.	<ul style="list-style-type: none"><li>• Deliver year 1 of the Public Sector Decarbonisation Scheme project.</li><li>• Raise awareness in staff and leaders of the threat from climate change and our actions and Green Plan.</li><li>• Engage in the development of ICB Green Plan to deliver wider benefits.</li></ul>

#### **4.3 Deliver our Financial Plan and identify opportunities for transformational productivity and efficiency across the organisation and the wider system**

In the challenging financial context set out at the start of this Plan, we will need to focus our commitment on our agreed Financial Plan, and the savings plans we have developed. We will also need to think more broadly, and longer term, to identify areas where we can be more efficient and productive, to deliver sustainable services for BCHC, our patients and communities in the long term.

<b>Overarching aim</b>	<b>What we will do</b>
Our services will be more sustainable due to the removal of waste, duplication and non-value adding activity. Services will work towards improving productivity and learning from peers.	<ul style="list-style-type: none"><li>• Deliver our cost improvement target for the year.</li><li>• Deliver our Financial Plan as part of an agreed trajectory to breakeven.</li><li>• Contribute to system efficiency schemes.</li><li>• Each division will have a productivity plan in key specialities.</li><li>• Benchmarking with peers in key specialities to identify improvement opportunities.</li></ul>

# Finance

Our financial plan for the year ahead, after considering all income and expenditure, sets a deficit of £0.8m as shown in **Table 1** below.

Setting a deficit plan has not been a decision taken lightly, particularly given BCHC's long history of financial delivery. The £0.8m deficit in our plan relates to an accounting change that, at the time of writing, has not been funded by NHS England. Discussions are ongoing, which we remain optimistic will ultimately result in a balanced plan for 2024/2025.

**Table 1: Summary Financial Plan**

	2024/2025 Plan £000
<b>Income</b>	
Patient treatment income	336,061
Other income	29,052
<b>Total income</b>	<b>365,113</b>
<b>Expenditure - pay</b>	
Substantive	(229,431)
Bank	(19,008)
Agency	(8, 559)
Other	(876)
<b>Total pay</b>	<b>(257,875)</b>
<b>Expenditure - non pay</b>	
Clinical	(44,081)
Other	(61,015)
<b>Total non pay</b>	<b>(105,096)</b>
<b>Total expenditure</b>	<b>(362,970)</b>
<b>Operating surplus/(deficit)</b>	<b>2,142</b>
Net finance costs	(2,963)
<b>Overall surplus/(deficit)</b>	<b>(821)</b>

Like in any financial year, the financial plan is built up from a combination of existing budgets, adjustments to reflect things that happened in the previous financial year, and things that we expect to happen in the year ahead.

These are summarised in Table 2 on the next page.

Despite ending the 2023/2024 financial year with a small surplus of £0.7m, our underlying (or recurrent) financial position is actually a large deficit of £9.1m. This is due to a series of one-off benefits that we took in delivering the 2023/2024 plan.

Table 2 tracks this opening underlying position of £9.1m to the £0.8m deficit in our 2024/2025 plan. The full detail to support these tables is available separately in the Trust's 2024/2025 Financial Plan document.

**Table 2: Sources and Applications of New Funding**

	Recurrent £000	Non rec £000	Total £000
<b>Opening underlying position</b>	<b>(9,132)</b>		<b>(9,132)</b>
<b>Sources of new funding</b>			
Cost improvement plan	10,907		10,907
Contract inflation	1,719		1,719
Elective recovery fund (ERF)	2,610		2,610
Depreciation funding from ICB	1,008		1,008
Local authority pay award funding	1,121		1,121
Share of ICB reserves	2,078		2,078
Other income/developments	262	1,236	1,498
Prior year income release	0	2,454	2,454
<b>Total sources of new funding</b>	<b>19,705</b>	<b>3,690</b>	<b>23,395</b>
<b>Applications of funding</b>			
Pay inflation	(5,421)		(5,421)
Non pay inflation	(608)		(608)
Capital impacts	(1,983)		(1,983)
Other expenditure/service developments	(206)	(1,521)	(1,727)
Cost pressures	(2,141)	(750)	(2,891)
Applications funded by prior year income release		(2,454)	(2,454)
<b>Total applications of funding</b>	<b>(10,359)</b>	<b>(4,725)</b>	<b>(15,084)</b>
<b>Surplus/(deficit)</b>	<b>214</b>	<b>(1,035)</b>	<b>(821)</b>

## Capital Programme

Despite the challenging financial environment, in 2024/2025 we have set our largest ever capital programme. In total we have an overall programme of £19.8m comprising of £13.3m of capital additions and improvements, and £6.5m for leases.

In addition to the usual capital improvements we would expect to see, the 2024/2025 programme also includes specific amounts for:

- **The Public Sector Decarbonisation Scheme:** this will provide 'green' works at Moseley Hall Hospital (MHH) and West Heath Hospital (WHH). This is a two year project totalling over £9.2m, which is supported by £7.3m of national money.
- **The redevelopment of Sutton Cottage Hospital:** this is also a two year project at a cost of £8.6m.

A summary of the capital programme is shown in Table 3 below.

The full details of each scheme are available separately in the Financial Plan.

**Table 3: 2024/2025 Capital Programme**

	£000
Digital	1,463
Equipment	573
Backlog maintenance	2,029
Statutory works	780
Other enhancement of estate	1,196
Lease extensions	6,517
Sutton Cottage redevelopment	3,927
Decarbonisation works at MHH and WHH	2,569
LIFT lifecycle costs	1,427
Anticipated slippage	(647)
<b>Total</b>	<b>19,834</b>

## Cost Improvement Plan

The financial plan sets out a savings requirement of £10.9m, or 3.0% of total income, which was agreed as the minimum level of savings that all organisations within Birmingham and Solihull ICS should deliver in 2024/2025.

Within BCHC, we have split this by division, based on their relative size. In addition, the Children and Families Division has been allocated a specific target linked to the Birmingham Forward Steps contract, where transformation work is underway.

We commenced our CIP 'gateways' at the end of November and work continues to identify schemes to meet the target. At the time of writing, a gap of £4.4m remains - which we plan to close by the summer.

# Conclusion

2024/2025 will be an important year for our organisation and the local health and care system, as we plan and implement large-scale changes to deliver high quality care for the long-term, whilst managing the operational, financial and workforce pressures that are with us today.

We have developed our Plan for the year against the strategic direction of BCHC's Strategy 2023-2028, to ensure that we are working towards delivery of our strategic objectives:

**Safe, High Quality Care**

**A Great Place to Work**

**Integrated Care**

which will be supported by a commitment to Equity and a culture based on our Values.

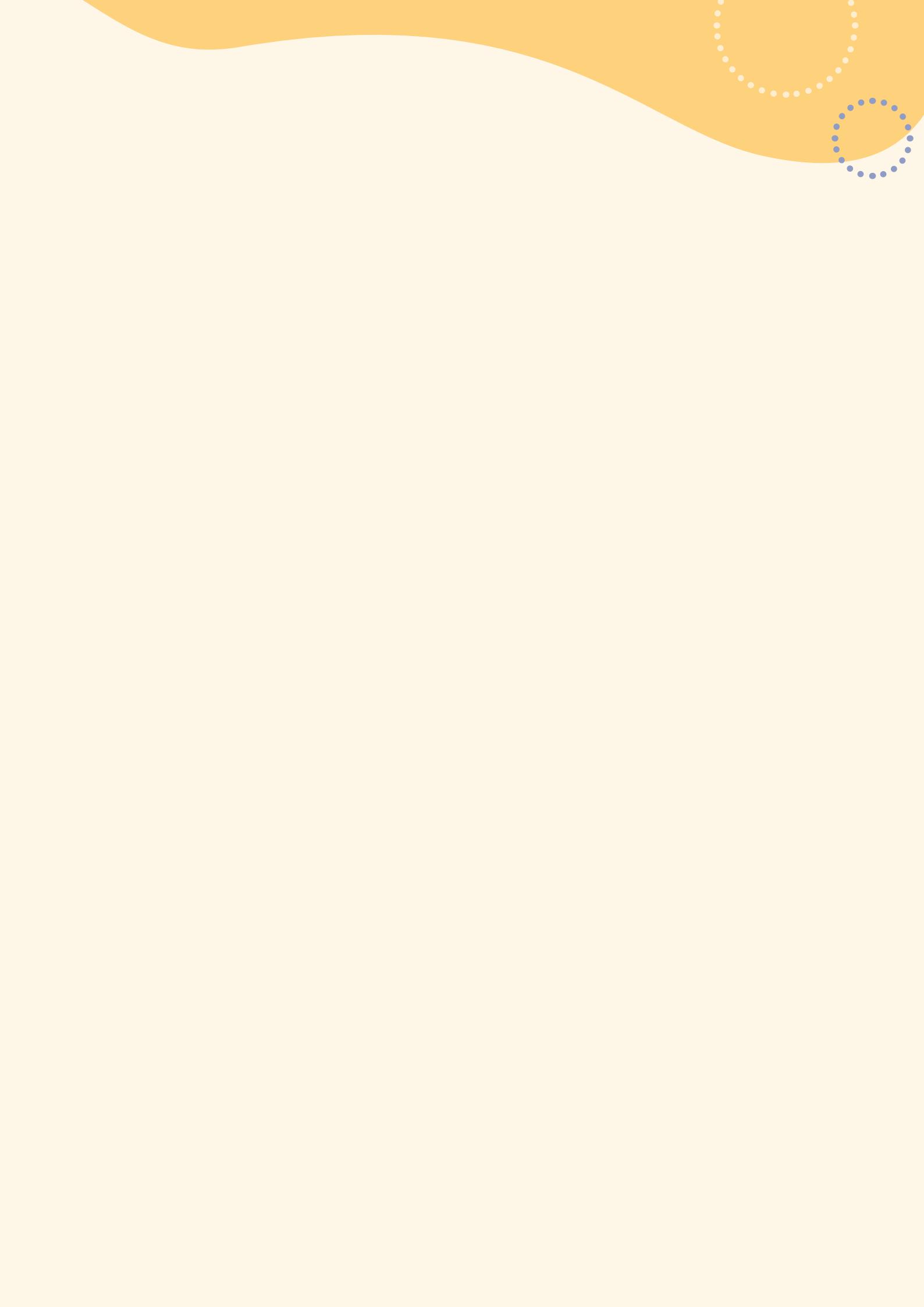
We are committed to delivering the priorities set out in this Annual Plan, moving us ever closer to achieving our vision of '**Best Care: Healthy Communities**'.



**Promoting Equity**



Best Care  
Healthy Communities



Please contact us if you would like this leaflet in another language.

اگر آپ اس معلوماتی اشتھار کو کسی اور زبان میں حاصل کرنا چاہتے ہیں تو براہ کرم ہم سے رابطہ کریں۔

ਜੇ ਤੁਸੀਂ ਇਹ ਕਿਤਾਬਚਾ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੋ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Skontaktuj się z nami, aby otrzymać tę ulotkę w innym języku.

يرجى الاتصال بنا إذا أردت الحصول على هذه النشرة بلغة أخرى.

আপনি যদি অন্য কোন ভাষায় এই লিফলেটটি চান তাহলে অনুগ্রহ করে আমাদের সাথে যোগাযোগ করুন।

Fadlan nala soo xidhiidh haddii aad jeclaani lahayn buug-yarahan oo luqad kale ku qoran.

Veuillez nous contacter si vous souhaitez obtenir ce dépliant dans une autre langue.

Vă rugăm să ne contactați dacă doriți acest pliant în altă limbă.

如果您需要此宣传单的其他语言版本，请与我们联系。

જો તમે આ ચોપાનિયું અન્ય કોઈ ભાષામાં ઇચ્છતા હોવ તો કૃપા કરી અમારો સંપર્ક કરો.

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 This document is also available at [www.bhamcommunity.nhs.uk](http://www.bhamcommunity.nhs.uk)