

Council of Governors 03.06.2026

MEETING
3 June 2026 14:00 BST

PUBLISHED
2 June 2026



Agenda

Location
Veterans MDT Meeting Room, RJAH

Date
3 Jun 2026

Time
14:00 BST

	Item	Owner	Time	Page
1	Introduction	Chair	14:00	-
1.1	Apologies			-
1.2	Minutes from the previous meeting - 11.03.2026			3
1.3	Action Log			9
1.4	Matters Arising			-
1.5	Declaration of Interests			-
2	Welcome from the Chair (verbal)	Chair	14:10	-
3	Chief Executive Trust Overview	Stacey Keegan	14:15	11
4	Corporate Objectives 2026/27	Stacey Keegan	14:25	20
5	Lead Governor Update (verbal)	Victoria Sugden	14:35	-
6	Committee Chairs Updates			-
6.1	Quality and Safety Committee	Lindsey Webb	14:45	29
6.2	People and Culture Committee	Martin Evans	14:50	33
6.3	Digital, Education, Research, Innovation and Commercialisation Committee	Martin Evans	14:55	36
6.4	Finance and Performance Committee	Martin Newsholme	15:00	39
6.5	Audit and Risk Committee	Martin Newsholme	15:05	43
7	Quality Priorities: 2026/27	Ruth Longfellow	15:10	47
8	Governance			-
8.1	Questions from the Governors	Dylan Murphy	15:15	60
8.2	Membership Report	Dylan Murphy	15:20	63
9	To Note:			-
9.1	Review of Work Plan			67
9.2	CoG Attendance Matrix			68
9.3	Sub Committee Attendance Matrix 2026/27			69
9.4	Sub Committee Attendance Matrix 2025/26			70
10	Any Other Business	Chair	15:25	-
11	Next Meeting: Annual General Meeting 30 September 2026 at 12.30pm			-

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Council of Governors
Wednesday 11th March at 1pm, in the Boardroom, RJAH
Minutes of Meeting

Voting Members in Attendance

Name (Initials)	Role	Attending
Sarfraz Nawaz (SN)	Chair	✓
Victoria Sugden (VS)	Public Governor – Shropshire/Lead Governor	✓
Colin Chapman (CC)	Public Governor – Shropshire	✓
Gill Pitcher (GP)	Public Governor – Shropshire	✓
Sheila Hughes (SH)	Public Governor – North Wales	✓
Jan Greasley (JG)	Public Governor – North Wales	✓
Neil Turner (NT)	Public Governor – Cheshire and Merseyside	✓
Tony Wright (TW)	Public Governor – West Midlands	✓
Nicki Bellinger (NB)	Staff Governor	✓
Kate Betts (KB)	Staff Governor	✓
Joy Chowdhury (JC)	Staff Governor	✓

Others in Attendance

Name (Initial)	Role	Attending
Stacey Keegan (SK)	Chief Executive Officer	✓
Martin Newsholme (MN)	Non-Executive Director	✓
Martin Evans (ME)	Non-Executive Director	✓
Penny Venables (PV)	Non-Executive Director	✓
Dylan Murphy (DM)	Trust Secretary	✓
Gayle Murphy (GM)	Executive Assistant (minutes)	✓

Ref.	Discussion and Action Points	Action Owner
1.0	Introduction and Welcome	
1.1	Welcome and Apologies	
	Apologies were received from Karina Wright, Craig Emery, Russell Luckock, Peter David, Harry Turner, Atif Ishaq, Paul Maubach and Lindsey Webb. It was noted that the Council was quorate.	
1.2	Minutes of the Previous Meeting	
	The minutes from the previous meeting held on 19 November 2025 were approved as an accurate record.	
1.3	Action Log	
	Action 31 was noted as complete.	
1.4	Matters Arising	
	Nothing raised.	
1.5	Declarations of Interest	
	The Chair reminded attendees of their obligation to declare any interest which may be perceived as a potential conflict of interest with the business of the Council. It was noted that Members' declarations are listed in the Trust's Register of Interests. No Declarations were made.	

Ref.	Discussion and Action Points	Action Owner
2.0	Welcome from The Chair	
	<p>SN welcomed Council members to the March meeting of the Council of Governors. He highlighted that the Chair and Non-Executive Director appraisals for 2026 will begin in April and continue into May.</p> <p>The Council of Governors NOTED the welcome and update.</p>	
3.0	Chief Executive Trust Overview	
	<p>SK delivered a Trust Overview presentation. The presentation covered the following areas:</p> <ul style="list-style-type: none"> • Quality and Safety. • People. • Performance. • Finance. • Communications. • Estates. <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> • The Theatre business case of need includes provision for additional administration, Allied Health Professionals and Consultants. The current bed capacity will be sufficient. • A question was asked if the Trust is considering an electronic prescription service for patients in the future. <p>Action: SK to discuss an electronic prescription service with Carrie Jenkins, Chief Pharmacist.</p> <p>Following consideration of the presentation and subsequent discussion, the Council of Governors NOTED the overview.</p>	
4.0	Lead Governor Update	
	<p>VS delivered a verbal update. The update covered the following areas:</p> <ul style="list-style-type: none"> • The Governors are engaged in and appreciate the informal meetings with the Chair. • An area of concern is the uncertain future of Governors in the NHS. • The group are aware they need to act more cohesively; therefore, a What's App communication group has been set up. • The Lead Governor continues to have regular meetings with the Chair and Trust Secretary. • Attendance at sub-Committees is well supported and assurance is gained at these meetings. • Governors are keen to attend additional meetings. • The Governors are keen to become involved in supervised Buddy visits within designated areas of the Trust. • The Governors would like to be involved in place assessments at the Trust. • An updated list of Committee dates, with Chair and administrative support contact details would be appreciated. • If possible, align the Council of Governors Committee to the Public Board of Director dates for 2026/27. <p>Action: SK to review Buddy visits to include Governors.</p> <p>Action: GM to circulate a list of Committee dates, with Chair and administrative support contact details.</p> <p>Action: DM and HT to review the Council of Governor dates for 2026/27, to align them to the Public Board of Director dates, where possible.</p>	

Ref.	Discussion and Action Points	Action Owner
	Following consideration of the update and subsequent discussion, the Council of Governors NOTED the update.	
5.0	Committee Chairs Updates	
5.1	Quality and Safety Committee	
	<p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • Key areas of concern are: <ul style="list-style-type: none"> ○ EPR implementation – clinical risks and the pace of improvement. ○ Blood transfusion compliance. • EPR concerns to be added to the corporate risk register where appropriate. • The Committee held a deep dive into diagnostics standards. • Further information on discharge data was received. • The Committee requested enhanced Infection Control monitoring. • The Committee received an Adult and Children Safeguarding report, with further clarity to be sought once the national guidance has been received. <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> • Staff Governors voiced their frustrations regarding the ongoing issues with the Electronic Patient Record system Apollo. It was noted that the Trust had recently met with the system provider and the recent issue affecting the speed of the system had been resolved (by the supplier securing additional licenses). Significant upgrades are required to the system currently in place to rectify any other ongoing problems. At the recent EPR Assurance Committee, the members were assured and understand what is causing issues, the Committee are committed to supporting administration teams and secretarial staff as well as clinicians. Additional resources, beyond what was first envisaged, are required for the upgrades and expertise. Benefits realisation work is still ongoing. <p>Following consideration of the update and subsequent discussion, the Council of Governors NOTED the Chair Report.</p>	
5.2	People and Culture Committee	
	<p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • The Committee were assured on the guardian of safe working hours. • The Committee received the Freedom to Speak Up report for quarter three; no concerns were identified and positive feedback was received from those who had raised issues. • Areas of focus for the Committee are: <ul style="list-style-type: none"> ○ Training compliance. ○ Absence management. ○ EDI and legislative environment. ○ Vacancy reduction progress in health care support workers. ○ Staffing costs. ○ Triangulation of data sets. ○ Band 5 nursing role review. • The Committee were assured on several policy reviews. <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> • The band 5 nursing roles are being reviewed nationally and at Trust level a large piece of work is taking place for a review of advanced/enhanced care practitioners within all disciplines. 	

Ref.	Discussion and Action Points	Action Owner
	<p>Action: Denise Harnin, Chief People and Culture Officer, to update the Governors on succession planning and career development opportunities within the Trust.</p> <p>Following consideration of the update and subsequent discussion, the Council of Governors NOTED the Chair Report.</p>	
5.3	Digital, Education, Research, Innovation and Commercialisation Committee	
	<p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • The Committee reviewed its Terms of Reference and Work Plan. • The Committee is not only an assurance Committee but also a forward-looking Committee; each meeting will focus on one of the five strands of the Committee's remit (Digital, Education, Research, Innovation and Commercialisation) and its future focus. • One focus of the Committee is national funding opportunities for Digital. • The Trust has appointed a Commercial Director. • The Trust has expanded its partnership with Chester medical school, with the number of medical students growing from 25 to 61. • A focus of the Committee is the work required to achieve university teaching hospital status. <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> • The benefits of university status are that it will provide further opportunities for research, strengthen links with universities, attracts staff recruitment, aids Consultant recruitment, increases the number of students and trainees at the Trust. • Some medical students will commute to the Trust and others will have onsite accommodation. • The work required to achieve university hospital status is expected to take a minimum of twelve months. <p>Following consideration of the update and subsequent discussion, the Council of Governors NOTED the Chair Report.</p>	
5.4	Finance and Performance Committee	
	<p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • Long waiters continue to be an area of concern. • The financial position is on trajectory to finish on plan. • The 2026/27 planning submission has been submitted. • The Committee supported the Rheumatology Hub business case. <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> • The Committee noted that the Trust can sell back additional energy from the solar panels to the grid; saving energy will help with future costs. • It was queried what percentage the Trust will save on energy bills. <p>Action: Nick Huband, Director of Estates, and Angela Mullholland-Wells, Chief Finance and Commercial Officer, to provide an update on energy savings from the solar panels, to the Committee.</p> <p>Following consideration of the update and subsequent discussion, the Council of Governors NOTED the Chair Report.</p>	
5.5	Audit and Risk Committee	
	<p>The Council considered the submitted paper and members noted the following points in particular:</p>	

Ref.	Discussion and Action Points	Action Owner
	<ul style="list-style-type: none"> The Committee recommended the Fit and Proper Person Policy, the Standing Financial Instructions (SFI) and the Scheme of Delegation for approval by the Board of Directors. Internal auditors, Mersey Internal Audit Agency (MIAA) have been re-appointed. Two reports were received from internal audit, both gained substantial assurance. <p>Following consideration of the update and subsequent discussion, the Council of Governors NOTED the Chair Report.</p>	
6.0	Trust Strategy Update	
	<p>SK delivered a Trust Strategy Update presentation, highlighting areas of progress in the following areas:</p> <ul style="list-style-type: none"> Deliver high quality clinical services. Develop our Veterans Service as a nationally recognised centre of excellence. Integrate the MSK pathway across STW. Grow our services and workforce sustainably. Innovation, education and research at the heart of what we do. <p>The review of the Strategy was aligned with the 2026/27 planning submission and review of the Board Assurance Framework. It will be presented to the Private board of Directors meeting in April for further consideration.</p> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> The Trust has a consultant working within Powys Health Board, in a leadership role, reviewing patient pathways to RJAH. So far, the data shows a 30% reduction in non-appropriate referrals to the Trust. <p>Following consideration of the presentation and subsequent discussion, the Council of Governors NOTED the update.</p>	
7.0	Governance	
7.1	Questions from the Governors	
	<p>The Council were aware that four questions had been asked prior to the meeting and noted the submitted report.</p> <p>SN thanked the Governors who raised the questions and noted that written responses have been provided within the submitted paper.</p> <p>Members noted the following points in particular:</p> <ul style="list-style-type: none"> The optimum time for the Pre-Operative telephone call to patients due for surgery was three days prior to the surgery date. Five and seven days had been trialled but were not as successful. Smoke Free Policy - Governors asked for further clarification on the termination within the policy, guidance and support for staff to be included and for the Policy to be available on the Trust website. Following his recent surgery at the Trust, NT offered his thanks to Mr Chitgopkar and his team. <p>Action: Caroline Nokes-Lawrence, Associate Chief People Officer, to liaise with KB to discuss the points raised about the Smoke Free Policy.</p> <p>Following consideration of the questions and subsequent discussion, the Council of Governors NOTED the update.</p>	

Ref.	Discussion and Action Points	Action Owner
7.2	Membership Report	
	<p>The Council considered the submitted paper and members noted the following points in particular:</p> <ul style="list-style-type: none"> • The current membership total was 7123. This represented a 2% increase over the last twelve months. • Since the low point in September 2022, the membership had risen by 11%. • The male/female split has remained constant over the last year; female members are currently two thirds of the total and one third are male. • Consistently, the 75+ and 60–74-year-olds categories provided the largest proportion of the membership. <p>Following consideration of the report and subsequent discussion, the Council of Governors NOTED the update.</p>	
8.0	To Note	
8.1	Patient Safety Visit Feedback	
	The Council of Governors NOTED the submitted Patient Safety Visit Feedback.	
8.2	Review of the Workplan	
	The Council of Governors NOTED the submitted work plan.	
8.3	Council of Governors Attendance Matrix	
	The Council of Governors NOTED the submitted matrix.	
8.4	Sub-Committee Attendance Matrix	
	The Council of Governors NOTED the submitted matrix.	
9.0	Any Other Business	
	<p>JC noted the recent Trust communication regarding the interim Chief Nurse and Patient Safety Officer (CNO) and sought assurance about stability during the transition period. SK confirmed that the senior nursing team continues to provide strong and consistent leadership in the absence of the substantive CNO.</p> <p>The Chair thanked the members of Council for their attendance and contribution and brought the meeting to a close.</p>	
10.0	Future Meeting Dates: Extra-Ordinary Council of Governors Committee 13 April at 1.00pm Council of Governors Committee 03 June 2026 at 2.00pm Annual General Meeting 30 September 2026 at 12.30pm Council of Governors Committee 02 December 2026 at 2.00pm Council of Governors Committee 24 March 2027 at 3.00pm	

Council Of Governors Committee

Updated: 11.03.2026

Action Log No.	Original Meeting Date	Minute reference	Action	By Whom	By When	Comments/ Updates Outside of the Meetings	Status
33	11-Mar-2026	3.0	SK to discuss an electronic prescription service with Carrie Jenkins, Chief Pharmacist	SK	03-Jun-2026	<i>This was raised with the Chief Pharmacist; a business case was presented to the executive team on 14.04.26, which was supported in principle by the team subject to amendments. Final approval will be circulated outside of the executive team meeting.</i>	CLOSED
34	11-Mar-2026	4.0	SK to review Buddy visits to include Governors	SK	03-Jun-2026	<i>Buddy visits were recently reviewed, due to their nature it would be difficult to plan them with Governors being present. At any time, the Exec and Senior leadership team would be happy to conduct a visit with any Governor should they wish. To share the Buddy areas and leads with lead Governor.</i>	CLOSED
35	11-Mar-2026	4.0	GM to circulate a list of Committee dates, with Chair and administrative support contact details	GM	01-Apr-2026	<i>GM circulated to the Governors on 08.04.26</i>	CLOSED
36	11-Mar-2026	4.0	DM and HT to review the Council of Governor dates for 2026/27, to align them to the Public Board of Director dates, where possible	DM/HT	03-Jun-2026	<i>The meeting dates have been reviewed and, where possible, we will align the meetings with the public board of directors meeting dates for better coordination and visibility. However, please note that there are no public board meetings scheduled for June or December, so alignment will not be possible for those months.</i>	CLOSED
37	11-Mar-2026	5.2	Denise Harnin, Chief People and Culture Officer, to update the Governors on succession planning and career development opportunities within the Trust	DH	03-Jun-2026	<i>RJAH has taken part in the High Potential Scheme (for clinical and non clinical staff), a talent pipeline and career development programme across SSOT and STW. RJAH has some successful candidates who have not yet been informed. A new leadership development framework is currently under design to support managers through core skills and development. Exploring Reverse Mentoring will be included as part of WRES action plan. The Trust is taking part in SATH's 'Galvanise programme' for ethnic minority staff to support career development. The Trust is working with local schools and colleges to develop apprenticeship and work experience placements for the workforce of the future. As part of the refresh of the Leadership and Development Framework, a stronger emphasis on management development and succession planning will be included.</i>	CLOSED
38	11-Mar-2026	5.4	Nick Huband, Director of Estates, and Angela Mullholland-Wells, Chief Finance and Commercial Officer, to provide an update on energy savings from the solar panels, to the Committee	NH/AMW	03-Jun-2026	<i>GM circulated a slide to the Governors on 07.05.26</i>	CLOSED

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Council Of Governors Committee

Updated: 11.03.2026

39	11-Mar-2026	7.1	Caroline Nokes-Lawrence, Associate Chief People Officer, to liaise with KB to discuss the points raised about the Smoke Free Policy	CNL	03-Jun-2026	<i>CNL met with KB on 24.04.26; a meeting has been scheduled on 28.05.26 with the Communications team, Estates and Facilities, Governance and Staff side to discuss signage and communications to staff re vaping.</i>	CLOSED
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The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Overview of the Trust: June 2026

Stacey Keegan, Chief Executive

➔ *Improving lives through excellent and innovative care*



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→ Quality and Safety

- Radar Healthcare- our quality management system implementation is progressing as per schedule. Patient Safety, Patient Experience and Risk Management complete and being used across the Trust. Phase 3 ongoing which will see implementation of the documents management and the concerns module which will help the Trust manage Policies and SOPs. The concerns module will be purposed to track Freedom to Speak up concerns. SMS texting issue due to be resolved imminently to help increase patient feedback.
- A deep dive into the complaints process has been commissioned to understand the bottlenecks in the process and to improve response times and patient satisfaction. This project will also ensure improved accountabilities and engagement from the delivery teams – oversight from Quality & Safety Committee.
- Quality Accreditation Program: Assessment 3 completed with most areas rated ‘good’ and one area rated ‘great’ (Ludlow). Scoping exercise to consider service accreditation in the future to drive continuous improvement outcomes, patient satisfaction and staff satisfaction across services.
- Annual Quality Account for 2025/2026 has been completed and is awaiting final comments from the key stakeholders after which it will be published on the Trust’s website to demonstrate progress to the public.

People

National Staff Survey 2025 results – the Trust has put in a place a process to help all managers understand their staff survey results. Each manager has had a 1-1 with a member of the People team to support and understand the scores. There has been a specific focus and deep dive on those hot spot areas where scores were most declined. A template action plan has been developed with requirements to show how each area will increase the response rate for 2026 but also show local improvements for teams/wards/departments where feedback from staff has been provided. Working on the collaborative approach of *'you said, we are doing, we will'* the Trust will be able to provide better feedback and engagement with staff using this approach

Bank Staff Survey 2025 results – The Trust had the highest response rate in our Specialist Group at 25.87% response rate

Organisation Type	Lowest response rate:	Average response rate:	Highest response rate:
Acute Specialist Trust	13.82%	21.02%	25.87%


Results reviewed and improvement plan in progress to address the strongest themes:

- Improved communication and inclusion
- Improved access to shifts
- Recognition and belonging plan
- Improved wellbeing and support

→ People

Sickness Absence reduction - The People team have been supporting, coaching and advising managers on long-term and short-term sickness absences across the Trust. Exploring in particular, reasonable adjustments, flexible working and support and advice from Occupational Health. Training sessions are also in place for managers to better understand the Absence Policy, with support through a Q&A session. This achievement in reduction of sickness absence is down to the great work the team have been doing.

Combined Integrated Performance Report:
April 2026 - Month 1



Summary - Caring for Staff

KPI (*Reported in Annuars)	Target/Plan	Latest Value
Sickness Absence	5.13%	4.44%
Sickness Absence - Short Term	1.54%	1.68%
Sickness Absence - Long Term	3.59%	2.75%

Performance



- NHSE year end **RTT Performance 62.15% against the 18-week standard**, this meets the Trust's original Operational Plan of 60.02% and exceeds the Q4 stretch target of 62.02%. This is a 17.66% improvement in the 10 months post EPR Go-Live.
- **Waits for 1st outpatient Appointments**, this was a new metric for 2025/26 where our Organisation was given a target of 67% and there was a national task to reach 72%. We have exceeded both of these achieving 76.05%.
- **The percentage of the waiting list over 52 weeks** was 1.8% at year end, narrowly missing the 1% target, but a 6% improvement since the summer of 2025.
- **Theatre activity continues to be impacted by the number of cases per session (CPS) being behind plan.** There has been an increase in CPS in January and February although further improvements are required to return to 24/25 levels. Theatre activity in January was at 998 cases, 36 below plan.
- **The total waiting list size (English and Welsh) reduced by approx. 4,000 patients** between autumn and the end of the year.
- Revising the Trusts delivery model continues to be a significant focus, **planning and mobilising for the new theatre** is now a primary focus for the coming 6 months. This will provide capacity for approx. 1,000 additional theatre cases per year.
- **The operational priorities for the coming year are;**
 - Reducing the inequity between English and Welsh waiting times.
 - Eliminating the longest waits (52 and 104 weeks respectively)
 - Improving waits for first outpatient appointments to under 18 weeks, as we focus on a return to 6 weeks.

Financial Delivery – Year 2025-26



The Robert Jones and Agnes Hunt
Orthopaedic Hospital
NHS Foundation Trust

Headlines:

- We ended the year with £1.7million surplus, which is £1.7million better than originally planned due to the receipt of £1.6million one-off extra financial support. This was provided by NHS England as the Trust achieved delivery of its annual plan, which was to break-even.
- It was a challenging year, with fewer patients treated than expected especially in theatres and diagnostics. This reduced our income, but we managed this by carefully controlling costs, making short term savings and taking actions to increase other activity where possible
- We invested £12.0million in buildings, equipment and infrastructure during the year. This included £6.8million which was funded by system operational capital.
- Our efficiency programme delivered £9.6million in ongoing savings (6% of our total expenses), with a further £1.3m savings achieved through one-off benefits. This has helped to put the Trust on a more sustainable financial footing.

Summary Income & Expenditure Position

£'m	FY Position	
	Actual	Variance
Clinical Income	151.0	(3.2)
Private Patient Income	11.1	(0.9)
Other Income	14.9	0.7
Total Income	176.9	(3.4)
Pay	(110.8)	3.2
Non Pay	(56.4)	1.4
Total Expenditure	(167.3)	4.6
EBITDA	9.6	1.2
Finance Costs	(8.8)	0.5
Donated Asset Dep'n	0.8	0.0
Control Total	1.7	1.7



Financial Plan - 2026/27

£'m	Actual 25/26	26/27 Plan	Movement
Clinical Income	149.4	163.9	14.5
Redistributed DSF	1.6	0.0	(1.6)
Private Patient Income	11.1	12.3	1.2
Other Income	8.5	7.8	(0.7)
Total Income	170.5	184.0	13.5
Pay	(104.4)	(114.3)	(9.9)
Non Pay	(56.4)	(60.6)	(4.2)
Total Expenditure	(160.9)	(174.9)	(14.0)
EBITDA	9.6	9.1	(0.5)
Finance Costs	(8.8)	(10.0)	(1.2)
Donated Asset Dep'n	0.8	0.9	0.1
Control Total	1.7	0.0	(1.7)
Provider Operational Capital	6.8	4.9	(1.9)
Capital Flexibility	0.0	2.9	2.9
Non Operational Capital	5.2	4.5	(0.7)
Total Capital Expenditure	12.0	12.4	0.3

- Our plan for the current year (2026/27) is to break even i.e. to spend no more than the income we earn, and is aligned with our clinical service and workforce plans.
- Income is planned to increase due to an increased of c20% more planned operations, based on improved performance and the opening of a new theatre which is currently in development.
- Through our Value Improvement Programme we aim to save £8.2million (around 5% of our costs) which is integral to our plan and required to achieve a break even position. This is in addition to a further £0.9million, post planning efficiency required as a result of reduced income agreed with commissioners.
- We plan to invest similar amounts in buildings and equipment; however the core funding we will receive for day-to-day capital will reduce, which if the funding remains the same, means that investment in future will be very limited.

Month 1, 2026/27 (April 2026)

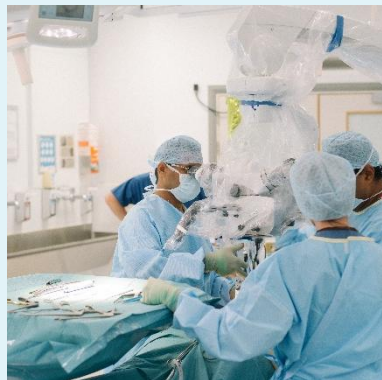
Summary Month 1 Income & Expenditure Position

Headlines:

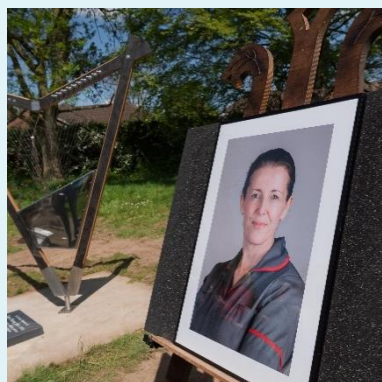
- At the end of the first month (April 2026), our finances are broadly in line with plans, with a small £35,000 surplus.
- Income from patient care is £0.4million lower than expected due to fewer operations taking place for knee, sports injuries, foot and ankle and upper limb. This has been offset by more patients being seen in outpatient clinics, both before and after operations.
- Income from private patients is £0.4million lower than planned, with fewer patients treated, however the work carried out was more complex.
- Costs are £0.9million lower than planned. Costs for supplies and implants are lower, linked to the reduced number of operations, and less pay related expenditure than planned due to timing of recruiting staff, and tight control of spending.

£'m	M1 Position		
	Plan	Actual	Variance
Clinical Income	13.01	12.59	- 0.43
Private Patient Income	1.10	0.74	- 0.36
Other Income	0.66	0.62	- 0.05
Total Income	14.77	13.94	- 0.83
Pay	- 9.73	- 9.20	0.53
Non Pay	- 4.89	- 4.54	0.35
Total Expenditure	- 14.62	- 13.74	0.88
EBITDA	0.15	0.21	0.05
Finance Costs	- 0.82	- 0.83	- 0.01
Donated Asset Dep'n	0.07	0.07	-
Control Total	- 0.59	- 0.55	0.04

→ Communications



We issued a thank you to staff after RJAH was recognised the **fourth most improved hospital Trust** in England in terms of Referral To Treatment times in 2025/26.



We were delighted that our former Interim Chief Nurse Sam Young was honoured with a posthumous **Chief Nursing Officer for England's Gold Award**.



The Trust was successful in its application to be reaccredited with **Veteran Aware status** from the Veterans Covenant Healthcare Alliance (VCHA). The status will apply until March 2029.



We have started using an advanced **robotic solution** for knee replacements, designed to enhance precision and predictability. For patients, this has the potential to offer a more personalised surgical experience.



We were pleased to present **Long Service Awards** to 13 members of staff who had clocked up a combined 400 years of service to the NHS.



Consultant paediatric trauma and orthopaedic surgeon, Mr Rob Freeman, was appointed as a **clinical lead** with NHS England's **Getting It Right First Time programme**.



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Corporate Priorities 2026/27

- The Trust's annual corporate priorities translate the Trust's five high-level strategic objectives set out in the Trust's Strategy into clear, actionable objectives that guide organisational operations, performance, and service delivery.
- Each of the corporate priorities have been aligned to Board Committees for assurance purposes with measurable outcome attached to each objective.
- The Board Assurance Framework has been reviewed alongside the 2026/27 objective-setting process.
- A Strategy Delivery Group is being established for 2026/27 to strengthen oversight of progress against our strategic objectives prior to Committee assurance.



Corporate Priorities 2026/27

Strategic Objective:



1

Deliver high quality clinical services



Recognised as outstanding
for quality of care

Corporate Priorities	Actions for Delivery	Associated Outcomes	SRO	Delivery Lead	Assurance Committee
Ensure the highest standards of care for our patients	Systematic use of patient feedback, Patient-reported experience measures (PREMs) and Patient-Reported Outcome Measures (PROMs) informing continuous improvement ensuring patients are actively involved in informing service design and improvement.	<ul style="list-style-type: none"> PROMS metrics Phased rollout of PREMS measures relating to: Communication & Information Respect, Dignity & Compassion Access & Timelines Co-ordination & Continuity of Care Environment & Practical Experience Feeling Safe and Reassured Patient Engagement evidenced in service pathway redesign. 	CNO	ACN and Patient Safety Officer	Quality & Safety Committee
	Redesign our outpatient services to modernise pathways, utilise digital enablement, and improve flow adopting GIRFT best practice.	<ul style="list-style-type: none"> Reduction in waiting list for new and follow up appointments. Increased patient satisfaction for access to services 	CMO	MD Specialist Unit	Finance & Performance Committee
	Improve the utilisation and efficiency of our operating theatres, including increasing our sessions per day and weekend utilisation adopting GIRFT best practice	<ul style="list-style-type: none"> Reduction in waiting list for elective admissions. Increased patient satisfaction for access to services 	COO	MD MSK Unit	Finance & Performance Committee
Address equity of access and health inequalities for our catchment population	Reduce variation between English and Welsh waiting times to access services, by improving access to first appointments within 26 weeks and addressing our longest waiting patients.	<ul style="list-style-type: none"> % of Welsh patients accessing first appointments within 26 weeks improved No Welsh patients waiting over 104 weeks for first definitive treatment 	COO	MD Specialist Unit MD MSK Unit	Finance & Performance Committee

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Corporate Priorities 2026/27

	Reduce variation in accessing services for our most deprived population to address health inequalities for our catchment population	<p>Metrics to focus on:</p> <ul style="list-style-type: none"> DNA rate variation 	COO	MD Specialist Unit MD MSK Unit	Quality & Safety Committee
Develop our services through partnership and shared decision-making	Expand and embed integrated digital tools for our patients to improve accessibility to information and improve patient experience	<ul style="list-style-type: none"> My Recovery extended in line with implementation plan NHS App further roll out in line with implementation plan DrDoctor patient booking roll out 	CMO	Deputy CMO	Digital, Education, Research, Innovation & Commercialisation Committee
	Strengthen the interface between GP and hospital services through enhancement of the Advice & Guidance and other established mechanisms to ensure seamless primary-care to secondary-care collaboration.	<ul style="list-style-type: none"> Adherence to A&G turnaround time Increase in A&G for Specialist advice 	CMO	Deputy CMO	Quality & Safety Committee
Create a compassionate, inclusive and engaging cultural environment for our staff	Strengthen organisational development, internal communications, and staff engagement to create a culture where people feel empowered, informed, and aligned with our values.	<ul style="list-style-type: none"> Implementation Plan agreed and monitored Strengthened mechanisms to receive staff feedback to ensure actions deliver intended outcomes. 	CP&CO	Associate CP&CO Communication	People and Culture Committee
	Implement actions to increase staff confidence in arrangements for raising and addressing concerns.	<ul style="list-style-type: none"> Improved staff survey results for raising and addressing concerns. 	CP&CO	Trust Secretary Freedom to Speak Up Guardian	People and Culture Committee
Recruit, retain and transform our workforce to provide an exemplar experience for our staff and patients	Invest in our nursing and allied health professional workforce through advanced practice development and expanding our advanced practice workforce.	<ul style="list-style-type: none"> Increased AHP workforce aligned to workforce plan Staff feedback demonstrating that are opportunities to improve my career in this organisation 	CNO	Nursing & Allied Professions Lead - Workforce	People and Culture Committee
	Invest in our medical I workforce through recruitment and opportunities for professional development and research	<ul style="list-style-type: none"> Increased Medical workforce aligned to workforce plan Professional development area: 'train the trainer' development 	CMO	Director of Medical Education	People and Culture Committee

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Corporate Priorities 2026/27

Strategic Objective:



2 Develop our Veterans Service as a nationally recognised centre of excellence



Centre of Excellence for Veterans rehabilitation

Corporate Priorities	Actions for Delivery	Associated Outcomes	SRO	Delivery Lead	Assurance Committee
Veterans strategy in place that sets out the sustainable future model for veterans services.	Set out the Trust's long-term vision, priorities, and commitments for Veterans care working in collaboration with NHS commissioners, partners and Veterans.	<ul style="list-style-type: none"> Trust Veterans Strategy agreed by the Trust to meet the Trust/s strategic objective. 	COO	MD Specialist Unit	Finance & Performance Committee
	Work with our partners to establish a NHS Veterans network to develop consistent models of excellence in care for veterans	<ul style="list-style-type: none"> Veterans NHS network established 	COO	MD Specialist Unit	Finance & Performance Committee
	Working in collaboration with NHS commissioners at a local and national level to establish clearer funding streams for the veterans' service and better access to specialist veterans' services.	<ul style="list-style-type: none"> Reduce the funding stream risk associated with LVA or IPFR for our patients Improved patient experience in accessing our services 	COO	MD Specialist Unit	Finance & Performance Committee
Develop our veterans rehabilitation pathway	Headley Court Veteran rehabilitation Programme Pilot to commence in May 2026 and be implemented for an 18-month period with monitoring and evaluation throughout the pilot phase to inform future decision making.	Demonstrate the benefit realisation of pilot to inform future service developments <ul style="list-style-type: none"> PROMS Admission avoidance Patient experience 	COO	MD Specialist Unit	Finance & Performance Committee

Corporate Priorities 2026/27

Strategic Objective:



3 Integrate the MSK pathways across Shropshire, Telford and Wrekin



Single seamless local MSK service

Corporate Priorities	Actions for Delivery	Associated Outcomes	SRO	Delivery Lead	Assurance Committee
Develop a single seamless MSK pathway from prevention, early intervention to specialist care	Strengthen partnership working and collaboration across the system, full integration of the MSK pathway.	<ul style="list-style-type: none"> Prevention programme for MSK established in partnership with Local Authority and NHS partners GP practices and Primary Care Networks collaboration embedded as part of the integrated MSK pathway. Integrated provider delivery model across provider partners 	COO	MD MSK Unit	Finance & Performance Committee
	Work in partnership with PTHB to develop their CMATs single point of access model and support their GIRFT improvement programme.	<ul style="list-style-type: none"> Reduction in patients referred to secondary care to receive treatment that can be offered locally. 	COO	MD MSK Unit	Finance & Performance Committee
Deliver an MSK service that ensures equity of access and improves population health by meeting the needs of our population	Implementation of the agreed spinal pathway to ensure consistent, evidence-based care and the development of community and complex pain services to prevent requirement for surgical intervention and improve patient experience,	<ul style="list-style-type: none"> Reduction in spinal disorders referrals to secondary care to receive treatment that can be offered locally Increase in patients accessing pain services to prevent the need for surgical intervention 	COO	MD Specialist Unit MD MSK Unit	Finance & Performance Committee

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Corporate Priorities 2026/27

<p>Preparing our workforce to deliver Neighbourhood Health models for MSK.</p>	<p>Undertake a comprehensive review of therapy and MSST services to ensure services are efficient, seamless and aligned to future neighbourhood health models.</p>	<ul style="list-style-type: none"> • Workforce requirement to deliver MSK Neighbourhood health quantified and agreed across STW • Workforce and service development programme agreed with system partners based on best practice. 	<p>COO</p>	<p>MD MSK Unit</p>	<p>People and Culture Committee</p>
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Corporate Priorities 2026/27

Strategic Objective:



4

Grow our services and workforce sustainably



Outreach of our specialist expertise

Corporate Priorities	Actions for Delivery	Associated outcomes	SRO	Delivery Lead	Assurance Committee
Delivering our services sustainably to meet the needs of our patients.	New theatre to be commissioned and operationalised to deliver improved access to services to return to constitutional standards.	<ul style="list-style-type: none"> Increase in the number of elective patients treated per annum. Reduction in waiting list for elective admissions. 	COO	MD MSK Unit	Finance & Performance Committee
	Ensuring that our workforce is able to deliver services sustainably to meet the needs of our patients.	<ul style="list-style-type: none"> Workforce recruitment and development programme in place informed by best practice and future service models 	CPO	Associate CP&CO	People and Culture Committee
Develop our commercial strategy and support unlocking value for reinvestment into NHS services	Develop a comprehensive commercial strategy over the coming year, focusing on delivery of opportunities that create value for reinvestment in NHS patient care and hospital services.	<ul style="list-style-type: none"> Increase in commercial income contribution to deliver NHS services per annum 	CF&CO	Commercial Director	Digital, Education, Research, Innovation & Commercialisation Committee
	Enhancing income commissioning through the development and application of best-practice approaches for reviewing tariffs and payment structures	<ul style="list-style-type: none"> NHS clinical income reflecting service delivered 	CF&CO	Deputy CFO	Finance & Performance Committee
Expanding our reach and specialist expertise to other providers and sectors	Collaborate with Royal Orthopaedic Hospital to deliver particular project workstreams based on an agreed set of objectives.	<ul style="list-style-type: none"> 2026/27 deliverables to be confirmed 	All	Project specific: TBC following Board to Board session.	Trust Board Relevant Committees to have oversight of specific priority areas

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Corporate Priorities 2026/27



5 Innovation, education & research at the heart of what we do

University Hospital level
education, research and
innovation

Strategic Objective:

Corporate Priorities	Actions for Delivery	Associated Outcomes	SRO	Delivery Lead	Assurance Committee
Create the cultural environment to promote continuous Improvement	Develop the capability and capacity of our workforce to drive service transformation, adopt new models of care, and contribute to long-term organisational sustainability of services whilst improving productivity	<ul style="list-style-type: none"> Targeted staff feedback to assess confidence and capability in making and implementing improvements, including specific questions aligned to continuous improvement behaviours. 	CNO & CPO	Associate CP&CO Head of Improvement and Business Insights PMO lead	Digital, Education, Research, Innovation & Commercialisation Committee
Enhance Leadership and Management capabilities	Leadership Development programme to strengthen leadership and management capability across the Trust.	<ul style="list-style-type: none"> Roll out of Leadership development programme for 2026/27 	CPO	Associate CP&CO	People and Culture Committee
Optimise the potential of digital technologies to transform care and improve outcomes	Stabilise and optimise existing digital technologies adopted by the Trust	<ul style="list-style-type: none"> Delivery of the 2026/27 programmes from the Digital Roadmap 	CF&CO	CDIO	Digital, Education, Research, Innovation & Commercialisation Committee
	Embed the necessary infrastructure and governance to deliver a clinically led, digitally enabled innovation programme to support delivery of the Trust's digital roadmap and supporting productivity improvement.	<ul style="list-style-type: none"> Clinical membership and supporting clinical stakeholder groups defined within our digitally enabled innovation programme 	CF&CO CMO	CDIO	Digital, Education, Research, Innovation & Commercialisation Committee

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Corporate Priorities 2026/27

Recognition of our innovation, educational and research capabilities as an organisation	Application for university hospital status assessment to be completed.	<ul style="list-style-type: none"> <u>University hospital status achieved</u> 	CMO	Research Manager	Digital, Education, Research, Innovation & Commercialisation Committee
	Partnership working and collaboration regional and national teams to deliver innovation, education and research programmes.	<ul style="list-style-type: none"> Number of regional and national improvement programmes with RJAH participation Number of regional and national research studies with RJAH participation Educational programmes delivered by RJAH to other partners and in partnership with other organisations 	COO CMO CPO	Head of Improvement and Business Insights PMO lead Associate Medical Officer for Research and Outcomes and Research Manager Associate CP&CO	Digital, Education, Research, Innovation & Commercialisation Committee

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Chair's Assurance Report Quality and Safety Committee

Committee / Group / Meeting, Date

Council of Governors, 03 June 2026

Author:

Name: Mary Bardsley
Role/Title: Assistant Trust Secretary

Contributors:

Report sign-off:

Lindsey Webb, Non-Executive Director (Chair of the QS Committee)

Is the report suitable for publication:

Yes

1. Key issues and considerations:

The Trust Board has established a Quality and Safety Committee. According to its terms of reference: "The purpose of the Quality and Safety Committee is to assist the Board obtaining assurance that high standards of care are provided and any risks to quality identified and robustly addressed at an early stage. The Committee will work with the Audit and Risk Management Committee to ensure that there are adequate and appropriate quality governance structures, processes, and controls in place throughout the Trust to:

- Promote safety and excellence in patient care.
- Identify, prioritise, and manage risk arising from clinical care.
- Ensure efficient and effective use of resources through evidence based clinical practice."

To fulfil its responsibilities, the Committee has established a number of sub-committees (known as "Meetings") which focus on particular areas of the Committee's remit. The Quality and Safety Committee receives regular assurance reports from each of these "Meetings" and escalates issues to the Board as necessary via this report.

This report provides a summary of the items considered at the Quality and Safety Committee on 21 May 2026. It highlights the key areas the Quality and Safety Committee wishes to bring to the attention of the Council.

2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	
4	Grow our services and workforce sustainably	
5	Innovation, education and research at the heart of what we do	

The following strategic themes, as outlined in the Board Assurance Framework, are overseen by this Committee. The relevant themes, and the Committee's overall level of assurance on their delivery is:

Assurance framework themes		Relevant	Overall level of assurance
1	<i>Continued focus on excellence in quality and safety.</i>	✓	MEDIUM
2	<i>Creating a sustainable workforce.</i>	×	
3	<i>Delivering the financial plan.</i>	×	
4	<i>Delivering the required levels of productivity, performance and activity.</i>	×	
5	<i>Delivering innovation, growth and achieving systemic improvements.</i>	×	

Chair's Assurance Report
Quality and Safety Committee

Assurance framework themes		Relevant	Overall level of assurance
6	<i>Responding to opportunities and challenges in the wider health and care system.</i>	×	
7	<i>Responding to a significant disruptive event.</i>	✓	MEDIUM

3. Assurance Report from Quality and Safety Committee

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The Quality and Safety Committee wishes to bring the following issues to the Board's attention as they:

Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR

Require the approval of the Council of Governors for work to progress.

MCSI admissions: Ongoing MCSI pathway pressures, particularly delays for spinal injury admissions, were highlighted as a significant risk to patient outcomes requiring system-wide action. An initial system wide summit is planned in early June to address this.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Quality and Safety Committee wishes to bring the following issues to the Council of Governors attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Great Ormond Street Hospital (GOSH) Report: The committee considered the recent report into concerns within the paediatric orthopaedic service at GOSH. Assurance was taken from a number of areas within the RJAH service, including structured surgical planning, dual consultant operating, consultant-led care, and established outcome review processes, supported by strong network collaboration. However, the Committee recognised opportunities to further formalise MDT processes, strengthen documentation and audit trails, and ensure consistent application across services. A key risk was identified in relation to access to patient information within Apollo, where limitations in visibility of historical records present a potential patient safety concern. The Committee requested ongoing organisational reflection, strengthened governance oversight, and the development of more structured reporting through the Clinical Effectiveness Meeting to ensure risks are effectively identified, mitigated, and monitored.

Enhanced Recovery: Assured by sustained improvements in Enhanced Recovery outcomes over recent years, including reductions in DVT, mortality and readmissions, with a continued focus on quality rather than length of stay. However, some concerns remain regarding readmissions for knee replacements, and further interrogation of the data is being undertaken to better understand this. The current data lacks sufficient granularity to determine causality or distinguish between related and unrelated cases of readmissions, limiting confident interpretation. The presence of outliers and variable patterns, including geographically atypical readmissions, further highlights the need for more detailed local case review and strengthened data analysis. While strong assurance was provided overall, the Committee noted the need to enhance evidence of comparative benefit, better capture wider system impacts, and incorporate patient-reported experience to support a more comprehensive assessment and inform targeted quality improvement.

Corporate Risk Register: The Committee welcomed the introduction of the Corporate Risk Register in its new RADAR format, noting improved visibility of high-scoring risks and their relevance to quality and patient safety. However, as an early-stage product, inconsistencies in recording, gaps in controls, and variable data quality currently limit assurance. Members raised specific concerns regarding clarity of risk articulation, robustness of mitigations, and alignment of target scores with risk appetite, alongside risks linked to workforce sustainability, patient compliance, and external capacity constraints. While further refinement is underway, the Committee took assurance on the process in place is being developed, recognising progress but noting the need to strengthen consistency and confidence in mitigation effectiveness.

Chair's Assurance Report Quality and Safety Committee

Performance Report: Moderate assurance was taken, with key risks included rising complaint volumes and inconsistent response times, with current reporting providing limited assurance due to gaps in benchmarking and acuity. Patient engagement data was considered unreliable, with significantly reduced FFT responses and lower compliments linked to data collection issues, ht. Patient safety issues included two bloodstream infections, a surgical site infection and two patient safety reviews, with identified learning on clinical processes and documentation. The Committee also noted the need for improved visibility of theatre cancellations, clearer safer staffing metrics, and strengthened reporting to support more robust oversight.

PSRIF Report: Considered the PSIRF report and noted progress with patient safety reviews and the UHB SLA. However, it highlighted a risk in relation to outstanding actions behind plan and the need to strengthen governance through timely approval of the SOP and implementation of an audit process. The Committee took assurance, subject to continued monitoring of these areas.

Waiting Well and Patient Communication: Noted good progress in improving communication with patients while waiting, including planned introduction of urgent appointment allocation and referral acknowledgements. However, system constraints have prevented implementation of delayed clinic letters, with alternative solutions still being explored. While assurance was taken, the Committee highlighted the need to sustain focus and demonstrate impact, noting ongoing risks from system limitations and demand pressures, and requested a further update in September.

Patient Harm reviews: While assurance was provided that a risk-based approach is being taken, prioritising high-risk areas such as spinal and paediatric pathways, progress remains constrained by the need to validate records prior to clinical review. Data quality challenges and the scale of the backlog present ongoing risks to timely harm identification and recovery of standard turnaround times. Mitigating actions are in place, including allocation of protected time for validation activity, with an anticipated recovery trajectory over the next three months, subject to sufficient resourcing. The Committee will maintain oversight through continued monthly updates and therefore took partial assurance on current arrangements.

West Midland Critical Care Peer Review: Positive findings included strong leadership and no immediate patient safety concerns; however, the unit does not fully meet GPICS standards due to workforce limitations, including restricted consultant cover, limited specialist input, and no formal SLA with a Level 3 unit. An action plan is in development to address these gaps and will return for Committee oversight. The Committee took assurance, subject to review of the action plan.

3.3 Areas of assurance

ASSURE – Quality and Safety Committee considered the following items and did not identify any issues that required escalation to the Council of Governors.

Legal Claims Update: Assured that activity remains stable, with a small number of new claims, including a serious CNST case, and continued progress in settlements and closures. Ongoing employer liability, GDPR, and coronial matters require oversight, with upcoming inquests noted. Members highlighted the decision to settle hand-arm vibration claims following legal advice, with associated financial risk. Overall, assurance was taken, with key risks relating to financial exposure, reputational impact, and timely resolution of claims.

Quality Accreditation: Assured of progress in developing bespoke accreditation frameworks, including for theatres, with early improvements seen in documentation, falls management and IPC. Noted risks relate to the reliance on system-driven gains (e.g. Apollo) and the need to sustain and evidence improvements as accreditation assessments commence and mature.

EPRR Quarterly Report: Assured that no items required approval and that there were no high-risk issues or significant concerns at this stage. It was noted that priority conversations and alignment work remain ongoing, with plans for completion before year end, and that early planning for a live exercise is underway, with stakeholder engagement due to commence in June. The Committee took assurance from the progress reported but will continue to monitor delivery against planned timelines and the effective coordination of forthcoming exercise activity.

Chair's Assurance Report Quality and Safety Committee

Quality Account: Considered the draft Quality Account, noting an outstanding STW ICB Chief Nurse statement and a potential discrepancy in reported never events, both of which will be addressed. Subject to these updates, the Committee was satisfied with the level of assurance provided and endorsed the report for progression to the Trust Board.

Review the Committee Effectiveness and Annual Report: Concerns regarding the timeliness and quality of papers was highlighted, representing a risk to effective scrutiny, with recent improvements acknowledged. Assurance was provided that revised processes, including earlier executive review and clearer timelines, are in place to address this. The Committee approved the self-assessment and Terms of Reference for submission to the Trust Board.

The Committee received the following Chair Reports from sub-meetings:

- **Chair Report: Patient Experience Meeting** - The Committee took assurance from the report and subsequently approved the Terms of Reference.
- **Chair Report: IPC Meeting** - The Committee took assurance from the report and subsequently approved the Terms of Reference.
- **Chair Report: Trust Performance and Operational Improvement Group** – The Committee took assurance.
- **Chair Report: Drugs and Therapeutic Meeting** - The Committee was assured on updates to medicines governance and pathways, including a revised approach to managing pharmaceutical interactions and changes to HIV post-exposure prophylaxis arrangements. The ongoing national bone cement shortage remains a risk, with local mitigations in place but continued fragility in supply requiring close oversight.
- **Chair Report EPR Meeting** - The Committee noted progress in stabilising the EPR system, including improvements in data quality, communication, and system functionality. However, risks remain relating to data quality backlogs, reliance on supplier delivery, and pressures arising from the Trust's role as a first-of-type site with System C. The Committee took assurance, noting the need for continued focus on system stability, delivery confidence, and resource capacity.
- **Chair Report Regulatory Oversight Meeting** - progress in strengthening regulatory compliance was noted, including renewed clinical interest in re-establishing oversight of the biobank and continued improvements in orthotics governance. Risks remain in relation to outstanding DBS checks and documentation accessibility identified during the UKAS inspection, both subject to ongoing mitigation. The Committee emphasised the need for robust biobank governance and full DBS compliance, and overall took moderate assurance that appropriate actions are in place.
- **Chair Report Adult and Children Safeguarding** – took assurance from the position described. It was noted that system limitations continue to impact delivery of CPIS Phase 2, necessitating reliance on manual processes, which present operational challenges and limit current assurance regarding full compliance with child protection checks. This risk will remain under close review through the Committee and risk register. The Committee approved the Terms of Reference and was satisfied that appropriate oversight arrangements are in place, whilst recognising the need for ongoing monitoring of system-related risks.
- **Chair Report: Health and Safety Meeting** - took assurance from progress across key actions, including completion of the health and safety audit, closure of the NR Fit CAS alert, and ongoing procurement of occupational health services. Members noted that changes to RIDDOR reporting may increase recorded incidents due to revised national requirements rather than worsening performance. A specific risk was highlighted at Baschurch Unit relating to patient belongings, with mitigation actions in progress. Overall, assurance was received, with continued monitoring required on reporting impacts and local risks.

Recommendation

The Council of Governors is asked to consider and note the Chair's assurance report.

Committee / Group / Meeting, Date

Council of Governors, 03 June 2026

Author:

Name: Amber Scott
Role/Title: Executive Assistant

Contributors:

Report sign-off:

Martin Evans, Chair of the People and Culture Committee

Is the report suitable for publication:

Yes

1. Key issues and considerations:

The Trust Board has established a People and Culture Committee. According to its terms of reference: *“The purpose of the People and Culture Committee is to assist the Board obtaining assurance that the Trust’s workforce strategies and policies are aligned with the Trust’s strategic aims and support a patient-focused, performance culture where staff engagement, development and innovation are supported. The Committee will work with the Audit and Risk Committee to ensure that there are adequate and appropriate governance structures, processes, and controls in place throughout the Trust to:*

- *Promote excellence in staff health and wellbeing.*
- *Identify, prioritise, and manage risks relating to staff.*
- *Ensure efficient and effective use of resources.”*

In order to fulfil its responsibilities, the Committee has established sub-committees (known as “Meetings”) which focus on particular areas of the Committee’s remit. The People and Culture Committee receives regular assurance reports from each of these “Meetings” and escalates issues to the Board as necessary via this report.

This report provides a summary of the items considered at the People and Culture Committee on 21st May 2026. It highlights the key areas the People and Culture Committee wishes to bring to the attention of the Council of Governors.

2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	
2	Develop our veterans service as a nationally recognised centre of excellence	
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	

The following strategic themes, as outlined in the Board Assurance Framework, are overseen by this Committee. The relevant themes, and the Committee’s overall level of assurance on their delivery is:

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Chair's Assurance Report People and Culture Committee

Assurance framework themes		Relevant	Overall level of assurance
1	Continued focus on excellence in quality and safety.		
2	Creating a sustainable workforce.	✓	STRONG
3	Delivering the financial plan.		
4	Delivering the required levels of productivity, performance and activity.		
5	Delivering innovation, growth and achieving systemic improvements.		
6	Responding to opportunities and challenges in the wider health and care system.		
7	Responding to a significant disruptive event.		

3. Assurance Report from People and Culture Committee

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The People and Culture Committee wishes to bring the following issues to the Board's attention as they: Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR require the approval of the Council of Governors for work to progress.

Timeliness of papers: Concerns have been raised regarding the late submission of papers, which limits the ability of members to review material adequately in advance of meetings. Work is underway to reset submission processes and deadlines, but the Committee emphasised that timely submission now requires stronger discipline and support from all paper authors and contributors.

FTSU Annual Report (including Q4 data) - The Committee reviewed the report and welcomed the more detailed breakdown of concerns raised, including the themes reported and the staff groups from which concerns originated. Members noted that a significant proportion of concerns had been recorded under staff safety and wellbeing. Assurance was provided that this largely reflected a change in categorisation, whereby staff are now encouraged to identify where an issue has had a detrimental impact on their wellbeing, rather than indicating standalone safety concerns. The Committee welcomed plans to broaden the Guardian role so that it is more strongly focused on organisational learning, staff engagement and culture development, rather than solely case management. The Committee reflected on the absence of reported sexism and racism cases within the period and noted that, while this may be positive, it will remain important to ensure staff feel confident to raise such concerns. Members also noted the low number of concerns attributed to registered nurses and agreed this should be kept under review, recognising that some staff may choose not to disclose their staff group or may use alternative routes to raise concerns.

3.2 Areas of on-going monitoring with new developments

ADVISE - The People and Culture Committee wishes to bring the following issues to the Council of Governors attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Corporate Risk Register: The Committee reviewed the new risk management reporting arrangements and welcomed improved visibility of people-related risks, whilst noting that the system remains immature and that risk entries are still variable in quality and completeness. Members queried whether the low number of high-scoring people-related risks fully reflects the pressures facing the organisation and agreed to keep this under review as reporting matures.

Workforce Performance: remains generally positive; however, recruitment delays, particularly in support worker posts, and slower than expected progress in some job planning and rostering measures require continued monitoring. Assurance was provided that improvement actions are in place and that the target will be achieved within a few months. The Committee requested review and benchmarking of the current 90% six-week roster approval target, clearer timelines for improvement, and consideration of whether the current process is suitable for all staff groups, particularly corporate teams. The Committee noted positive delivery in vacancy, sickness and retention levels, with sustained improvement in retention. The Committee requested an update on workforce readiness for the forthcoming theatre development, including whether staffing plans are sufficiently aligned to delivery timescales to support implementation of the new service.

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Chair's Assurance Report People and Culture Committee

Premium Workforce Costs: Temporary workforce expenditure was positive against the NHS England agency reduction target in month one, but overall temporary staffing remains adverse to plan because of Bank pressures, including consultant waiting list payments and other medical staffing costs. The Committee will continue to monitor progress in reducing these pressures, including the impact of substantive recruitment in key specialties.

Case Management: The quarterly case management report prompted discussion about whether the low number of formal performance management activity is proportionate for an organisation of this size. Members noted the need for greater assurance that performance concerns are being identified and escalated appropriately and requested proposals to strengthen the evidence required to be able to assess appropriate level of assurance.

3.3 Areas of assurance

ASSURE – People and Culture Committee considered the following items and did not identify any issues that required escalation to the Council of Governors.

Advance Workforce Planning: The project focuses on advanced roles within nursing and allied health professions to support sustainable workforce planning and future service delivery. Assurance was received on progress to date, including the establishment of a task and finish group, workforce data analysis, engagement with managers, collaboration with peer organisations, review of qualifications and capability requirements, and development of supporting documentation such as a generic job description.

Sexual Safety Plan on a Page: Considered and approved the plan which provides a consolidated overview of the Trust's strategic priorities within the scope of the project. It was noted that the sexual safety focus group continues to meet monthly, with both clinical and non-clinical representation. The Committee were updated that sexual safety has been embedded in recruitment and induction processes, including the inclusion of relevant documents within job adverts and dedicated discussion at monthly induction.

Ethnic Diverse Pay Gap Report: Noted that this was the Trust's first report of this kind. It was noted that overall the median pay gap is higher for staff from global majority backgrounds and the Committee requested a further breakdown excluding the medical and consultant workforce to better understand the underlying position. The Committee approved the report which will be published on the Trust website.

Disability Pay Gap Report: Reviewed the report and noted that, although the Trust is not currently required to collect, analyse or publish disability pay gap information, it had undertaken the analysis as part of its wider inclusion agenda. It was noted that the disability declaration rate is low at 7%, with additional staff recorded under categories such as not declared, prefer not to answer, or unspecified. The Committee recognised that this limits confidence in the data and suggests that the reported position is likely to under-represent the true number of staff with a disability. It was acknowledged that further work is needed to understand barriers to declaration and to support staff to feel safe and confident in disclosing disability status. Members also noted that the reported pay gap itself appears to show only a small difference, with nothing significant identified at this stage. The Committee approved the report which will be published on the Trust website

Chair Reports received by the reporting sub-meetings included:

- **Chair Report from Trust Performance and Operational Improvement Group** - there were no specific items to raise with the Committee
- **Chair report from Non-Medical Staffing Sub-Group** – there were no specific items raised to the Committee. The Committee approved the revised terms of Reference and workplan for 2026/27.
- **Chair Report from Joint Consultancy Group** – there were no specific items to raise with the Committee

Recommendation

The Council of Governors is asked to consider and note the Chairs Assurance Report.

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Chair's Assurance Report
Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

Committee / Group / Meeting, Date

Counsel of Governors, 03 June 2026

Author:

Name: Mary Bardsley
Role/Title: Assistant Trust Secretary

Contributors:

Report sign-off:

Martin Evans, Chair of the DERIC Committee

Is the report suitable for publication:

Yes

1. Key issues and considerations:

The Trust Board has established a Digital, Education, Research, Innovation and Commercialisation Committee. According to its terms of reference: *“The Board of Directors has delegated responsibility for the oversight of the Trust’s Digital, Education, Research performance to the Digital, Education, Research, Innovation and Commercialisation Committee. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.”*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as “Meetings”) which focus on particular areas of the Committee’s remit. The Digital, Education, Research, Innovation and Commercialisation Committee receives regular assurance reports from each of these “Meetings” and escalates issues to the Board as necessary via this report.

This report provides a summary of the items considered at the Committee meeting held on 21 May 2026. It highlights the key areas the Committee wishes to bring to the attention of the Council of Governors.

2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

The Board Assurance Framework themes overseen by this Committee and the Committee’s overall level of assurance on their delivery is outlined in the table below in **bold text**.

The table also identifies BAF themes which are primarily overseen by other Committees but are also relevant to the work of the Committee. Those assurance ratings relate only to those themes as they apply to the remit of the Committee, e.g. assurance on the Trust’s ability to create a “sustainable workforce” that can deliver the DERIC agenda.

Assurance framework themes		Relevant	Overall level of assurance
1	Continued focus on excellence in quality and safety.		
2	Creating a sustainable workforce.	✓	HIGH
3	Delivering the financial plan.		
4	Delivering the required levels of productivity, performance and activity.		

Chair's Assurance Report
Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

5	Delivering innovation, growth and achieving systemic improvements.	✓	HIGH
6	Responding to opportunities and challenges in the wider health and care system.	✓	MEDIUM
7	Responding to a significant disruptive event.	✓	HIGH

3. Assurance Report from Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee wishes to bring the following issues to the Counsel of Governors attention as they:
Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR
Require the approval of the Board for work to progress.

There were no specific risks or matters to raise.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee wishes to bring the following issues to the Counsel of Governors attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

University Status: The Committee noted the progress towards University Hospital status, with the application largely complete and discussions underway with Keele University regarding the Academic Associate Non-Executive Director role. This is a key strategic development supporting research, education and workforce ambitions. While national approval timescales remain unclear, assurance was gained on progress, with further detail on governance arrangements and timelines requested.

Training Centre: The Committee noted early-stage progress on the proposed education and training centre, aligned to the Trust's strategic ambitions. A working group has been established and initial scoping is underway; however, further detail on scope, costs, governance and delivery is required to provide full assurance, with an update scheduled for September.

Chairs Assurance Report – EPR Implementation Assurance Meeting: Reasonable assurance was provided regarding the overall direction of travel; however, the programme requires continued close oversight given its scale and the extent of ongoing operational and technical work. Key concerns relate to the trajectory and management of programme risks, with further clarity required on the alignment of mitigation actions to specific risks, how their effectiveness will be measured, and when risk scores are expected to reduce. Positive progress was noted in relation to clinician engagement, with structured work underway to address user experience issues and system functionality as part of ongoing optimisation. Work is also progressing to define the resource requirements for the next phase of delivery, with any proposals subject to formal Board approval. The Committee emphasised the importance of maintaining strong clinical engagement, clear escalation processes, and robust assurance arrangements to support continued improvement in system performance and user experience.

Chair Reports from Digital Operational Meeting: The Committee received an update from the Digital Operational Meeting, including progress on the PACS replacement programme and System C performance under Apollo. It was noted that clinician-raised issues are now informing the second phase of the EPR recovery plan, supported by a six-month roadmap to improve visibility of actions and progress. A historical information security issue in theatres was confirmed as resolved and under monitoring. The Committee emphasised the need for clear communication with clinicians and staff and was assured that appropriate actions and engagement mechanisms are in place.

Corporate Risk Register: The Committee noted the introduction of the Corporate Risk Register in the new Radar format, which improves visibility of risk histories and supporting information, but is not yet fully embedded. Further work is required to ensure consistent recording and clearer distinction between

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Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee

controls, mitigations and actions. While the system offers enhanced scrutiny, the Committee highlighted gaps in reporting, particularly around action plan timescales, impact on risk scores and delivery confidence, and agreed these should be strengthened to support assurance.

Performance Report: The Committee noted the report and highlighted the need to strengthen assurance by moving from activity-based reporting to clearer evidence of outcomes, impact, and strategic delivery across education, simulation, and innovation. Members requested enhanced reporting, including trend analysis and alignment with organisational priorities, to better demonstrate improvement and support effective Board assurance.

3.3 Areas of assurance

ASSURE - The Digital, Education, Research, Innovation and Commercialisation (DERIC) Committee considered the following items and did not identify any issues that required escalation to the Counsel of Governors.

RADAR Healthcare Progress and Dashboard: The Committee noted that Phase One is nearing completion, delivering enhanced analytics, improved governance and risk visibility, and centralised document management to address current risks with fragmented storage. Progress was welcomed, with assurance provided, subject to continued focus on staff training, system adoption and embedding. Some timelines have been adjusted, including Freedom to Speak Up and SMS functionality. The Committee noted that the RADAR dashboard will replace legacy systems and improve visibility across services, risks and performance through enhanced reporting and drill-down functionality. Early benefits are being realised; however, continued focus on optimisation, consistency and maximising system use is required. Overall assurance was provided.

Chair Report from Research Meeting: The Committee received a positive update confirming that research governance arrangements remain robust following a successful annual audit, providing good assurance. Progress has been made in strengthening research capacity through new roles and partnership working with Keele University, with further opportunities identified in prevention and health inequalities. The Committee highlighted the need to improve visibility of research impact across the Trust, with work underway to develop case studies. Overall assurance is positive with no significant risks raised.

Sim Lab Development: The Committee noted progress in developing simulation capabilities, including collaboration with external partners and alignment to the Trust's educational ambitions. A gap in dedicated simulation space was identified, with opportunities to address this through the proposed education and training centre. Increased use of immersive and digital approaches, including virtual reality, was highlighted, with overall assurance provided, subject to further work on infrastructure and collaborative faculty arrangements.

Education Strategy: The Committee received an update on the refreshed Education Strategy and dashboard aligned to 2026/27 priorities. Discussion focused on DERIC-relevant elements, including a shift towards competence-based education, alignment with the NHS England Education Quality Framework, and development of scalable, digitally enhanced training. Opportunities for innovation, research, and commercialisation were noted. The Committee received reasonable assurance, noting the need for clearer reporting on DERIC-specific priorities, including innovation, education governance and assurance metrics.

National Education and Training Survey (NETS): The Committee noted strong NETS performance, with the Trust above the national average in fourteen domains and none below, particularly in trainee satisfaction and supervision. While this provides high assurance, improvements are required in reporting and escalation, feedback, teamwork, and handover. Actions are underway, and the Committee emphasised the need for clear evidence of measurable improvement over time.

Recommendation

The Counsel of Governors is asked to consider and note the Chairs Assurance Report.

Chair's Assurance Report Finance and Performance Committee

Committee / Group / Meeting, Date

Council of Governors, 03 June May 2026

Author:

Name: Mary Bardsley
Role/Title: Assistant Trust Secretary

Contributors:

Report sign-off:

Martin Newsholme, Chair of the Finance and Performance Committee in May

Is the report suitable for publication?

Yes

1. Key issues and considerations:

The Trust Board has established a Finance and Performance Committee. According to its terms of reference: *"The Board of Directors has delegated responsibility for the oversight of the Trust's financial performance to the Finance and Performance Committee. This Committee is responsible for seeking assurance that the Trust is operating within its financial constraints, and that the delivery of its services represents value for money. Further it is responsible for seeking assurance that any investments again represent value for money and delivery the expected benefits. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board."*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as "Meetings") which focus on particular areas of the Committee's remit. The Finance and Performance Committee receives regular assurance reports from each of these "Meetings" and escalates issues to the Board as necessary via this report.

This report provides a summary of the items considered at the Finance and Performance Committee on 22 May 2026. It highlights the key areas the Finance and Performance Committee wishes to bring to the attention of Council of Governors.

2. Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	
5	Innovation, education and research at the heart of what we do	

The following strategic themes, as outlined in the Board Assurance Framework, are overseen by this Committee. The relevant themes, and the Committee's overall level of assurance on their delivery is:

Assurance framework themes	Relevant	Overall level of assurance	
1	<i>Continued focus on excellence in quality and safety.</i>		
2	<i>Creating a sustainable workforce.</i>		
3	<i>Delivering the financial plan.</i>	✓	STRONG
4	<i>Delivering the required levels of productivity, performance and activity.</i>	✓	STRONG
5	<i>Delivering innovation, growth and achieving systemic improvements.</i>		
6	<i>Responding to opportunities and challenges in the wider health and care system.</i>		
7	<i>Responding to a significant disruptive event.</i>		

Chair's Assurance Report Finance and Performance Committee

3. Assurance Report from Finance and Performance Committee

3.1 Areas of non-compliance/risk or matters to be addressed urgently

ALERT - The Finance and Performance Committee wishes to bring the following issues to the Council of Governors attention as they: Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR Require the approval of the Board for work to progress.

There were no specific issues to raise with the Council.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Finance and Performance Committee wishes to bring the following issues to the Council of Governors attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Corporate Risk Register: Noted the updated Corporate Risk Register as a positive step forward in structure and consolidation. However, further assurance is required due to inconsistencies in data quality, particularly in the recording of controls and mitigations, and gaps within some entries. Key risks relate to variable use of the system and a lack of clear articulation of how risks are being managed towards tolerance. The Committee emphasised the need for greater consistency, improved focus on controls and actions, and clearer, more concise presentation to support effective oversight.

Four Eyes Discussion: Acknowledged the Four Eyes review represents a substantial piece of analytical work, bringing together insight on theatre productivity and operational performance; however, it has not yet been formally adopted as the organisation's agreed position. Members raised concerns regarding the accuracy and validity of some of the underlying data and assumptions, particularly where findings were not consistent with clinical and operational experience, and emphasised the need for internal validation before key conclusions are accepted. While aspects of the review's interpretation and recommendations were challenged, the Committee recognised that it reinforces existing organisational understanding of the need to optimise productivity from current capacity, and highlights opportunities to better utilise data, improve scheduling, and reduce unwarranted variation. A key risk identified is the potential for fragmented improvement activity and the adoption of untested external recommendations without sufficient scrutiny. The Trust recognised the need for a single, coherent transformation programme, underpinned by robust governance, PMO oversight, and clear ownership, with a focus on practical, deliverable improvements supported by clinical and operational engagement.

Insourcing Update: The Committee took assurance from progress in delivering activity within the agreed financial envelope, the extension of existing arrangements to July 2026, and the development of a longer-term procurement framework to March 2029 supported by appropriate legal advice. However, members noted a number of risks and concerns, including underperformance against current activity expectations with limited contractual recourse, a strained provider relationship, and emerging value-for-money considerations where delivery does not meet planned levels. The Committee further recognised risks associated with reliance on short-term arrangements and the transition to a new model, but was assured that lessons learned have informed the future specification, including strengthened governance, clearer operational controls, and independent booking processes. Ongoing Board oversight will be required through procurement to ensure delivery, value and contractual robustness are achieved.

Performance Update: A broadly positive Performance Update was noted, with clear improvements in RTT performance and overall waiting list position, supported by enhanced reporting through clinician-led dashboards and refinements to the IPR. Progress has been demonstrated in reducing long waits and the combined waiting list, with performance against Welsh standards improving and the English waiting list lower than anticipated. However, key risks and concerns remain, including continued challenges with 65-week waits, theatre cancellations, and complexities in managing cross-border pathways. Delivery assumptions are being revisited following recent improvements, and further work is required to strengthen the pre-operative pool. In addition, the absence of a finalised trajectory for Welsh 104-week waits presents a gap, with members emphasising the need for visibility of the trajectory and associated risks at Committee. Collaborative system-wide action, including NHS England-led discussions on spinal pathways will be critical to sustaining progress.

Chair's Assurance Report Finance and Performance Committee

Financial Performance (M1): The Committee received assurance that Month delivered the planned £0.6m deficit and evidence of improved financial discipline, particularly in the ability to flex expenditure in line with activity. However, this position is supported in part by non-recurrent benefit and lower expenditure offsetting underperformance in clinical income. Key risks remain in relation to income delivery and commissioner alignment, including c.£5m of activity not fully funded within contracts, variation in performance across commissioners, and uncertainty around over-performance reserves. Operational pressures, particularly reduced theatre productivity and the impact of non-elective activity displacing elective work, present further financial risk, alongside ongoing exposure to inflationary pressures and contractual gaps.

Trust Efficiency Delivery Update: Assured that the Trust has made a positive start to delivery of its efficiency programme, with month one performance largely aligned to plan and a high proportion of core schemes already implemented. Members noted that delivery is currently supported by non-recurrent mitigations and that the additional stretch target will not be achieved in the first half of the year, requiring further development and phasing. The Committee highlighted ongoing risks within the programme, with c.£2.3m of schemes rated red and linked to wider operational and productivity challenges, including theatre utilisation and workforce constraints. Whilst governance and oversight arrangements are described as robust, with increasing scrutiny from NHS England, members expressed concern regarding the robustness of some plans and the presentation of RAG ratings, requesting further review to ensure an accurate reflection of underlying delivery risk and strengthened mitigations. Overall, the Committee recognised that the programme is moving in the right direction but emphasised the need for continued focus to secure sustainable and recurrent delivery.

MSK Unit Efficiency Delivery Update: Noted the targeted interventions to address pathway and productivity challenges, including strengthened pre-operative management and enhanced oversight through the 6-4-2 process. While these actions are expected to improve patient flow, reduce cancellations, and support overall efficiency, significant risks remain. In particular, delivery is constrained by limited theatre capacity, anaesthetic availability, MRI staffing shortages, and increased reliance on agency staffing. Performance against private patient activity remains below plan, reflecting both capacity and workforce challenges, and poses a risk to income delivery. Although further mitigations are being explored, overall confidence in achieving full delivery remains cautious, with continued dependency on resolving workforce constraints and improving cases per session productivity. The Committee also noted a discrepancy between Model Hospital and internal productivity data, with further clarification awaited.

Service Line Reporting: Received assurance that Service Line Reporting demonstrates a positive full-year financial position, with a £2.1m operational surplus and generally strong performance across most service lines. However, risks remain in specific areas, notably therapies (the only core service line in negative contribution) and MSK within the trading account, alongside ongoing pressures from cost allocation methodologies, incomplete cost recovery for certain services, and challenges in accurately attributing activity and income. Members noted that variability in costing approaches and limited accessibility of reports continue to affect confidence, engagement, and consistent use of SLR to drive improvement. While recognising its value as a tool for insight and benchmarking, the Committee highlighted the need to strengthen the translation of SLR intelligence into demonstrable operational and financial actions, improve usability and visibility, and ensure systematic capture of improvements.

3.3 Areas of assurance

ASSURE - The Finance and Performance Committee considered the following items and did not identify any issues that required escalation to the Council of Governors.

The committee received Chairs Assurance Report from the following sub-meetings:

- **Chair Report from Trust Performance and Operational Improvement Group** – The Trust has seconded additional support into the access service for a defined period to review and improve current processes. The Trust confirmed that the therapy team is actively reviewing their cancellations, alongside improvements being made to appointment notification processes to reduce avoidable cancellations.
- **Chair Report from Theatre Board Meeting** – The Committee requested an anaesthetic workforce gap review, including recruitment and capacity planning, to ensure sufficient cover

Chair's Assurance Report Finance and Performance Committee

for both core activity and extended sessions following the information shared in relation to the growing risk in anaesthetic recruitment.

- **Chair Report from Veterans Strategy Group** - Previously there has been no mechanism within Careflow to record whether a patient was a veteran, highlighting a gap in data capture. To fully realise the benefits of this, there is a need to ensure accurate and consistent data entry, including consideration of making this field mandatory to provide assurance that it is being recorded reliably. A Veterans Strategy session has been scheduled for July.
- **Chair Report from Capital Management Group** - confirmed there were no specific alerts to raise at this stage, noting that the Trust is entering another significant year of capital expenditure.

Recommendation

The Council of Governors is asked to consider and note the Chairs Assurance Report.

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Chair's Assurance Report Audit and Risk Committee

Committee / Group / Meeting, Date

Council of Governors, 03 June 2026

Author:

Name: Mary Bardsley
Role/Title: Assistant Trust Secretary

Contributors:

N/A

Report sign-off:

Martin Newsholme, Chair of the Audit and Risk Committee

Is the report suitable for publication:

Yes

1. Key issues and considerations:

The Trust Board has established an Audit and Risk Committee. According to its terms of reference: *'The Board of Directors has delegated responsibility for the oversight of the Trust's system of internal control and risk assurance to the Audit and Risk Committee. This Committee is responsible for seeking assurance that the Trust has adequate and effective controls in place. It sought assurance regarding the Trust's internal and external audit programme, the local counter fraud service and compliance with the law and regulations governing the Trust's activities. It seeks these assurances in order that, in turn, it may provide appropriate assurance to the Board.'*

In order to fulfil its responsibilities, the Committee has established a number of sub-committees (known as "Meetings") which focus on particular areas of the Committee's remit. The Audit and Risk Committee receives regular assurance reports from each of these "Meetings" and escalates issues to the Board as necessary via this report.

This report provides a summary of the items considered at the Committee meeting held on 11 May 2026. It highlights the key areas the Committee wishes to bring to the attention of the Council of Governors.

2. Strategic objectives and associated risks:

The Audit and Risk Committee is responsible for seeking assurance that the Trust has adequate and effective controls in place to ensure all objectives and themes supported.

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Chair's Assurance Report Audit and Risk Committee

3. Assurance Report from Activity Recovery Committee

3.1 Areas of non-compliance/risk or matters to be addressed urgently.

ALERT - The Audit and Risk Committee wishes to bring the following issues to the Council of Governors attention as they:

Represent non-compliance with required standards or pose a significant risk to the Trust's ability to deliver its responsibilities or objectives and therefore require action to address, OR

Require the approval of the Board for work to progress.

There were no areas of risk or non-compliance matters to report.

3.2 Areas of on-going monitoring with new developments

ADVISE - The Audit and Risk Committee wishes to bring the following issues to the Council of Governors attention as they represent areas for ongoing monitoring, a potentially worsening position, or an emerging risk to the Trust's ability to deliver its responsibilities or objectives:

Receipt of Annual Internal Audit Report and Associated Opinions: The Committee received the Annual Internal Audit Report, noting a "Substantial Assurance" opinion for 2025/26, reflecting significant improvements in governance, assurance processes, and audit recommendation tracking. The opinion was supported by the Board Assurance Framework review and demonstrated that risks are being effectively identified and managed, with no matters requiring escalation. The Committee commended the Trust in their achievement.

Counter Fraud Annual Report 2025/26: The Committee was assured that the Trust has taken a proactive approach to the "failure to prevent fraud" agenda, with strong compliance against national standards and no significant concerns identified from fraud prevention activity. Work undertaken has strengthened policies, awareness and risk assessment processes, while a recent fraud case relating to AI in recruitment has informed control improvements and highlighted emerging risks. Planned work for 2026/27 appropriately focuses on further strengthening awareness and controls in key risk areas, including AI, cyber-enabled fraud and recruitment.

Finance Governance Pack: The Committee received the Finance Governance Pack and noted improvements in the aged debt position following the resolution of historic veterans' invoices through the issue of credit notes, with provisions remaining for potential bad debts. Members discussed the risks of unrecoverable income balances and were assured that strengthened controls, revised billing arrangements with ICBs, and limits on unfunded activity would be implemented. Concerns were raised regarding recurring salary overpayments despite existing controls, with further management oversight introduced. Losses and special payments included a private patient bad debt, and clarification was sought on the escalation requirements for high-value, multi-year SFI waivers. Cashflow was reported as broadly in line with plan, with strong performance against invoice payment targets.

Declaration of Interest and Hospitality Register: The Committee noted improved compliance following strengthened processes and increased follow-up, alongside an improvement in the quality and transparency of declarations, particularly in relation to indirect interests. However, it was recognised that declarations may not yet be fully comprehensive, with internal audit highlighting the relatively low level of hospitality declarations and advising appropriate scrutiny. While processes are in place to support declaration and review, the Committee was not assured that there is a fully embedded, systematic approach to evidencing how conflicts are actively mitigated and managed in practice. Further work is therefore required to strengthen assurance on the accuracy of declarations and the consistent documentation of mitigation actions.

Counter Fraud Workplan 2026/27: The Committee approved the Counter Fraud Work Plan for 2026/27, noting a change in leadership to Paul McGrath, supported by the wider MIAA team. The plan reflects a risk-based approach, focusing on new "failure to prevent fraud" requirements, cyber and fraud awareness, AI usage, and emerging risks such as social media and secondary

Chair's Assurance Report Audit and Risk Committee

employment. The Committee was assured that staff engagement would be strengthened to support awareness and responsiveness to evolving fraud risks.

Internal Audit Progress Report: Noted that delivery of the 2025/26 internal audit plan was substantially complete ahead of the final annual opinion, with key reviews undertaken in relation to:

- Waiting list management (moderate assurance rating). The report highlighted concerns regarding the complexity and burden of governance arrangements supporting waiting list management and requested clearer, phased implementation and oversight of SOPs, with revised delivery timescales proposed.
- Assurance Framework – which confirmed the Trust has a structure to meet the NHS requirements of assurance best practice model and has robust processes in place.
- Risk management core controls (high assurance rating)

Annual Report – Annual Governance Statement: The Committee reviewed the draft Annual Governance Statement and was satisfied that it broadly reflects the Trust's governance arrangements. Members agreed the content was appropriate but the report should be streamlined to reduce unnecessary detail if this was aligned to the national guidance. Further revisions will be made in line with Committee feedback.

Risk Management Report: The Committee noted that the transition to Radar Healthcare has improved oversight of risk management, with 22 high-rated risks reported for February to April 2026, including new and closed risks. Key areas of risk include Orthotics, digital risks linked to Apollo, and patient access. Training compliance remains strong, and new dashboards are supporting improved monitoring, with further development planned to enhance analysis and reporting. The Committee was assured that risk management processes are strengthening.

3.3 Areas of assurance

ASSURE - The Audit and Risk Committee considered the following items and did not identify any issues that required escalation to the Council of Governors.

Reference Cost: The Committee received assurance that the reference cost submission is on track, with no material changes expected and clear plans in place to meet national deadlines. Chief Finance Officer sign-off is scheduled for 5 June 2026, ahead of the submission window opening in mid-June.

Clinical Audit Structure Process: The Committee was assured that robust clinical audit governance arrangements are in place, with regular monitoring of activity, compliance and actions through established reporting structures. Improvements to oversight and forward planning have addressed previous backlogs and strengthened delivery.

VFM Risk Assessment: The Committee received assurance from KPMG that the Trust has effective arrangements in place to secure value for money, based on a detailed review of governance, management and organisational processes supported by audit evidence and engagement with senior staff. No significant weaknesses or risks were identified, and the Committee noted that no VFM risks required formal reporting.

External Audit Progress Report: The Committee received assurance that the external audit is progressing in line with the agreed timetable following commencement of fieldwork on 1 May 2026, with all required documentation provided. It was noted that the final audit report will be presented to the next meeting, and that a one-off additional fee of c.£10k will be incurred for specialist valuation work, which management has accepted.

Risk Management Policy: The Committee reviewed and approved the risk management policy and will be recommended to the Board for approval.

Risk Management Terms of Reference: The Committee revised and approved the revised terms of reference for the group.

Chair's Assurance Report Audit and Risk Committee

Board Assurance Framework: The Committee received assurance on the Board Assurance Framework (BAF), noting it had been refreshed, is regularly reviewed, and is supported by effective governance arrangements. Members agreed the framework is operating well, becoming embedded within organisational processes, and providing appropriate oversight of principal risks, and therefore noted their assurance.

Well Led Review Action Plan: The Committee reviewed progress against the Well Led Review Action Plan, including actions within its remit (actions 6 and 9), and noted that delivery is supported by developing work on communications, Board development, and committee arrangements. The Committee was assured by the progress made to date.

Committee Annual Report and Self-Assessment: The Committee noted the annual Self-Assessment update, including alignment with HFMA guidance, and identified a minor correction to the reported Chair. No immediate amendments to the Terms of Reference were proposed, with agreement to revisit this following completion of members' self-assessments. Internal audit confirmed no recommended changes, and the Committee endorsed the next steps.

Recommendation

The Council of Governors is asked to consider and note the Chairs Assurance Report.

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Quality Priorities 25/26 – Q4 Update

Committee / Group / Meeting, Date	
Council of Governors Committee, 3 June 2026.	
Author:	Contributors:
Name: Kirsty Foskett Role/Title: Assistant Chief Nurse & Patient Safety Officer	Name: Hayley Gingell, Quality Assurance Lead, Olivia Evans, QI Facilitator & Anne Worrall, Legacy Nurse
Report sign-off:	
Name: Clair Hobbs Role/Title: Interim Chief Nurse & Patient Safety Officer	
Is the report suitable for publication?:	
Yes	
Executive Summary:	
<p>This paper provides an update on progress made as of Q4. All actions are currently on track for delivery.</p> <p>Inpatient Falls</p> <ul style="list-style-type: none"> To improve documentation and record keeping in relation to Falls risk assessments and management plans. To Improve the use of visual aids that highlight if a patient is at risk of falls. To introduce the new post-fall toolkit <p>Q4 Update:</p> <p>Significant progress has been made on falls prevention initiatives, with many actions completed and embedded into practice. Key achievements include:</p> <ul style="list-style-type: none"> Completion of the Falls Policy review aligned to NICE guidance. Establishment of the Task & Finish (T&F) stakeholder group. Development of patient information resources ready for publication. <p>Core interventions such as training, awareness campaigns, visual cues, and communication processes remain in place and sustained across clinical areas.</p> <p>Ongoing work includes finalising corporate signage, transitioning the Falls Prevention Handbook to an electronic format, implementing the RADAR audit and dashboard, testing ward-based informatics posters, and developing bathroom safety improvements. Most remaining actions are dependent on system implementation, evaluation of pilot initiatives, or external factors. Once fully implemented, RADAR and associated dashboards will provide improved oversight and support continued reduction in falls.</p> <p>Overall Completion: 77% (Partially Achieved)</p> <p>Managing the Deteriorating Patient</p> <ul style="list-style-type: none"> To introduce a deteriorating patient simulation study day, to improve the early recognition and management of the unwell patient To improve the use of fluid balance charts across the Trust 	

Quality Priorities 25/26 – Q4 Update

Q4 Update:

Significant progress has been made on initiatives supporting early recognition of the deteriorating patient and improvements to fluid balance monitoring.

Key achievements include:

- Delivery of simulation training programmes in theatres and study days for staff.
- Continued embedding of “Call for Concern” and observational training such as “Pete’s Problems.”
- Establishment of standardised venepuncture trolleys, ICNARC data access, and monitoring systems to support oversight of deteriorating patients.

Ongoing work includes embedding safety huddles, strengthening links between early recognition and ward processes, and progressing the fluid balance improvement project through SOP development and audit implementation. Remaining actions focus on sustaining training programmes and enhancing monitoring and early intervention practices to support patient safety.

Overall Completion: 86% (Partially Achieved)

Improving Information Sharing

- To introduce bedside nursing handovers
- To introduce visual Quality Dashboards in ward/departmental areas
- To review the effectiveness of safety huddles in the ward environment
- To review the effectiveness of “Link Nurse” meetings
- To introduce new patient bed boards across the trust

Q4 Update:

Significant progress has been made on Information Sharing initiatives, with key elements now established and embedded. Achievements include:

- Implementation of the Quality Dashboard proof of concept and rollout of agreed ward metrics.
- Integration of feedback systems into digital displays.
- Launch of the Link Programme with supporting structures, meetings, communication processes, and a trust-wide newsletter.
- Bedside handovers implemented across multiple wards as part of a phased pilot.

Ongoing work includes temporary and digital display solutions for Quality Metrics, measuring Link Programme effectiveness, and evaluating the effectiveness of ward safety huddles.

Due to the staged implementation of RADAR and its key role in supporting the digital Quality metric screens, the Information Sharing quality priority will be carried forward into 2026/27.

Work is planned to continue rolling out RADAR, embed its functionality, and optimise digital data visualisation across wards.

Overall Completion (%): 72% (Partially Achieved – this will continue to be a Quality Priority for 2026/27)

Introducing a complex care pathway

- Improving the experience of those patients with LD&/or A or mental health needs

Quality Priorities 25/26 – Q4 Update

Q4 Update:

Significant progress has been made on initiatives to improve the patient experience for those with complex care needs. Key achievements include:

- Implementation of reasonable adjustment processes.
- Integration of training on safeguarding versus complex care.
- Updates to patient letters to support communication of additional needs.
- Weekly coordination between safeguarding and the coordination centre established for proactive patient management.
- Core elements such as pathway mapping, alert standardisation, and engagement with external organisations have been completed, supporting improved identification and care for patients.

Ongoing work includes finalising T&F outputs and SOPs for alerts, improving ward-based communication aids, and progressing initiatives such as quiet spaces, enhanced carer support, and dementia-friendly environments.

The 8 remaining open actions from the Complex Care Pathway quality priority will be absorbed, monitored, and managed as part of the safeguarding priorities in 2026/27.

Overall Completion: 81% (Partially Achieved)

Outstanding Actions

For the 25/26 quality priorities that have only been partially achieved. Actions outstanding from these will be monitored for completion via the quarterly priorities meeting and upward reporting through this report.

Quality Priorities for 2026/27

Seven quality priorities identified for 2026/27

Patient Safety

- Upskilling ward teams to safely manage high-acuity patients and reduce unnecessary admissions to HDU
- Implement Actions associated with the new Patient Safety Healthcare Inequalities Reduction Framework
- Improve knowledge and compliance in relation to blood transfusion practices

Patient Experience

- To review and improve our booking and scheduling processes to help improve the experience of our patients

Clinical Effectiveness

- To review nursing documentation on Apollo to ensure it is proportionate and led by professional judgement
- Increase the use of Patient Reported Experience Measures (PREMS) alongside PROMS to understand the effectiveness of our service
- Improved Information Sharing

Recommendations:

The committee is asked to note progress in relation to the Trusts quality priorities 2025/26 and agree the identified priorities for 2026/27 for inclusion in the Trusts Quality Account.

Quality Priorities 25/26 – Q4 Update

Strategic objectives and associated risks:

The following strategic objectives, developed in light of national and system priorities, are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	
4	Grow our services and workforce sustainably	
5	Innovation, education and research at the heart of what we do	✓

This report relates to the following [Board Assurance Framework \(BAF\) themes and associated strategic risks](#):

Board Assurance Framework Themes		
1	Continued focus on excellence in quality and safety	✓
2	Creating a sustainable workforce	✓
3	Delivering the financial plan	
4	Delivering the required levels of productivity, performance and activity	✓
5	Delivering innovation, growth and achieving systemic improvements	
6	Responding to opportunities and challenges in the wider health and care system	
7	Responding to a significant disruptive event	

Trust values:

The content of this report reflects / supports the following Trust values:

Trust Values		
1	Professional	✓
2	Excellence	✓
3	Respect	✓
4	Friendly	✓
5	Inclusive	✓
6	Caring	✓

Report development and engagement:

The identified quality priorities have been shared and agreed with leads of the priorities, members of the Patient Safety Working Group and Patient Safety Meeting and both Associate Chief Medical Officers.

Quality Priorities 25/26 – Q4 Update

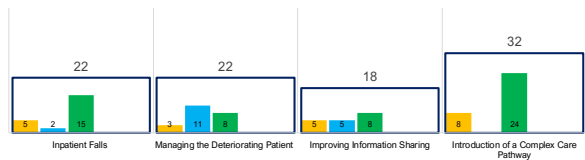
Quality Priorities 2025/26

Show all Quarters Q1 Q2 Q3 Q4 Data Template

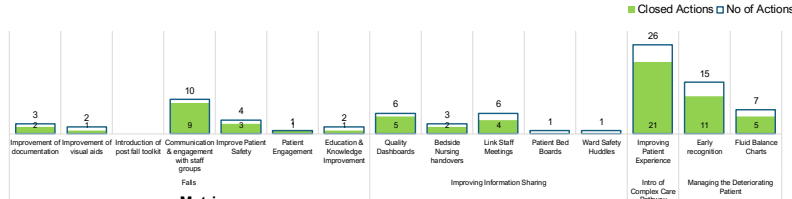
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Live Progress to Actions by Quality Priority



Progress against Individual Objective



Formatting: Toggle Headers * Data linked to action plans tracking progress on each quality priority. Clicking on the graph headers below will take you to the action plan.

Quality Priority (Actions completion)	Quarter 4 Summary	Improved Compliance with Completion of Risk Assessments and Management Plans	Improved Compliance with the Use of Visual Aids
Inpatient Falls 100% 100% 86% 43% Completion of action plan: 77%	<p>Significant progress has been made on falls prevention initiatives in Q4, with the majority of actions now completed and embedded into practice. Key achievements include completion of the Falls Policy review aligned to NICE guidance, establishment of the T&F stakeholder group, and development of patient information resources now ready for publication.</p> <p>Core interventions such as training, awareness campaigns, visual cues, and communication processes remain in place and sustained across clinical areas.</p> <p>Ongoing work includes finalising corporate signage, transitioning the Falls Prevention Handbook to an electronic format, and implementing the RADAR audit and dashboard to strengthen monitoring and assurance. Testing of ward-based informatics posters and development work to improve bathroom safety also continue.</p> <p>Most remaining actions are dependent on system implementation, evaluation of pilot initiatives, or external factors. Once fully implemented, RADAR and associated dashboards will provide improved oversight and support continued reduction in falls.</p>	<p>Improved Compliance with Completion of Falls Risk Assessments and Management Plans</p>	<p>Improved Compliance with the Use of Visual Aids</p>
Managing the Deteriorating Patient 80% 60% 100% 83% Completion of action plan: 86%	<p>Significant progress has been made in Q4 on initiatives supporting early recognition of the deteriorating patient and improvements to fluid balance monitoring. Key achievements include delivery of simulation training programmes in theatres and study days for staff, alongside continued embedding of "Call for Concern" and observational training such as "Pulse Problems."</p> <p>Core elements such as standardised venepuncture trolleys, ICNARC data access, and monitoring systems are now established and supporting oversight of deteriorating patients.</p> <p>Ongoing work includes embedding safety huddles, strengthening links between early recognition and ward processes, and progressing the fluid balance improvement project, including development of a standard operating procedure and implementation of audit processes.</p> <p>Remaining actions are focused on finalising the fluid balance SOP, sustaining training programmes, and continuing to enhance monitoring and early intervention practices to support patient safety going forward.</p>	<p>Reduction in the no of Patient Safety Reviews</p>	<p>Uptake of Simulation Training amongst clinical staff</p>
Improving Information Sharing 100% 100% 100% Completion of action plan: 72%	<p>Significant progress has been made on Information Sharing initiatives in Q4, with key elements of the programme now established and embedded. Achievements include implementation of the Quality Dashboard proof of concept, rollout of agreed ward metrics, and integration of feedback systems into digital displays. The Link Programme has been launched with supporting structures, including meetings, communication processes, and a trust-wide newsletter.</p> <p>Bedside handovers are now in place across multiple wards as part of a phased pilot, with ongoing support to address challenges and embed practice.</p> <p>Ongoing work includes development and rollout of standardised patient bed boards, evaluation of safety huddles, and assessing the effectiveness of the Link Programme. Exploration of RADAR capability to support digital quality metric screens is also in progress.</p> <p>Remaining actions are focused on evaluation, optimisation, and digital system development, with RADAR expected to provide improved functionality for data visualisation and information exploration going forward.</p>	<p>Improved communication with staff in understanding ward Quality performance</p>	<p>Reduction in Incidents relating to communication in ward environments</p> <p>2526FY Qtr</p>
Introduction of a Complex Care Pathway 100% 81% 33% Completion of action plan: 81%	<p>Significant progress has been made in Q4 on initiatives to improve the patient experience for those with complex care needs and LD&A. Key achievements include implementation of reasonable adjustment processes, integration of training on safeguarding versus complex care, and updates to patient letters to support communication of additional needs. Weekly coordination between safeguarding and the coordination centre is now established to support proactive patient management.</p> <p>Core elements such as pathway mapping, alert standardisation, and engagement with external organisations have been completed and are supporting improved identification and support for patients.</p> <p>Ongoing work includes finalising the Task & Finish group outputs and SOP for alerts, improving ward-based communication aids, and progressing initiatives such as quiet spaces, enhanced carer support, and public information on carers' access schemes. Work to improve dementia-friendly environments also continues.</p> <p>Remaining actions are focused on embedding these changes into practice and enhancing the environment and communication to better support patients with complex needs going forward.</p>	<p>Implementation and adoption of the Call for Concern/Martha's Rule.</p>	<p>Improved scores through well-led of the quality accreditation assessment</p>
		<p>Reduction in complaints relating to complex care pathway</p>	<p>Improved scores through well-led of the quality accreditation assessment</p>
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The Robert Jones and Agnes Hunt
Orthopaedic Hospital
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Quality Priorities

2026/27

➔ *Improving lives through excellent and innovative care*



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Patient Safety



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Upskilling ward teams to safely manage high-acuity patients and reduce unnecessary admissions to HDU

Key Actions:

- Establish baseline data on MSK-to-HDU admissions
- Review and strengthen ward staffing models to safely support higher-acuity care
- Develop and deliver targeted competency-based training for ward staff, focused on:
 - ✓ Early recognition of deterioration
 - ✓ Enhanced monitoring
 - ✓ Safe management of higher-acuity patients
- Ensure appropriate on-call and medical support arrangements are aligned to ward capability
- Establish baseline and ongoing monitoring of MSK ward to HDU admissions to identify avoidable transfers.

Lead: Lisa Newton & Nicki Bellinger

Key Measures:

- Reduction in on the day cancellations due to lack of HDU beds
- Increase compliance in line with the Critical Care Operational Policy relating to admissions to HDU
- Reduction in unplanned admission to HDU from MSK wards
- Positive staff feedback on confidence managing high-acuity patients



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Patient Safety



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Implement Actions associated with the new Patient Safety Healthcare Inequalities Reduction Framework

Lead: Sheela Vepuri

Key Actions:

- Scope the use of EIDO as a library for patient information leaflets, ensuring our communications are accessible and clear
- Health inequalities training to be delivered to all Ward/Departmental/Service leads to improve awareness and understanding of healthcare inequalities to related patient safety risks.
- Using Radar Healthcare and LFPSE understand the Trusts data on health inequalities to improve safe care

Key Measures:

- Improved compliance against the accessible information standard.
- Understanding incident reporting and patient safety data through the lens of health inequalities



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Patient Safety



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→ Improve knowledge and compliance in relation to blood transfusion practices

Key Actions:

- Increase awareness of TACO risk assessment form and its need for completion
- To ensure information regarding blood transfusion summary in patients discharge summary
- Audit programme to be established
- Review training material around blood transfusions

Lead: Brenda Gaule & Paul Huges

Key Measures:

- Improved audit compliance
- Reduction in report SHOT incidents
- Training compliance in relation to Blood Transfusion Practices.



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Patient Experience



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To review and improve our booking and scheduling processes to help improve the experience of our patients

Key Actions:

- Introduction of acknowledgment letters to patients on receipt of referral and when scheduled for surgery.
- Improve signposting to services to ensure our patients are waiting well for surgery
- Review booking procedures to reduce the volume of rescheduled appointments.
- Improve communication (both internally and externally) regarding waiting times for English and Welsh waiting times, ensuring consistent messaging to our patients.
- Continue to improve our RTT performance so patients are waiting in line with national standards

Lead: Sheela Vepuri & Mel Brown

Key Measures:

- Improved RTT position
- Reduction in the number of Complaints and PALS concerns relating to waiting times and scheduling of appointments
- From a PREMS perspective measure improvements against 'Access and Timelines'



Clinical Effectiveness



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Orthopaedic Hospital
NHS Foundation Trust

➔ **To review nursing documentation on Apollo to ensure it is proportionate and led by professional judgement**

Key Actions:

- To review nursing risk assessments used on Apollo, to ensure they are intuitive and led using professional judgement. These include:
 - ✓ Falls Risk Assessment
 - ✓ Manual Handling
 - ✓ Nutrition and Hydration
 - ✓ Safeguarding
 - ✓ Purpose T
 - ✓ Intentional Rounding
- To implement the use of Fluid Balance Charts, Sepsis Screening and Patient Wellness Questionnaires through Vitals.

Lead: Kirsty Ditcher

Key Measures:

- Improved satisfaction from nursing staff on the volume of documentation to complete
- Completion of nursing documentation through the quality accreditation process.



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Clinical Effectiveness



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NHS Foundation Trust

→ Increase the use of Patient Reported Experience Measures (PREMS) alongside PROMS to understand the effectiveness of our service

Lead: Sheela Vepuri, Richard Potter & Hayley Gingell

Key Actions:

- To ensure the Trust captures PREMS for each of our services and that this is reported at service and Unit level meetings.
- To develop an accreditation process for our services, that incorporate, PREMS, PROMS, GIRFT accreditation, Clinical Audit and if applicable, research activity.

Key Measures:

- PREM Scores
- Service Accreditation Scores



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Clinical Effectiveness



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NHS Foundation Trust



Improved Information Sharing

Lead: Lisa Newton, Matrons and Anne Worrall

Key Actions:

- Introduction of digital quality dashboards for Ward and Departmental areas
- Introduce standardised patient bed boards across all ward areas
- Improved communications through the roll out of bedside handovers, assessing the effectiveness of safety huddles and development of subject matter link meetings.

Key Measures:

- Improved attendance at subject matter link meetings
- Evaluate the roll out of bedside handovers



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Questions and Answers

Committee / Group / Meeting, Date

Council of Governors, 3 June 2026

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Gayle Murphy
Trust Executive Assistant

Report sign-off:

Stacey Keegan
Chief Executive Officer

Is the report suitable for publication?:

YES

Key issues and considerations:

The Council of Governors are asked to note the questions that have been raised by Council members since the last meeting and the answers provided by the lead executive.

It was agreed that any questions and answers raised by Council members in between meetings would be collated into a paper to the Council in order that all members could benefit from the information and also to ensure there was opportunity for discussion as required.

In addition, it was agreed that the Council of Governors would be proactively asked if there were any items they wished the Chair to consider for the agenda.

This paper presents the questions and answers paper. In summary:

- No items were requested for the agenda.
- Two questions were raised.

The Council of Governors are asked to note the questions raised by Council members since the last meeting and the answers provided by the lead executive.

Date Raised	Raised By	Question
13.05.2026	Colin Chapman, Public Governor – Shropshire	Having visited the Simulation Lab on their open day recently, it became obvious on chatting to staff that the staff within the unit felt unsupported both financially and professionally. The unit has tremendous potential, so my question is in seeking assurance that this unit is considered in future financial planning as a commercial interest and support is given in future developments. Response Provided by Mark Salisbury, Commercial Director A financial review of the Simulation Lab took place in March 2026, recognising the training and education contribution the department makes to the organisation. A fixed term post was approved permanently to give stability to the team. The Commercial Director, who started in the role from 1st May 2026, has established regular meetings with the Simulation Lab team to progress commercial opportunities – this is part of the developing commercial strategy.
27.05.2026	Kate Betts, Staff Governor	In the drive for financial efficiency whilst driving down our carbon footprint, are the Board assured that our current method of heating the many departments within RJAH is fit for purpose and not detrimental to our financial situation and green plan? By the time you read this question, I am sure that you will be aware of a plethora of incident forms regarding the exceptional heat within the Trust during the first heatwave of 2026. Indeed, after a weekend of

Questions and Answers

		<p>extreme heat many radiators were still blasting out heat for most of the day following the weekend. I appreciate that the cost of replacing the heating system within RJAH would be challenging but at what cost is not looking into a solution to the current situation. Surely it would be so much more efficient for each department, office, corridor to be individually managed. This would I am sure be more efficient than windows open to reduce the heat even on standard temperature days and offices being heated when not required. How much of our solar panel charging is used for our heating needs? Is there a plan to audit our heating cost/needs/waste?</p> <p>Response Provided by Phil Davies, Head of Estates and Facilities</p> <p>The matter of site heating and cooling is being considered. As part of the Trust's green plan the Trust was successful with a bid to support the electrification/decarbonisation of our heating; which is currently provided by gas boilers and the gas-powered CHP (Combined Heat and Power unit). The project will be delivered by March 2028 and will see the majority of our heating provided by modern air and water sourced electrical units. The project also prioritises a building fabric first approach, insulating the Trust from the changeable weather conditions, to minimise the need for heating and cooling intervention.</p> <p>In advance of the decarbonisation project, the Trust has been successful with a number of solar PV bids, which will set us up well for the go live of the project, which would otherwise pose a significant cost pressure, owing to the high grid unit price.</p> <p>Cooling is a separate challenge that is being reviewed; there are two different approaches, which have differing short and long-term benefits. Estates will formulate a plan following the preference of the Trust approach.</p>
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Strategic objectives and associated risks:

The following strategic objectives are relevant to the content of this report:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The following objectives are relevant to the content of this report:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Recommendations:

The Council of Governors are asked to note the information contained within this paper.

Report development and engagement history:

This report has not been considered at any other meeting within the Trust.

Questions and Answers

Next steps:

Questions from the Governors will continue to be received and responded to at future meetings of the Council of Governors.

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Membership Update

Committee / Group / Meeting, Date

Council of Governors, 3 June 2026

Author:

Name: Dylan Murphy
Role/Title: Trust Secretary

Contributors:

Name: Gayle Murphy
Role/Title: Executive Assistant to Chair / CEO

Report sign-off:

N/A

Is the report suitable for publication?:

YES

Key issues and considerations:

It is a constitutional requirement for a Foundation Trust to have a membership made up of public, staff, and patient constituents. The aim is to ensure that the membership is sufficient in its size and make up to adequately represent the communities the Trust serves.

This report provides an update on Foundation Trust membership and representation in support of the membership strategy. Since the last report, there has been a significant review of the membership records, based on postal notification that members had moved house but had not provided a forwarding address, or were deceased. This resulted in the removal of 166 members (159 public, and 7 staff members) from the database and explains the reduction in the membership figures presented in this report.

Membership Total

The membership total on 01 May 2026 was 7042:

Staff	1402
Public	5253
Volunteers	387
Total	7042

The Trust membership target is to achieve a year-on-year increase. In May 2025, membership stood at 7018. As such, there has been around a 0.5% increase over the last twelve months.

The low point in membership was September 2022, when the figure was 6396. Since that low point, the membership has risen by around 10%.

Public Constituencies

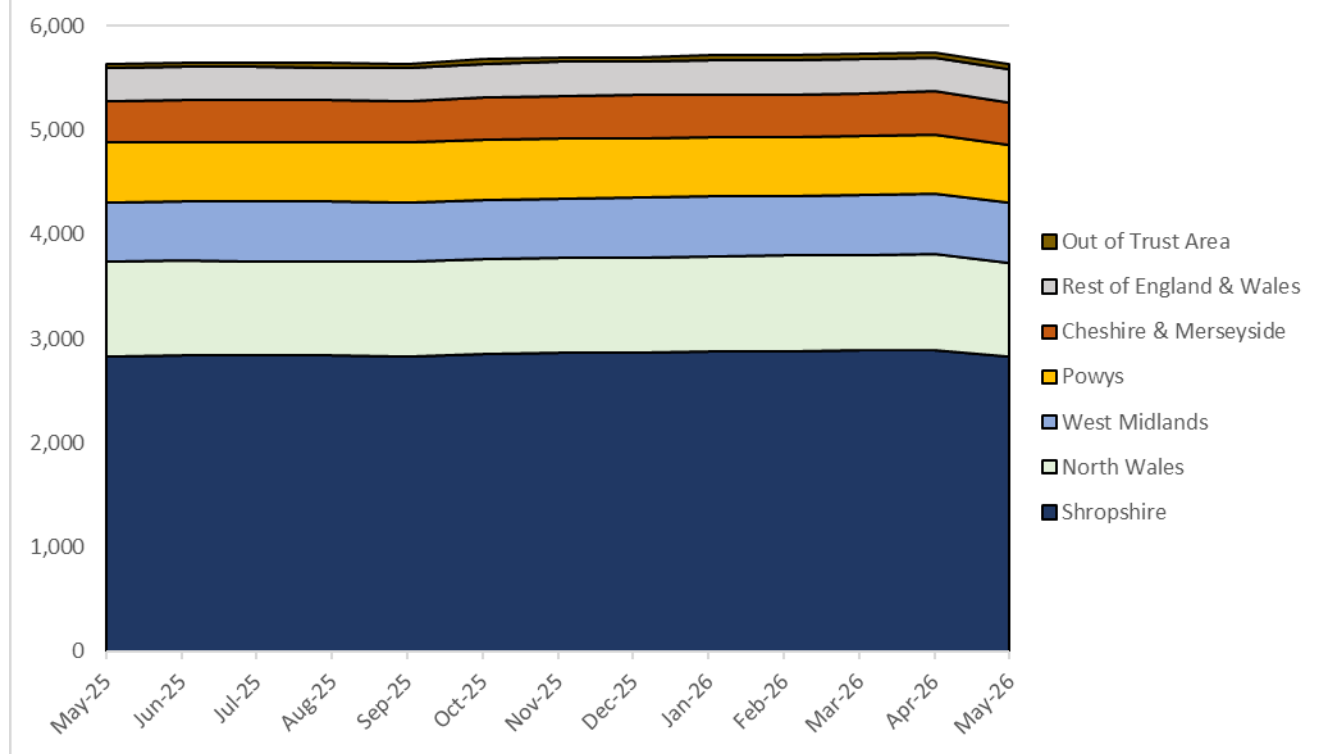
The breakdown of membership by public constituency (including the volunteer category) shows, as expected, that Shropshire continues to provide the largest membership base:

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Cheshire & Merseyside	401	402	401	401	400	406	406	407	408	407	408	408	407
North Wales	912	910	906	905	903	907	910	910	913	914	914	920	901
Powys	571	572	573	573	572	575	574	575	568	569	571	572	551
Shropshire	2,825	2,837	2,836	2,837	2,833	2,854	2,862	2,866	2,879	2,882	2,892	2,896	2,828
West Midlands	573	572	573	572	572	576	576	577	574	573	573	576	576
Rest of England & Wales	315	317	317	317	317	324	328	328	330	330	330	330	330
Out of Trust Area	38	38	38	38	38	40	40	40	46	47	47	47	47
Total	5,635	5,648	5,644	5,643	5,635	5,682	5,696	5,703	5,718	5,722	5,735	5,749	5,640

The figures in the table above are presented in an alternative format in the chart below.

Membership Update

Figure 1 – public membership since May 2025 (building up from the category with the largest number):

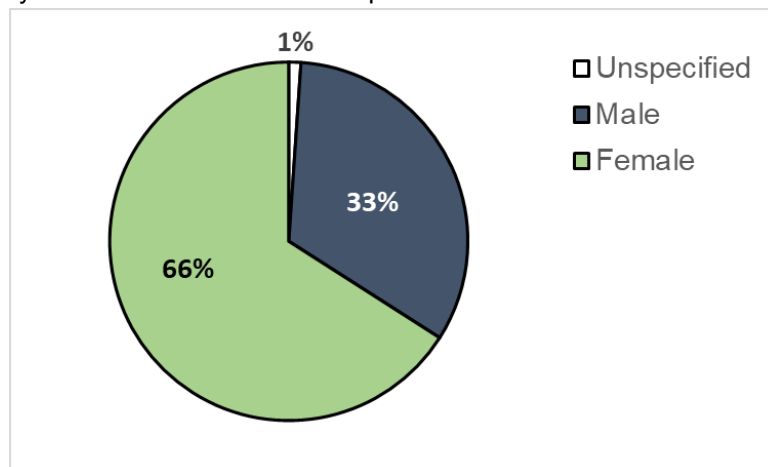


Gender

The table below presents the number of male and female members (from the public constituency).

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Total	5,635	5,648	5,644	5,643	5,635	5,682	5,696	5,703	5,718	5,722	5,735	5,749	5,640
Unspec.	59	60	60	60	61	62	62	62	63	63	63	63	63
Male	1,861	1,860	1,858	1,858	1,856	1,876	1,877	1,878	1,881	1,879	1,884	1,885	1,858
Female	3,715	3,728	3,726	3,725	3,718	3,744	3,757	3,763	3,774	3,780	3,788	3,801	3,719

The figures for May 2026 in the table above are presented in an alternative format in the chart below:



The proportion of male and female public members has remained constant through the year, with around a third of the membership being male and two thirds female.

Membership Update

Ethnicity

Of the members who declared their ethnicity, the large proportion chose to define as “White”. A significant proportion did not declare their ethnicity however so it is difficult to gauge how representative of the population / patient base the membership is.

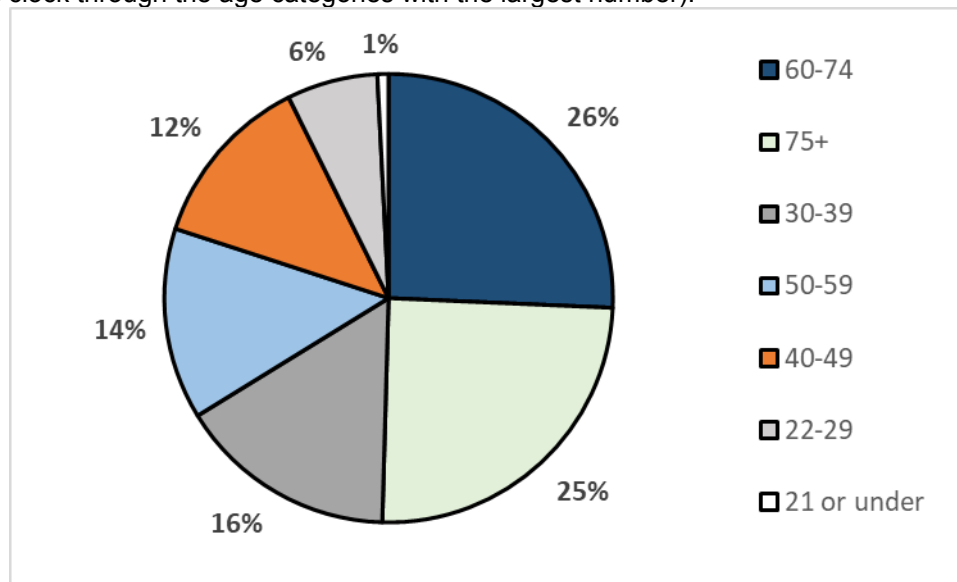
	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
Ethnicity	5,634	5,647	5,643	5,642	5,634	5,681	5,695	5,702	5,717	5,721	5,734	5,748	5,639
White	3,236	3,239	3,234	3,235	3,229	3,231	3,228	3,225	3,229	3,231	3,234	3,234	3,183
BME	138	138	138	138	138	140	140	141	142	142	142	143	141
Not stated	2,260	2,270	2,271	2,269	2,267	2,310	2,327	2,336	2,346	2,348	2,358	2,371	2,315

Age

The profile of public membership by age looks to have remained largely the same over the year when looking at the proportion of members in each age range category.

	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26
14-21	48	47	44	43	43	43	43	45	45	42	43	44	43
22-29	389	389	386	381	377	378	376	376	372	368	368	366	353
30-39	837	838	842	841	837	850	857	860	865	865	869	871	850
40-49	665	666	661	666	667	682	688	686	691	695	694	699	681
50-59	747	744	742	740	741	742	739	739	741	743	744	743	743
60-74	1,353	1,365	1,370	1,372	1,371	1,385	1,388	1,393	1,391	1,387	1,395	1,401	1,384
75+	1,331	1,335	1,335	1,336	1,335	1,338	1,341	1,340	1,349	1,358	1,358	1,361	1,334

The figures for May 2026 are presented in an alternative format in the chart below (moving clockwise from 12 o'clock through the age categories with the largest number):



Membership Update

The proportion of members in the different age categories has remained relatively constant during the year. The top four categories in March of each year were:

Ranking	May 2025	May 2026
1	60-74 year-olds at 25%	60-74 year-olds at 26%
2	75 years-old or over at 24%	75 years-old or over at 25%
3	30-39 year-olds at 16%	30-39 year-olds at 16%
4	50-59 year-olds at 14%	50-59 year-olds at 14%

Strategic objectives and associated risks:

The work of the Council of Governors is relevant to all of the Trust's strategic objectives:

Trust Objectives		
1	Deliver high quality clinical services	✓
2	Develop our veterans service as a nationally recognised centre of excellence	✓
3	Integrate the MSK pathways across Shropshire, Telford and Wrekin	✓
4	Grow our services and workforce sustainably	✓
5	Innovation, education and research at the heart of what we do	✓

The work of the Council of Governors is relevant to all of the Board Assurance Framework (BAF) themes and associated strategic risks:

Board Assurance Framework Themes		
1	Continued focus on excellence in quality and safety	✓
2	Creating a sustainable workforce	✓
3	Delivering the financial plan	✓
4	Delivering the required levels of productivity, performance and activity	✓
5	Delivering innovation, growth and achieving systemic improvements	✓
6	Responding to opportunities and challenges in the wider health and care system	✓
7	Responding to a significant disruptive event	✓

System partners in Shropshire, Telford and Wrekin have identified four strategic objectives for the integrated care system. The work of the Council of Governors is relevant to all of these:

System Objectives		
1	Improve outcomes in population health and healthcare	✓
2	Tackle inequalities in outcomes, experience and access	✓
3	Support broader social and economic development	✓
4	Enhance productivity and value for money	✓

Report development and engagement history:

This report has not been considered at any other meeting within the Trust.

Next steps:

Membership numbers will continue to be monitored and reported.

	03.06 2026	30.09. 2026 AGM	02.12. 2026	24.03. 2027
Standing items				
Questions from the Governors	X		X	X
Non-Executive Director Committee Updates	X		X	X
CEO Trust Overview, including key developments	X		X	X
Membership Report	X		X	X
Review of Work Programme	X		X	X
Lead Governor Update	X		X	X
Patient Safety Visit Feedback	X		X	X
Trust Strategy	X			X
Guest Speaker				
As agreed	X		X	X
Statutory Reports				
Receive Annual Report and Accounts		X		
Receive Audit Reports		X		
Annual Reports				
Safeguarding Annual Report (for information)			X	
Strategic Plan				
Consider strategic issues/priorities for Board to consider in the 2024/25 planning process				X
Quality				
2023/24 priorities	X			
Quality accounts draft presented		X		
COG Strategy				
Foundation Trust Public Membership Development and Engagement Strategy Update	X			
COG Governance				
COG Annual Report and Self-Assessment			X	
Duties reserved to the Council of Governors, as defined in the constitution (to be considered only if necessary)				
Appointment, reappointment or removal of Chair				
Appointment, reappointment or removal of the non-executive Directors				
Remuneration of Chair and Non-executive Directors				
Appointment or removal of Auditors				
Amendments to the Constitution				
Approval of "significant transactions"; applications for merger, separation or dissolution; or proposals to increase by 5% or more Trust income "attributable to activities other than the provision of goods and services for the purposes of health service in England".				

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Council of Governors Committee

Attendance Matrix

Quorum: Four Public Governors and two from the other constituencies

Name	Title	14.05.25	09.07.25	29.09.25	19.11.25	11.03.26	%
				AGM			
Harry Turner	Chair	✓	✓	✓	✓	X	80
Stacey Keegan	Chief Executive Officer	✓	✓	✓	X	✓	80
Sarfraz Nawaz	Non Executive Director	✓	X	X	X	✓	40
Penny Venables	Non Executive Director	X	✓	X	X	✓	40
Martin Newsholme	Non Executive Director	✓	✓	✓	✓	✓	100
Lindsey Webb	Non Executive Director	✓	X	X	✓	X	40
Martin Evans	Non Executive Director	✓	✓	X	✓	✓	80
Paul Maubach	Associate Non Executive Director	X	X	X	X	X	0
Atif Ishaq	Associate Non Executive Director	X	X	X	X	X	0
Craig Emery	Stakeholder Governor - Shropshire Council		✓	X	X	X	20
Peter David	Stakeholder Governor - Voluntary Services	X	X	X	X	X	0
Karina Wright	Stakeholder Governor - Keele University	X	✓	X	X	X	20
Colin Chapman	Public Governor - Shropshire	✓	✓	✓	✓	✓	100
Victoria Sugden	Public Governor - Shropshire/Lead Governor	✓	X	✓	✓	✓	80
Gill Pitcher	Public Governor - Shropshire			X	✓	✓	40
Sheila Hughes	Public Governor - North Wales	✓	X	✓	✓	✓	80
Jan Greasley	Public Governor - North Wales	✓	✓	✓	X	✓	80
Tony Wright	Public Governor - West Midlands	X	X	X	X	✓	20
Neil Turner	Public Governor - Cheshire & Merseyside	✓	✓	X	✓	✓	80
Russell Luckock	Public Governor - Rest of England and Wales	✓	✓	X	X	X	40
Kate Betts	Staff Governor	✓	X	✓	✓	✓	80
Joy Chowdury	Staff Governor			X	X	✓	20
Nicki Bellinger	Staff Governor	✓	✓	X	✓	✓	80

In Attendance

Dylan Murphy	Trust Secretary	✓	✓		✓	✓	N/A
Angela Mulholland-Wells	Chief Finance and Commercial Officer	✓		✓			N/A
Andrea Martin	Deputy Chief People and Culture Officer	✓					N/A
Kirsty Foskett	Assistant Chief Nurse and Patient Safety Officer		✓				N/A
Chloe Ellis	Communications Manager		✓				N/A
Mike Carr	Chief Operations Officer			✓	✓		N/A
Denise Harnin	Chief People and Culture Officer			✓			N/A
Ruth Longfellow	Chief Medical Officer			✓			N/A

Key:

EXO - extraordinary committee meeting scheduled

✓ - Attended

X - Apologies

Not Expected

Council of Governors Board and Sub Committee Attendance Matrix

Name	Title	April	May	June	July	August	September	October	November	December	January	February	March
Vacancy	Public Governor - Powys												
Gill Pitcher	Public Governor - Shropshire		DERIC										
Victoria Sugden	Public Governor - Shropshire (Lead Governor)		Board										
Colin Chapman	Public Governor - Shropshire		P&C Q&S										
Sheila Hughes	Public Governor - North Wales	P&C Q&S	P&C Q&S										
Jan Greasley	Public Governor - North Wales		Board										
Tony Wright	Public Governor - West Midlands												
Neil Turner	Public Governor - Cheshire & Merseyside		Board										
Russell Luckock	Public Governor - Rest of England												
Kate Betts	Staff Governor		Board										
Joy Chowdhury	Staff Governor												
Nicki Bellinger	Staff Governor		Board										
Craig Emery	Stakeholder Governor - Shropshire Council												
Karina Wright	Stakeholder Governor - Keele University												
Peter David	Stakeholder Governor - Voluntary Services/Lead Governor												

Key:

Board - Public Board of Directors Meeting

A&R - Audit and Risk Committee

F&P - Finance and Planning Committee

Q&S - Quality and Safety Committee

P&C - People and Culture Committee

DERIC - Digital, Education, Research, Innovation and Commercialistaion Committee

No attendees

Not Expected

Council of Governors Board and Sub Committee Attendance Matrix 2025/26

Name	Title	April	May	June	July	August	September	October	November	December	January	February	March
Vacancy	Public Governor - Powys												
Gill Pitcher	Public Governor - Shropshire												Board DERIC
Victoria Sugden	Public Governor - Shropshire (Lead Governor)		Board		Board		Board		Board		Board		
Colin Chapman	Public Governor - Shropshire	Q&S P&C	Q&S P&C Board	Q&S P&C	Q&S P&C		Board Q&S P&C	Q&S P&C	Board Q&S DERIC P&C	Q&S P&C	Board Q&S DERIC P&C	Q&S P&C	Board P&C Q&S
Sheila Hughes	Public Governor - North Wales	Q&S P&C	Q&S P&C	Q&S P&C	Q&S P&C	Q&S P&C	Q&S P&C	Q&S P&C	Q&S	Q&S P&C	Board Q&S P&C	P&C	
Jan Greasley	Public Governor - North Wales		Board	Q&S	Board		Board		Board				Board
Tony Wright	Public Governor - West Midlands												
Neil Turner	Public Governor - Cheshire & Merseyside			F&P	Board		Board		Board		Board		
Russell Luckock	Public Governor - Rest of England			F&P	P&C	F&P P&C	F&P P&C	F&P P&C DERIC		Q&S P&C		P&C F&P	F&P
Kate Betts	Staff Governor		P&C Board		Board Q&S		Board DERIC				Board		
Joy Chowdhury	Staff Governor												
Nicki Bellinger	Staff Governor		P&C		Board Q&S		P&C	P&C	Board Q&S P&C	P&C	Board P&C	P&C	Board
Craig Emery	Stakeholder Governor - Shropshire Council						P&C	P&C			Board	P&C	
Karina Wright	Stakeholder Governor - Keele University				Board								
Peter David	Stakeholder Governor - Voluntary Services/Lead Governor				Board				Board		Board		

Key:

Board - Public Board of Directors Meeting

A&R - Audit and Risk Committee

F&P - Finance and Planning Committee

Q&S - Quality and Safety Committee

P&C - People and Culture Committee

DERIC - Digital, Education, Research, Innovation and Commercialistaion Committee

No attendees

Not Expected