Auditor's Annual Report 2025/26

The Shrewsbury and Telford Hospital NHS Trust

—

June 2026

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This report is addressed to The Shrewsbury and Telford Hospital NHS Trust (the Trust), as a body, in accordance with Part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state, those matters we are required to state to them in an auditors' annual report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trust, as a body, for our audit work, for this report, or for the opinions we have formed.

We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

01 Executive Summary

Executive Summary

Purpose of the Auditor's Annual Report

This Auditor's Annual Report provides a summary of the findings and key issues arising from our 2025/26 audit of The Shrewsbury and Telford Hospital NHS Trust (the 'Trust'). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:

Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).

Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.

Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust's use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.

Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities

Accounts	We issued an unqualified opinion on the Trust's accounts on 25 June 2026. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust. We have provided further details of the key risks we identified and our response on pages 7 and 8.
Annual report	We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust. We confirmed that the annual report has been prepared in line with the NHS Group Accounting Manual (GAM).
Value for money	We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money. We have nothing to report in this regard.
Other reporting	We have made a section 30 referral to the Secretary of State given that the Trust breached its breakeven duty for 2025/26. We did not consider it necessary to issue any other reports in the public interest.

02
Audit of the Financial Statements

Audit of the financial statements

KPMG provides an independent opinion on whether the Trust's financial statements:

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2026 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by the Secretary of State for Health and Social Care with the consent of HM Treasury on 23 June 2022 as being relevant to NHS Trusts in England and included in the Department of Health and Social Care Group Accounting Manual 2025/26; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Audit opinion on the financial statements

We issued an unqualified opinion on the Trust's financial statements on 25 June 2026.

The full opinion is included in the Trust's Annual Report and Accounts for 2025/26 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
Valuation of land and buildings Land and buildings are required to be held at fair value. As hospital buildings are specialised assets and there is not an active market for them, they are usually valued on the basis of the cost to replace them with a 'modern equivalent asset'. The Trust engaged a valuer to undertake a full valuation for the year ended 31 March 2026. The assessment of the fair value of the assets is a key estimate in the financial statements.	We have performed the following procedures designed to specifically address the significant risk associated with the valuation: – Critically assessed the independence, objectivity and expertise of Cushman & Wakefield, the valuers used in developing the valuation of the Trust's properties at 31 March 2026; – Inspected the instructions issued to the valuers for the valuation of land and buildings to verify they are appropriate to produce a valuation consistent with the requirements of the Group Accounting Manual; – Evaluated the design and implementation of controls in place for management to review the valuation and the appropriateness of assumptions used; – Compared the accuracy of the data provided to the valuers for the development of the valuation to underlying information, such as floor plans, and to previous valuations, challenging management where variances are identified; – Challenged the appropriateness of the valuation of land and buildings; including any material movements from the previous revaluations. We challenged key assumptions within the valuation, including the use of relevant indices and assumptions of how a modern equivalent asset would be developed, as part of our judgement; – Performed inquiries of the valuers in order to verify the methodology that was used in preparing the valuation and whether it was consistent with the requirements of the RICS Red Book and the GAM; and – Considered the adequacy of the disclosures concerning the key judgements and degree of estimation involved in arriving at the valuation.	**We considered the independence, objectivity and competence of the valuer utilised by the Trust to complete the valuation and found no issues.** **We raised control observations relating to formalisation of management review of the valuation assumptions and accuracy of the floor area data used in the valuation.** **Our review of key assumptions within the valuation including the cost rates applied, floor areas and obsolescence factors and did not identify any issues.** **We did not identify any material misstatements relating to this risk.**

Audit of the financial statements (cont.)

Risk	Procedures undertaken	Findings
Fraudulent expenditure recognition - overstatement Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over non-pay expenditure, excluding depreciation.	We performed the following procedures in order to respond to the significant risk identified: – Evaluated the design and implementation of controls for developing manual expenditure accruals at the end of the year to verify that they exist and are valid; – Inspected a sample of expenditure invoices posted in the period prior to 31 March 2026 to determine whether expenditure has been recognised in the correct accounting period; – Selected a sample of year end accruals and inspected evidence of the actual amount paid after year end and reviewed other supporting information in order to assess whether the accrual exists as at 31 March 2026; – Inspected journals posted as part of the year end close procedures that decrease the level of expenditure recorded in 2024-25 in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence; and – Performed a retrospective review of prior year accruals in order to assess the existence of recording of accruals at 31 March 2025 and consider the impact on our assessment of accruals at 31 March 2026.	**We sampled a number of expenditure invoices and cash payments in the period following 31 March 2026, and did not identify any inappropriate entries.** **Our review and testing of accruals did not identified any issues in relation to the existence of accruals.** **We did not identify any material misstatements relating to this risk.**
Management override of controls We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.	Our audit methodology incorporates the risk of management override as a default significant risk. We carried out the following procedures: — Assessed accounting estimates for biases by evaluating whether judgements and decisions in making accounting estimates, even if individually reasonable, indicate a possible bias. — In line with our methodology, evaluated the design and implementation of controls over journal entries and post closing adjustments. — Assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates. — Assessed the business rationale and the appropriateness of the accounting for significant transactions that are outside the Trust's normal course of business, or are otherwise unusual. — We analysed all journals through the year using data and analytics and focused our testing on those with a higher risk, such as cash journals posted to an unusual account combination and journals impacting expenditure recognition posted during the final close down.	**We identified 17 journal entries and other adjustments considered high risk through our review of the journal population. Our review and examination of supporting documents did not identify any instances of management override of controls.** **We did not identify any material misstatements in relation to this significant risk.**

03 Value for Money

Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:

- Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services.
- Governance: How the Trust ensures that it makes informed decisions and properly manages its risks.
- Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services.

Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	12-13	14-15	16-17
Identified risks of significant weakness?	No	No	No
Actual significant weakness identified?	No	No	No
2024-25 Findings	Risk to significant weakness noted but did not materialise into significant weakness	No significant weakness identified	No significant weakness identified
Direction of travel	⇧	⇔	⇔

Value for Money (cont.)

NATIONAL CONTEXT

In July 2025 the Department of Health and Social Care published the 10-year plan for the NHS. This sets the strategic direction that is planned to be taken for the health service, with a focus built around three key shifts:

- From hospital to community;
- From analogue to digital; and
- From sickness to prevention.

A number of structural changes are planned to support the implementation of the strategy between 2025 and 2027, with NHS England taking greater responsibility for the management of financial performance of providers within the sector and a reduced role for managing finances at an integrated care system level.

It is anticipated that all provider trusts will become foundation trusts and a scheme to pilot 'advanced' foundation trusts was launched during the year, with greater freedoms available for the management of finances as well as the leadership for accountable health organisations available to those providers in the highest performing segment of NHS England's oversight framework.

While revised structures were implemented there continued to be a focus on improving performance in key operational areas, including reducing referral to treatment backlogs and ambulance waiting times. Nationally the proportion of elective patients waiting less than 18 weeks improved from 60% to 65% during 2025/26, though 1.3% of patients continued to wait over 52 weeks to commence treatment. Eliminating long waiters forms a key part of the priorities for the NHS in the year and moving into 2026-27.

Nationally ambulance response times also improved and reduced to the lowest level since 2021 for category 2 response times, reflecting serious but not life-threatening conditions that require ambulance support. The target for this standard remains 18 minutes, which has not been met since 2021.

LOCAL CONTEXT

The Shrewsbury and Telford Hospital NHS Trust is the main provider of acute hospital services for around half a million people in Shropshire, Telford & Wrekin and mid-Wales. It comprises two main hospital sites, Royal Shrewsbury Hospital (RSH) and the Princess Royal Hospital (PRH) in Telford. The Trust employs nearly 8,000 staff. The Trust has continued to work to establish a group model with Shropshire Community Health NHS Trust.

The Trust is undergoing a major Hospital Transformation Programme, with over £100 million capital spend in the year at the Royal Shrewsbury Hospital.

Financial performance

The Trust delivered a year end surplus of £4.9 million, driven by the receipt of bonus deficit support funding of £4.9 million in March 2026. The position, excluding this additional funding is aligned to the original breakeven plan submitted in March 2025.

Delivery of the financial plan remains a key challenge for the Trust, and this was achieved through a focus on cost improvement programmes ('CIP'). The Trust was able to over-deliver the planned £41.4 million CIP.

Recovery Support Programme (RSP) exit

The Trust has been in receipt of significant support and intervention from NHS England since 2018, however, received confirmation from NHSE in March 2026 of the Trust's exit from the RSP.

Maternity Services and Ockenden

The Trust has continued to progress its response to both the initial and final Ockenden Reports as part of a wider Maternity Transformation Programme (MTP). The MTP is reported through the Trust governance structures with regular reporting of progress against key actions and overall oversight by the Board.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

Summary of arrangements

We have **not identified a significant weakness** in the Trust's arrangements in relation to financial sustainability.

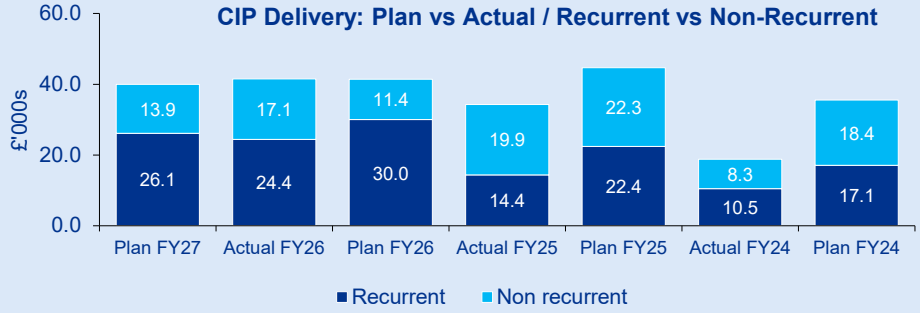
Delivery against 2025/26 financial plan

The Trust submitted a planned deficit of £45.1 million for 2025/26 to NHSE, which was reset to breakeven following the agreement of £45.1 million of deficit support funding from NHSE.

The plans were prepared based on appropriate local and national planning assumptions and were approved at both a Trust and ICS level prior to submission. The Trust has maintained appropriate oversight of its financial performance throughout the period, with monthly finance reports presented to the Finance Assurance Committee (FAC), and a summary of key issues from the meetings provided to the Board.

The Trust is also continuing to carefully monitor its financial position and performance through the Operational Performance and Oversight Group (OPOG) and Financial Recovery Group (FRG) involving all members of the Executive team.

The Trust achieved an adjusted financial surplus of £4.9 million at the year end, which was achieved through the receipt of additional bonus deficit support funding of £4.9 million in March 2026. To support achievement of the financial position, the Trust overachieved on the planned delivery of £41.4 million of CIPs, delivering £41.5 million in the period.



The graph shows an improved CIP performance in relation to plan in 2025/26 when compared to 2024/25, although the proportion of recurring savings is lower than planned and so should remain a focus for the Trust, particularly given the challenging CIP target of £40 million within the 2026/27 plan.

Financial Sustainability (cont.)

Capital Spend

Oversight of the Trust's capital projects is undertaken via the Capital Planning Group (CPG) which is chaired by the Acting Director of Finance and has representation from the project leads across the main areas of capital activity. The CPG meets monthly and reports into FAC. Whilst reporting into CPG alongside other capital projects, in view of its scale and impact, the Hospital Transformation Programme (HTP) has distinct governance arrangements. This includes separate monthly finance meetings, an oversight committee chaired by the Vice Chair and monthly meetings with the NHSE regional team. The Trust delivered total capital spend of £152.5 million during the year, with £110.7 million in relation to the HTP.

Planning process for 2026/27

The 2026/27 financial plan was developed in accordance with national guidance through activity meetings and associated submissions at specialty level with a triangulation of workforce, activity and financial elements together with identification of cost pressures and potential service developments. The plan was approved by the Board on 3 February 2026 ahead of the plan submission deadline of 12 February 2026 with a deficit of £39.1 million. Following feedback from NHS England, the plan was resubmitted with a deficit of £30.5 million, which was reduced through an increased CIP target and additional contract income. As such, deficit support funding would be made available to match the planned deficit of £30.5 million, assuming the reported position is in line with plan.

The plan papers note a number of key risks to delivery of the plan, amounting to £32.9 million as well as emerging plans for mitigating actions and it is clear from minutes that the Board recognised the inherent challenge, particularly given the reliance on system partners and the operational demands on the Trust.

Key financial and performance metrics:	2025-26	2024-25
Planned position (adjusted financial performance)	Breakeven	Breakeven
Actual position (adjusted financial performance)	£4.9 million surplus	£24.4 million deficit
Planned CIP as a % of spend - Recurrent - Non-recurrent	**5.6%** - £30.0 million recurrent (72%) - £11.4 million non-recurrent (28%)	**6.4%** - £22.4 million recurrent (50%) - £22.3 million non-recurrent (50%)
Actual CIP as a % of spend - Recurrent - Non-recurrent	**5.2%** - £24.4 million recurrent (59%) - £17.1 million non-recurrent (41%)	**4.6%** - £14.4 million recurrent (42%) - £19.9 million non-recurrent (58%)
Year-end cash position	£73.0 million	£61.5 million

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

Summary of arrangements

We have **not identified a significant weakness** in the Trust's arrangements in relation to governance.

Risk Management Process

Management of risk at divisional level is overseen through divisional governance meetings, where risks are subject to review on a periodic basis based on the assessed risk level. These meetings feed the monthly Risk Management Committee (RMC), chaired by the Director of Governance, with a focus on risks scored above 15.

The Trust produces a quarterly risk management report for both the Audit, Risk and Assurance Committee (ARAC) and Board, which provides a summary of activities since the last report, an overview of the divisional and corporate risk positions and future plans.

The Board Assurance Framework (BAF) is also a key document in the risk management process at the Trust and is updated and presented quarterly to relevant Board sub-committees and the Board. The BAF report highlights the significant changes since the previous quarter, the Trust's top scoring risks and associated mitigations.

Internal Audit and Counter Fraud

Both the Internal Audit service and the Local Counter Fraud Service (LCFS) are provided by MIAA. They have agreed work plans and report progress to each meeting of ARAC, with a Head of Internal Audit opinion provided at the end of the financial year.

Group model

The Trust has been working for over 12 months on developing a group model in conjunction with Shropshire Community Health NHS Trust (Shropcom) which will enable the two trusts to work together under shared leadership and strategic direction.

The outputs of consultation with both NHSE and external stakeholders were set out in a 'case for change' document dated September 2025. In November 2025, NHSE undertook an Assurance Review of the proposed arrangement. The outcome of this review was supportive overall, noting the strategic advantage of the arrangement through strengthening collaboration, but set out a number of risks and recommendations to support successful implementation which the two trusts are working through.

The Joint Remuneration Committee approved a new Group Board Structure, including appointments to joint executive team roles, which took effect from 1 April 2026. Boards and Committees will initially operate as committees in common and will become joint in due course. The two Trusts are also working together to develop a common Risk Management Policy, risk appetite and align risk scoring and terminology.

Governance (cont.)

Recovery Support Programme (RSP) exit

The Trust first entered national intensive support in 2018 following an 'Inadequate' CQC inspection, and since then has been in receipt of significant support and intervention by NHSE. Initially this was known as 'special measures' and since 2021, the RSP. Following completion of a detailed self-assessment exercise submitted by the Trust, NHSE confirmed in March 2026 the Trust's exit from the RSP. NHSE's letter noted they 'have seen demonstrable and sustainable improvements across a range of areas, including meeting SaTH's RSP exit criteria'.

Financial Governance review

To support its RSP exit the Trust was advised by NHSE to commission a review to consider the progress made to improve its financial governance and reporting processes. This review was undertaken in early 2026 by an external consultant. Whilst some specific challenges were identified which require ongoing management and focus (notably the implementation of the Hospital Transformation Programme, the delivery of the group model and the data warehouse issues), the key findings of this review were positive overall, noting:

- the Trust demonstrated strong financial management controls;
- there is clear, well-constructed and appropriate financial governance;
- financial reporting to the Board and Committees is of a high standard; and
- performance management across divisions is clear and a maturing process.

Key decisions

Key strategic decisions are made via the Trust's governance process with a scheme of delegation in place setting out where different decisions/approvals should take place. The Trust has a Business Case Review Group (BCRG), the purpose of which is to support the Trust's revenue investment decisions ensuring that the limited funding available is directed in the most efficient way to achieve maximum benefits.

The BCRG will support the development of business cases, make recommendations to the Trust Board sub-committees around investment decisions and report on the benefits and delivery of previously approved investments. The BCRG forms an integral part of the operational planning cycle to ensure cases are properly prioritised and reports monthly to the IIC via a standard report. IIC is able to approve business cases of up to £100k with up to £500k going to FAC (via individual Executives with delegated authority) and above that level to full Board.

	2025/26	2024/25
Control deficiencies reported in the Annual Governance Statement	None	None
Head of Internal Audit Opinion	Substantial Assurance	Substantial Assurance
Oversight Framework segmentation	Segment 3	Segment 4
Care Quality Commission rating	Requires Improvement (2023)	Requires Improvement (2023)

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust ensures effective processes and systems are in place in order to develop their cost saving efficiency saving program;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

Summary of arrangements

We have **not identified a significant weakness** in the Trust's arrangements in relation to improving economy, efficiency and effectiveness.

Monitoring of Performance of Services

The Trust has a performance management framework in place to set the structure of performance management. The main element of performance reporting is the Integrated Performance Report (IPR), which is taken to the Board monthly and continues to present a suite of information covering the domains of quality, operational, workforce and finance. The IPR provides a mechanism for escalating issues along with mitigating action plans and includes key performance indicators applicable to each area and also includes narrative to include recovery actions and dependencies. The IPR is informed by more detailed reports considered at monthly Performance Review meetings where Divisions are subject to scrutiny and challenge over performance in their areas.

Performance information is compared to local and national targets and standards, both within the reporting to Board and also within the sub-committees (where relevant) and internally on a weekly basis for the main performance areas. Benchmarking tools such as Model Hospital and Healthcare Evaluation Data are used routinely to review the Trust's performance against peers.

Over the past year the Trust has encountered challenges with data submissions and central returns to NHSE following the implementation of the Careflow Electronic Patient Record system and consequent changes to the Trust's data warehouse. The Trust has placed significant attention on remedying the underlying issues over recent months, with a Project Board chaired by the Acting Director of Finance supplementing the regular Data Quality Workgroup meetings to consider the reporting issues. The Trust agreed a reporting mechanism with NHS England to mitigate the impact of the identified issues whilst work is ongoing with an external consultant to resolve the position. Good progress has been made over recent months and the Trust is working towards fully resolving these issues during the first half of 2026/27.

Partnership Working

We consider there are effective arrangements in place to facilitate partnership engagement with the Director of Strategy and Partnerships leading this area for both the Trust and, until recently, in a part-time equivalent role for the ICB. The Trust has representation across the ICS, through the active involvement of the Chair and Chief Executive, to attendance at operational committees and partnership boards.

The Trust's approach to partnerships at a strategic level is set out as a core section within the integrated annual plan which covers both system and wider partnership arrangements and performance against plan is regularly reported to the Board.

Overall transformational change at a system level is being driven through the ICB's five-year commissioning plan, which builds on the previous system five year Joint Forward Plan.

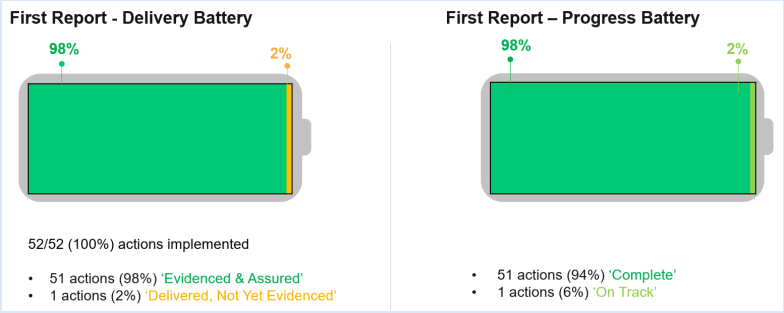
Improving economy, efficiency and effectiveness (cont.)

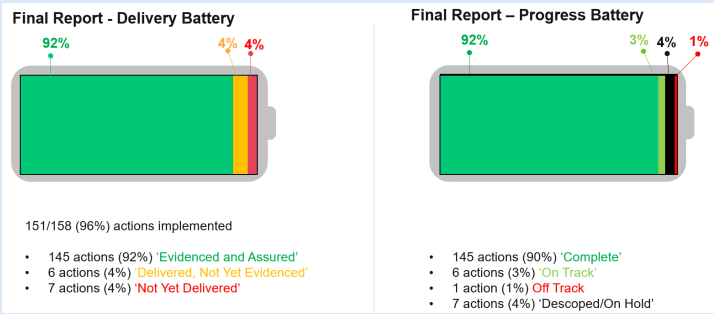
Maternity Services and Ockenden

During 2025/26, the Trust has continued to progress its response to both the initial and final Ockenden Reports of December 2020 and March 2022 respectively. The Trust maintains an Ockenden Report Action Plan (ORAP), progress against which is regularly reported to the Board, as one part of the wider Maternity Transformation Programme (MTP), which captures all relevant transformation activity and any CQC-related actions .

The Trust has implemented the vast majority of the actions within its control from the Independent Maternity Review, most of which comprised the first phase of the MTP. Phase two of the transformation is entitled the Maternity and Neonatal Programme, comprising actions from 10 reports (local and national) and initiatives, which report into the weekly Maternity and Neonatal Transformation Programme Group (MNTG) and onwards to the monthly Maternity and Neonatal Transformation Assurance Committee (MNTAC). MNTAC is chaired by the Director of Nursing and plays a key role in reviewing the evidence base for completion and embeddedness of actions and recommending these (or otherwise) to the Quality and Safety Assurance Committee (QSAC), which itself reports to the Board.

The key reporting mechanism for Board is the Integrated Maternity and Neonatal Report (IMNR), the purpose of which is to consolidate all maternity-related reporting. The 'battery' charts below show both the 'delivery' status and 'progress' status of the 210 actions, as recorded in the ORAP, across the two Ockenden reports at March 2026:





Source: MNTAC update pack, March 2026

The status and progress on any actions 'not green' is regularly reported and documented at each MNTAC meeting. Those actions marked as 'descoped' remain outside of the Trust's control, the majority requiring action at a national level and/or associated funding to implement them. The descoped actions are reviewed quarterly to assess whether the related blockers can be removed.

The 2025 NHS Maternity Survey Benchmark Report showed a favourable outcome for the Trust. Out of 300 invited to complete the survey, there were 132 responses, the 45% response rate being higher than the 39% average for other trusts. In 11 of the questions (out of a total of more than 50) the Trust performed either 'better' or 'somewhat better' than other trusts. In 6 questions the Trust performed 'significantly better' than in the previous year.

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